

# Depression

by [Joseph Shaub](#)

What do Mike Wallace, William Styron, James Taylor, Winston Churchill, Jim Carey and Meriweather Lewis all have in common? They have each suffered from an often debilitating depression. For these marvelously accomplished people, this mood illness embraced them with devastating effect. There has been a proliferation of books recounting the descent into depression in the past few years, capped off by the recent National Book Award winner, *The Noonday Demon* by Andrew Solomon.

The beauty of such efforts resides in the lengths to which each has gone to de-stigmatize depression. Such an accomplishment is particularly salient in the legal community. For those of us who exist — and thrive — in an environment of competition and accomplishment, depression has long been viewed as a *failure of will*. Thus, attorneys are far more prone to view with judgment and some embarrassment a condition that arises from a black inner corner and seems to have no reasonable precipitating cause.

I have frequently alluded to attorneys' self identity being grounded in high functionality and self reliance. As with many of life's "gifts" this comes as both a blessing and a curse. The blessing is self-evident. We accomplish a tremendous amount. We are able to handle the world, rather than be handled by life's circumstances. Success in law is frequently accompanied by a certain power within one's own community and the comfort of financial success. However, there is a flip-side that we often eschew. It is a tendency to deny any personal flaw that can't be resolved through reason, intelligence and will. The affliction of depression is untouched by these virtues — our unique gifts are useless before this mood disorder.

We attorneys are far from immune to the exhausting assault of depression. In 1990, a study published in the *Journal of Occupational Medicine*, conducted by Eaton and associates observed that lawyers were the second most likely profession to suffer from depression.<sup>[1]</sup> In a more recent study co-authored by U.W.'s Andy Benjamin 23.4% of Washington's second-year lawyers were experiencing depression.<sup>[2]</sup>

## What is depression?

Andrew Solomon, in his artfully simple manner says, "If you feel bad without reason most of the time, you're depressed." Most functional sufferers of depression experience an enveloping "dysthymia" which according to the DSM-IV is typified by a combination of any two or more of the following: poor appetite or overeating; insomnia or hypersomnia; low energy or fatigue; low self-esteem; poor concentration or difficulty making decisions or feelings of hopelessness.

I think a less clinical, and quite accurate, description of dysthymia is a general sense of joylessness and a flatness in one's reactions to life. Depressed people will filter out their emotional responses to life's stimuli, leaving the lightness aside, but not the sense of weight or irritability. Life is stripped of its colors. Its ability to delight has bled away.

Certainly those who are spared the attack of major depression, which leaves one supine and utterly defenseless, may still feel as if they are carrying around a 50 lb. weight strapped to their back. Without question adherence to a routine, healthy diet and exercise and the presence of a reliable support system will staunch the draining off of our life's energy - but we must be sensitive to our experience. Every day lost to the flattening of depressed mood is a day lost to us forever and it is the accumulation of these days that may stifle our greatest chances for creativity, connection to those we love and life's joys.

As Andrew Solomon notes, depression is often not a dramatic condition. As he eloquently states, "Mild depression is a gradual and sometimes permanent thing that undermines people the way rust weakens iron."

Untreated depression is a major cause of marital rupture, as well as interpersonal difficulties within one's professional community - and the central guiding theme of this column is that such losses are experienced by men and women who are at the same time *excellent and very successful practitioners*.

## Depression as mistaken thinking

Dr. Aaron Beck has been a pioneer in the understanding and treatment of depression for more than 20 years. Perhaps no one else has written with such clarity and persuasiveness about the *thinking* of depression. Beck was the major force in development of the therapeutic approach to depression which is widely considered to be the most effective. Cognitive therapy is described in many resources - two of the best are the works of Dr. David Burns (*Feeling Good*) and Dr. Martin Seligman (*Learned Optimism*). Seligman's fascinating study describes the cognitive tendencies of the depressed to, for example, attribute good fortune to impersonal luck but hardship to *very personal* shortcomings. Those of us who are "stuck" in a depressive episode, truly and honestly view all negative interpretations of events as "true" and any positive gloss as mistaken. In depressed thinking, we can engage in quite intense and, to us, rational debate over the reality of a flat or hopeless or joyless interpretation of objective life events.

## Well if you were diabetic.....

In my therapy training, I engaged in hours of group supervision, in which we would bring our challenges and questions to our mentor. Virtually every one of us had wrestled with how to talk about anti-depressant medication to a recalcitrant, depressed ("I don't want to take pills") client. Again, the more self-sufficient in life, the more resistant a person will be to using, in their words, "a crutch." But what a freeing subject this is: The neurochemistry of depression.

Setting aside, for now, the debate about whether Prozac is promiscuously prescribed, there really cannot be any serious dispute that the evolution of anti-depressant medication, from the tricyclics like Norpromin and Elavil to the SSRI's (Selective Serotonin Reuptake Inhibitors) like Prozac, Paxil and Selexa establish a *biochemical* basis for much depression. The beauty of this approach is that we need not feel guilty or even ashamed if we are not up to the struggle with a mood disorder. Again, as elegantly put by Solomon:

"Chemistry is often called on to heal the rift between body and soul. The relief people express when a doctor says their depression is "chemical" is predicated on a belief that there is an integral self that exists across time, and on a fictional divide between the fully occasioned sorrow and the utterly random one...There is a pleasant freedom from guilt that has been attached to *chemical*. If your brain is predisposed to depression, you need not blame yourself for it. Well, blame yourself or evolution, but remember that blame itself can be understood as a chemical process, and that happiness, too, is chemical. Chemistry and biology are not matters that impinge on the "real" self; depression cannot be separated from the person it affects. Treatment does not alleviate a disruption of identity, bringing you back to some kind of normality; it readjusts a multifarious identity, changing in some small degree who you are.

Still and all, there is something both comforting and very true in the statement, "Well, if you were diabetic, would you refuse to correct your body chemistry with insulin?"

## Helping ourselves

Our senses are assaulted by a vast array of stimuli, some external but many from within. Those of us who have ever attempted to meditate - to quiet the mind to a single point of concentration - know the feeling of "monkey mind." Thoughts fire off inside us in dizzying succession and with remarkable randomness. It is natural for each of us to erect a filter in order to make sense of our world. Some of us, however, utilize a psychic filter which enervates, isolates and flattens us. To compound the difficulty, this very filter excels in

self-justification, so if nothing else, we experience our world-view as normal and "real." Such is the isolating damage occasioned by depressed thinking.

If we listen to those around us - if we embrace expressions of concern or simple feedback without feeling blamed or belittled we may have taken the first step toward addressing, and alleviating, the common, painful and treatable distress occasioned by depression.

<sup>[1]</sup> Elementary school teachers were the most likely. See, 32 J. Occup. Med. 1079.

<sup>[2]</sup> 10 J. Law & Health 1 (1995)