Wellness and Mindfulness for Attorneys and Professionals in the Legal Field

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The first thing to go was sleep
But I didn’t complain because I didn’t need sleep

The next things to go were my friends and hobbies
But I didn’t complain because I needed my work more than I needed my friends and hobbies

The next things to go were my marriage and my family
But I didn’t complain because I believed my work served a greater good

Finally, I had nothing left, and nothing and no one to save me from myself.

– Steve Angel

I. Achieving Wellness as Attorneys

As attorneys, many of us feel like we are under continual, intense pressure. While this may be true, we also have the intellect and determination needed to take care of ourselves and to ensure that the pressure does not overwhelm us. With adequate self care, we can be both attorneys and healthy, happy people.

In this paper, we first discuss why attorneys are vulnerable to particular physical and mental health disorders and to substance abuse. We then look closely at depression, which occurs at a particularly high rate among attorneys. After discussing the signs and symptoms of depression, we discuss how to help yourself or others who may be suffering from this disease, including using mindfulness and one mindfulness practice, meditation. My goal to to encourage you to reflect on your our own health behaviors, determine if they are contributing to or detracting from your happiness and success, and, if so, identify realistic changes that you can make to increase your personal and professional fulfillment.

II. The Scope of Health Issues Among Attorneys

Studies on the health status of lawyers have primarily focused on mental health and indicate that rates of depression and suicide among attorneys are higher than among the general population. One study conducted in the early 1990s found data suggesting that white male lawyers in the U.S. between the ages of 20 and 64 were more than twice as likely to die by suicide than were their peers working in other professions.2

Another study, this one conducted in 1997 in Canada, found the suicide rate for attorneys to be six times higher than for the average population. Suicide ranked as the third-leading cause of death among attorneys, behind only cancer and cardiac arrest.3 In our own state, a quality of life survey by the North Carolina Bar Association released in 1991 found that almost 12% of respondents said they contemplated suicide at least once a month.4

Looking at depression, a 1990 study by researchers affiliated with Johns Hopkins University found that lawyers suffer from major depressive disorder at a rate 3.6 times higher than their non-lawyer counterparts.5 In that study, lawyers had the highest rate of depression among all the 104 occupational groups surveyed.6 Further, the 1991 NCBA survey found that 24% of lawyers said that they had experienced symptoms of depression at least three times per month during the past year.7

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3 Legal Profession Assistance Conference Lawyer Suicide Study, Canadian Bar Association (1997).
6 Id.
In addition to depression, anxiety disorder is also significantly associated with suicidal ideation (having thoughts about how to kill oneself) and suicide attempts.\(^8\) When North Carolina lawyers were questioned about their experience of anxiety, over 25% of respondents reported that they had felt physical symptoms of extreme anxiety at least three times per month during the past year.\(^9\) Some studies estimate that 40% of lawyers struggle with anxiety, which is twice the rate of the general population.\(^10\)

Statistics indicate that lawyers also struggle with alcohol and drug abuse at a disproportionately high rate. For example, lawyer assistance programs report that 50%-75% of lawyer discipline cases nationwide involve chemical dependency.\(^11\) A recent survey study of US attorneys found that 21% self-reported that they are problem drinkers.\(^12\) Taken together, research indicates that attorneys suffer from mental health disorders and substance abuse at higher rates than non-attorneys. The next section explores possible reasons for this discrepancy.

III. **What Makes Lawyers Vulnerable to Health Issues**

High rates of depression and suicide among lawyers as compared to the general population indicates that lawyers are at particular risk of mental health disorders. Studies show that chronic stress can take a toll on physical health as well, by increasing risk of heart disease, weakening immunity and possibly damaging other systems.\(^13\) In addition,
many people try to alleviate the unpleasant feelings of stress by drinking, overeating, smoking and other unhealthy behaviors.

While lawyers face the typical stresses of modern life such as meeting deadlines, caring for children and elderly parents and paying bills, we are also affected by some stressors unique to the legal profession. These include requirements that can only be met by working excessively long hours, having to account for how we spend our time, often in .1 hour increments, the emphasis on profitability, acrimonious encounters with opposing counsel, responsibility for high-stakes cases and the perfectionistic and competitive tendencies shared by many attorneys, to name a few. In short, lawyers exist in a sphere where there is continual pressure to look like we are in control and have everything coolly handled, yet, in reality, much is out of our control and unknown.

As these factors are well documented and discussed elsewhere,\textsuperscript{14} we will focus on how these pressures can effect attorneys’ day-to-day lives. Some attorneys describe a pattern of gradually closing one’s life off to sources of happiness as they spend more and more time working. One former lawyer remembers his decent into depression and eventually complete burnout as starting with the giving up of sleep and gradually resulting in the relinquishment of everything that didn’t involve his work. This attorney writes:

\textit{Instead of eight hours of sleep a night I was able to get by on six hours and finally four hours. The next things to go were my hobbies. I didn’t have time for reading, so I stopped reading for fun. I didn’t have time to take off from work so I stopped taking vacations. Then I stopped socializing because I didn’t have time to waste away from work. Then I suffered through a divorce and the loss of my family.}

For the next 10 years, the chief source of joy in my life was winning a case. Finally, in 2003, I had nothing left to give, hit a wall and crashed and burned.\textsuperscript{15}

As this excerpt makes clear, lawyers can become caught in a spiral of demanding work and intense stress. Prioritization of work often means foregoing the activities needed to stay physically healthy, such as regular exercise, making or buying healthy meals, spending time with friends and family and simply doing things that we enjoy. This pattern is tricky because lawyers are often rewarded for the long hours and the sacrificing of other parts of their lives. However, the lawyer who maintains a narrowed focus on work and an unforgiving pace for a long period of time may be seriously damaging other parts of his or her life. Over time, neglecting exercise, proper nourishment, relaxation and simply doing things that are fun can easily lead to weight gain, muscle loss, nutritional deficiencies and diseases such as heart disease and diabetes.

To cope with the excessively high levels of stress that can accompany the practice of law, some attorneys rely on self-medicating with alcohol or other drugs. Alcohol may help to alleviate anxiety and blunt the discomfort of stressful thoughts and feelings. Alcohol can also help attorneys who are naturally introverted feel more at ease in some social situations. Of course, any pleasant effects produced by the consumption of alcohol quickly wear off. But, the temporary relief supplied by alcohol can become something that is sought after again and again resulting, over time, in addiction. Lawyers who have dropped activities that were once sources of pleasure and fun in their lives, or who do not participate in fun activities outside of work, may be especially vulnerable to the allure of

alcohol as it may be one of the only ways the attorney can relax and escape from the stresses and problems of legal practice.

Eventually, allowing work to consume the joyful parts of one’s life can lead to what some call “burnout,” and what often meets the clinical definition of depression. This state is characterized by a loss in motivation to work and lack of ability to concentrate. Also common are feelings of being trapped in your current situation and not having options to change your job situation or reduce the pressure and expectations that come with it. Alcohol and substance abuse can exacerbate symptoms of burnout and depression and can also cause disconnection between the attorney and his or her family, friends and colleagues. In the most extreme cases, some lawyers consider suicide, as they have become incapable of seeing viable options for relief of their pain and can no longer envision a happy, or even just not-miserable, professional future. The good news is that we can learn to spot the warning signs of burnout and depression in ourselves and in others and work to avoid this downward spiral.

IV. Depression

A. Types of Depression and Symptoms

As we all occasionally feel sad, down or angry, it can be difficult to know when your feelings are normal and when what you are feeling can be considered “depression.” Normal feelings of sadness, lethargy, or both are temporary and pass within a couple of days. With depression, the feelings last much longer and interfere with daily life. Also, there feelings are present even when, externally, things seem to be going well and the person has not suffered a recent loss.
There are several forms of depressive disorders, two common ones of which are major depression and persistent depressive disorder. Major, or clinical, depression is defined as a period of two weeks or longer in which mood is depressed most of the day, particularly in the morning, and there is a loss of interest in normal activities and relationships. Other symptoms might include:

- Fatigue or loss of energy almost every day
- Feelings of worthlessness or guilt almost every day
- Impaired concentration, indecisiveness
- Insomnia or hypersomnia (excessive sleeping) almost every day
- Markedly diminished interest or pleasure in almost all activities nearly every day (called anhedonia, this symptom can be indicated by reports from significant others)
- Restlessness or feeling slowed down
- Recurring thoughts of death or suicide
- Significant weight loss or gain (a change of more than 5% of body weight in a month)

On average, an untreated episode of major depression lasts several months; however, episodes can last any length of time.

A second classification of depression is persistent depressive disorder (“PPD,” previously called dysthymia). PPD symptoms are less severe symptoms than those accompanying major depression, but, with PPD, the depressed mood lasts much longer: at least 2 years. PPD is diagnosed when two or more of the following symptoms are present almost all of the time:

- Feelings of hopelessness
- Too little or too much sleep

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- Low energy or fatigue
- Low self-esteem
- Poor appetite or overeating
- Poor concentration

People with PDD will often take a negative or discouraging view of themselves, their future, other people and life events. Problems often seem hard to solve.

There is no single cause of depression and no sure way to prevent it. Depression develops due to a combination of genetic, biological, environmental (job, relationships, family, and economic and social influences) and psychological factors. Depressive illnesses are disorders of the brain and involve altered biochemistry: scans show that the brains of people who have depression look different than those of people without depression. Specifically, the parts of the brain involved in mood, thinking, sleep, appetite and behavior appear different than in people without PPD.

The great news is that depression is treatable. Medication, psychotherapy and other methods have been proven to greatly help people with depression, even in the most severe cases. The earlier that treatment can begin, the more effective it is.

A note about gender: men and women often experience depression differently. Typically, women feel what we think of as the more traditional symptoms such as feelings of sadness, worthlessness and excessive guilt. In contrast, men are more likely to feel excessively tired and irritable, to lose interest in once-pleasurable activities and to have difficulty sleeping. Men may also be more likely than women to turn to alcohol or drugs to cope with the symptoms of depression.
B. How to Help Yourself or Others Experiencing Depression

While we have limited control over the occurrence of depression, there are definite actions that can be taken when depression has taken ahold. Or, as well stated by Dr. Richard O’Connor in the video *A Terrible Melancholy: Depression in the Legal Profession*, “Depression isn’t your fault, but it is your responsibility.”

**How can I help myself if I am depressed?**

- Contact LAP, the North Carolina Lawyer Assistance Program, at [http://www.nclap.org](http://www.nclap.org); 919-719-9267 or info@nclap.org or BarCARES, a confidential, short-term intervention program provided through the NCBA, at 1-800-640-0735 or [www.barcares.org](http://www.barcares.org).
- Don’t wait to get evaluated or treated. Research shows that the longer you wait, the greater your impairment from depression can be down the road.
- Try to spend time with other people and confide in a trusted friend or relative. Try not to isolate yourself, and let others help you.
- Try to be active and exercise. Go to a movie, a ballgame or another event or activity that you once enjoyed (but don’t beat yourself up if you just don’t feel like it).
- Expect your mood to improve gradually, not immediately. Often during treatment for depression, sleep and appetite will begin to improve before your depressed mood lifts.
- Postpone important decisions, such as getting married or divorced or changing jobs, until you feel better. Discuss decisions with others who know you well and have a more objective view of your situation.
- Remember that positive thinking will replace negative thoughts as your depression responds to treatment.
- Continue to educate yourself about depression.\(^\text{18}\)

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\(^\text{17}\) Bar Association of Erie County, viewed at https://vimeo.com/14303016.

\(^\text{18}\) List adapted from *What Is Depression*, National Institute of Mental Health, accessible at: https://www.nimh.nih.gov/health/topics/depression/index.shtml
Often people do not know that they are depressed so they do not ask for or get the right help. Attorneys in particular doubt that they are “really depressed.” They tell themselves that they should be able to deal with whatever they are feeling or going through by themselves. This resistance to seeking treatment is one reason why it is important to let people know that depression is a medical problem – a biochemical imbalance – and not a weakness. And, as a medical problem, depression can be treated.

How can I help someone else if I think they may be depressed?\(^{19}\)

- Encourage or help them make an appointment with a psychiatrist and a counselor/therapist.
- Offer to drive them to the doctor or counselor or help them make arrangements to get to the appointment.
- Offer emotional support, understanding, patience, friendship, and encouragement.
- Spend time with them however you can. Invite them for walks, outings, to the movies, and other activities. Be gently insistent if your invitation is refused.
- Don’t dismiss their feelings or thoughts, even if they do not sound rational to you or seem to make sense to you.
- Point out facts and realities. If it seems like they are seeing their situation from skewed perspective, explain how you see things differently.
- Take remarks about suicide seriously; do not ignore them and do not agree to keep them confidential. Report them to the person’s therapist or doctor if you think that your friend or colleague will be reluctant to discuss them.
- Encourage participation in some activity that once gave pleasure such as hobbies, sports, religious, or cultural activities.
- Do not push the depressed person to undertake too much too soon; too many demands may increase feelings of failure.

\(^{19}\)Adapted from Assisting the Depressed Lawyer, Ann D. Foster, Texas Bar Journal, Vol. 70, No. 3.
Eventually with treatment, most people get better. Keep that outcome in mind and keep reassuring the depressed person that with time and help, he or she will feel better.

Call LAP or BarCARES to get names and phone numbers of therapists or psychiatrists and give the person this information.

Do not assume that someone else is taking care of the problem. Attorneys are reluctant to get involved in the personal lives of colleagues, but it is important that negative thinking, inappropriate behavior or physical changes that indicate someone may be suffering from depression be addressed as quickly as possible.

V. Mindfulness and Meditation

Research has shown that developing the mental quality of mindfulness may help to alleviate some of the symptoms of depression, anxiety and other stress-related mental health disorders. Some definitions of mindfulness are:

• “The quality or state of being conscious or aware of something” (Google definition).

• “A mental state achieved by focusing one's awareness on the present moment, while calmly acknowledging and accepting one's feelings, thoughts, and bodily sensations, used as a therapeutic technique.” (Google definition).

• ”The psychological process of bringing one's attention to experiences occurring in the present moment.” (Wikipedia). “The term “mindfulness” is a translation of the Pali term sati, which is a significant element of Buddhist traditions. In Buddhist teachings, mindfulness is utilized to develop self-knowledge and wisdom that gradually lead to what is described as enlightenment or the complete freedom from suffering.” (Wikipedia).
Mindfulness has been studied by researchers in the fields of clinical psychology and psychiatry. Research began in the 1970s and there has been a surge in interest since 1990s with a plethora of studies and mega-analyses. Studies have found reduction in depression symptoms, stress and anxiety and positive effects in the treatment of drug addiction. Studies have also found physical and mental health benefits in healthy adults and children. Three such studies are excerpted below.


Mindfulness-based stress reduction (MBSR) has been proposed for almost every psychiatric condition. In a meta-analysis (Sedlmeier et al, 2012), mindfulness interventions had medium to large effect sizes for changes in emotionality and relationship issues, medium effect sizes for measures of attention, and small effect sizes for cognitive measures. MBSR has been associated with increased cortical thickness in the insula and somatosensory cortex, which can be associated with reduction of worry, state anxiety, depression, and alexithymia (Tang et al, 2015). Moreover, changes after mindfulness training in the insula have been related to increase in interoceptive awareness, i.e. the ability to monitor afferents from inside the body, which is emerging as an important construct for anxiety disorders and addiction (Paulus and Stewart, 2013).

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4677133/


Results suggested large effects on stress, moderate effects on anxiety, depression, distress, and quality of life, and small effects on burnout. When combined, changes in mindfulness and compassion measures correlated with changes in clinical measures at post-treatment and at follow-up.

http://www.jpsychores.com/article/S0022-3999(15)00080-X/pdf

In patients with anxiety and mood disorders, this intervention was associated with effect sizes (Hedges’s g) of 0.97 and 0.95 for improving anxiety and mood symptoms, respectively. These effect sizes were robust, were unrelated to publication year or number of treatment sessions, and were maintained over follow-up.

Conclusions: These results suggest that mindfulness-based therapy is a promising intervention for treating anxiety and mood problems in clinical populations.


In the talk accompanying this manuscript, we will discuss ways of cultivating mindfulness, including the accessible and effective technique of meditation. We will discuss how to start and maintain a meditation practice.

VI. Closing

Stress is a naturally-occurring pattern of thoughts and feelings that energizes us to act, speak, move and do things that need to be done. However, when stress levels rise above normal and stay elevated for long periods, our mental and physical health suffers and it is time to seek help. Many attorneys regularly work under conditions of extremely high pressure. Learning how to take care of ourselves is the key to working in these environments and staying healthy. Fortunately, self-care can be learned and readily implemented.

One tested way to reduce stress and lower your risk of mental health disorders is to cultivate a feeling of connectedness to others. Thus, the mere fact that we, as attorneys, are coming together to discuss these issues could lead to a greater sense of connectedness and itself improve our health.
**Resources**

**In a Crisis**
- Call 911.
- Call the National Suicide Prevention Lifeline at **1-800-273-TALK (8255)**, available to anyone 24 hours a day, 7 days a week. All calls are confidential. [http://www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

**Lawyer-Focused Resources in North Carolina**
- North Carolina Lawyer Assistance Program (NCLAP)
  919-719-9267, Email: info@nclap.org
  Regional counselors: Raleigh and Areas East - 919-719-9267
  Piedmont Area - 919-719-9290
  Charlotte and Areas West - 704-910-2310

- BarCARES of North Carolina
  919-659-1453, Email: kbarbour@ncbar.org

**Articles**

- *Lawyer Suicide: Find a Ray of Sunshine Through a Dark Cloud*, Scott M. Weinstein, Ph.D., The Florida Bar News, March 1, 2015. Accessible at: [http://www.floridabar.org/DIVCOM/JN/jnnews01.nsf/8c9f13012b96736985256aa900624829/5c5dc6e5081d87cf85257df5004a43cc!OpenDocument](http://www.floridabar.org/DIVCOM/JN/jnnews01.nsf/8c9f13012b96736985256aa900624829/5c5dc6e5081d87cf85257df5004a43cc!OpenDocument)


**General Information on Suicide**
American Foundation for Suicide Prevention: [https://www.afsp.org/preventing-suicide/find-help](https://www.afsp.org/preventing-suicide/find-help)

**Interesting Infographics**

Mindfulness/Meditation

The Mindful Lawyer, Robert Zeglovitch, ABA Newsletter, 2006:
https://www.americanbar.org/newsletter/publications/gp_solo_magazine_home/gp_solo_magazine_index/mindfullawyer.html

To Be Happy, Stay in the Moment, Matt Killingsworth, TED Conferences, LLC, 2011:
https://www.ted.com/talks/matt_killingsworth_want_to_be_happier_stay_in_the_moment

Be Still and Listen: Mindfulness for Lawyers, Nancy A. Werner, Michigan Bar Journal, 2012:

10 Steps to Add Meditation to Your Law Practice, Jenna Cho, Lawyerist.com, 2015:
https://lawyerist.com/how-to-be-a-lawyer-and-meditate-daily/

Resilience Requires Recharging, Paula Davis-Laack, Law Practice Today, 2017:
http://www.lawpracticetoday.org/article/resilience-requires-recharging-unplug-when-busy/

If You Aspire to Be a Great Leader, Be Present by R. Hougaard and J. Carter, 2017:

National Task Force on Lawyer Well Being, American Bar Association, 2017:
(see p. 52, section on Mindfulness Meditation and footnoted resources):
https://www.americanbar.org/.../ThePathToLawyerWellBeingReportRevFINAL.pdf