



There May Be a Reason Life Seems So Rough...

I was diagnosed with major depression in June of 1996. This was not a diagnosis I wanted – in fact, I had spent years denying that there was a problem. At times, I may have been tired, moody, mercurial, sullen, distant, stressed-out, overworked, oppressed, lonely, put upon, burned out, sad, unhappy, sarcastic, cynical, pessimistic, disillusioned, caustic, cutting, snappish, unable to smile, mean, mad, or just bummed out, but certainly not depressed. I was a success. I had a good family and good health. I was a graduate of an Ivy League college and the best law school in Texas. I had a bright future. I was strong and courageous. I had met challenges in the past and had overcome so much: I was eight years sober, active in recovery and life, practicing law, and dreaming of even greater success. Underneath all these good feelings, however, was a gnawing, dull, incessant pain whispering that all was not as it should be and that something was definitely wrong. This is about that pain and my road out of it.

It wasn't that I woke up one day and declared myself to be depressed. It was more like a slow, self-torturous process. This feeling had been building in the bottom of my stomach for many years. At first, I couldn't distinguish it from the anxiety I typically felt before the beginning of a jury trial, before a big

settlement negotiation, or before an important speech. As I got healthier during my first years of addiction recovery, however, I learned to differentiate between certain feelings. I came to realize that there might be a difference between my normal anxiety appropriate to the situation and this other abnormal anxiety. Normal anxiety eventually dissipated and passed. Once a particular distressing event had come and gone, I would experience short, fleeting periods of temporary relief. This other feeling, however, was always present, brooding, silent, and patient. It may have been masked by the temporary elation of winning a jury trial, completing a deposition, or executing a good cross examination, but it was always present, flowing and ebbing like a muddy underground current. In times of relative calm, it would inevitably bubble to the surface, oozing upward, eventually manifesting itself in irritability, fatigue, and isolation. Having no other vocabulary, but knowing it was different than regular stress and anxiety, I labeled the feeling "fear."

Fear was something with which I could work. I thought I had the appropriate tools. I had been taught as a young child to face my fears and work through them. I was taught to complete the things I started. And so, accordingly, I applied myself. I threw myself into

and against my work, thinking that if I tackled the problem or issue head on, I could win. I accepted cases, assignments, or projects just because I was afraid of them. I confronted my fears and worked through each challenge to the end. I applied my intellect and believed that if I could identify what was bothering me about a particular situation, I could find a solution. I became a master at identifying the type of fear associated with each task. I was constantly researching within – and referring to – the library in my mind's eye where there existed an imaginary shelf of books, each spine labeled with the words "fear of ____." I could access each book by its title and review the contents, what worked and, more poignantly, what didn't work. I spoke about these fears in my recovery support groups. I wrote in my journal. I started and ended several relationships. I consulted a good therapist. After a few years, I burned out of one job and found another.

All these attempts to find relief from the undertow eventually wore me out. And so began one of the longest dark periods of my life. I withdrew from friends and family. I went to work and performed as well as possible by doing the bare minimum. My colleagues confused my depressed and flat affect during this time

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with many things: quiet competency, intelligence, self-control, meanness, arrogance, and a lack of a sense of humor. My case load was heavy and was comprised of several complex matters which helped to justify and mask my inability to complete tasks, meet deadlines, or move cases. Quite frankly, I was unable to concentrate or think. When I went home each night, I ate and crawled into bed to sleep. I refused to answer the phone. As the blackness intensified, it became too exhausting to be interested in others and so I declined any and all social invitations. A close friend eventually confronted me and suggested that I might be going through a depressive episode, but I refused to believe that this was depression – all I needed was more rest, more meetings, a spiritual experience, a better job, a better family, more money, a bigger house, a newer car. I stayed close to my AA meetings, hoping for a miracle and not wanting to slide back into using alcohol or drugs to escape the pain.

I was ashamed to admit that I might be depressed. I practiced a form of denial. I read up on the diagnostic criteria for depression and failed to see the symptoms manifested in my life. However, my sleeping and eating patterns had changed – I woke up at 3 a.m. night after night and watched TV until falling back to sleep at 6 a.m. I ate for energy. Because I was enervated, I ate a lot. I

gained weight. I began to experience fits of uncontrollable crying and had recurring thoughts while driving to work of maneuvering my car into oncoming traffic. Over and over I played the scenario of a fatal car crash out in my head. I was hypersensitive and slightly paranoid. I got up each day and went to work simply because there was no alternative. I believed that my life was over and I'd never be happy again. I felt old; I was 38. My immune system became weakened and my health deteriorated.

As bad as the depression was during this time, it was marginally tolerable until I lost the most precious thing I had: the ability to talk. I found myself virtually paralyzed at times, constructing elaborate mental sentences in response to opposing counsel's questions but totally unable to get the words to travel to and out of my mouth. Sometimes I could get part of a sentence out, and then I would stop mid sentence. People began completing sentences and thoughts for me. I often didn't even have the energy to correct them if they happened to be wrong. Embarrassingly, I would use the wrong word for a common object – looking at the telephone – forming the word in my brain, then out of my mouth would come, "photograph." It was funny at first, until I realized that I was beginning to be unable to communicate effectively on a regular basis. The currency of a lawyer, of an

advocate, is communication. At this point, even I realized I needed help.

I made an appointment to see a psychiatrist. From the time of making that appointment until the time I actually saw the doctor, I prayed and hoped that I was depressed. You see, in my troubled mind, if I weren't depressed, then I was insane.

I wrote in a journal everyday during that time. Reading those words today in preparation for writing this story, I realize how dangerously sick I really was. I cried with relief when the doctor diagnosed clinical depression and suggested I consider taking anti-depressants. I agreed. We discussed any remaining hesitancy about taking medication while trying to maintain sobriety. In all honesty, during those first few weeks I was careful and watched myself for any drug-seeking behavior. I guarded against old thoughts like, 'If taking one pill makes me feel good, then taking two or three or more would make me feel even better.' And it never happened.

What did happen was this: after a while, several weeks later I woke up one day and realized I felt better. Not high, just better. During the next few months, my mind and communication skills returned, I no longer cried uncontrollably, I quit thinking about car crashes, and my energy came back. With that energy came the ability to choose my behaviors instead of simply reacting to the behavior of others. It has taken about one year to truly get well. I have continued to take medication during this time. I have also addressed issues in therapy to support my recovery from depression.

As a result, I have been blessed with many, many gifts. Suffice it to say that my recovery from depression has enhanced and strengthened my recovery from alcoholism and drug addiction. Today, I am a functioning member of society. Today, I am an asset to my profession and my community. Today, I am happy and healthy. Today, I am filled with hope.

I resisted the diagnosis of depression for as long as I did primarily because I feared the stigma of mental illness. As a recovering alcoholic, I didn't want to be assigned to yet another 'disease' category. I therefore saw the symptoms of

How Do These Impairments Affect Performance

- Missed court appearances and deadlines
- Changes in behavior
- Decline in performance
- Diminished ability to think or concentrate
- Neglecting personal appearance
- Incoherent in court
- Inappropriate emotional outburst in court
- Friction with judges or other lawyers out of proportion to the normal give and take of the legal process

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my depression as signs of moral weakness. I was afraid of depression because I didn't understand the nature of the disease. I denied my illness because I didn't want to have it. I believed that I'd be able to will my way out of depression if I worked a bit harder, and then beat myself bloody when I was unable to pull myself together. This appears to be common among depression sufferers – we'll drive ourselves crazy in an attempt to prove that we are sane.

I wasted years struggling against an illness I couldn't beat by myself. Since my diagnosis, I have done a great deal of research on all types of depression. I now understand that depression is a physically based disease – an imbalance in brain chemistry – and not a sign

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of spiritual or moral laxness. For me, overcoming depression was about much more than joining a self-help group or changing one's diet or going to talk therapy or reading self-help books. I believe that clinical depression in any of its manifestations requires the help of a doctor – a psychiatrist.

Depression may be cyclical or it may be constant, it may cause excruciating emotional pain or it may simply wrap a gray blanket around a person's whole existence. The good news is that help is readily available. If you see anything of yourself in the story you've just read, please take the time to talk with a qualified health care professional or call the Lawyers and Judges Assistance Program for the appropriate referrals in your area. With the medical resources currently available, no one needs to suffer as long as I did before getting help. ■

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