

SPEAKING OF DEPRESSION

A brilliant engineer once told me that when he was in the worst of his depression, he would hide in his office and stare for hours at his computer, praying for the day to end so that he could go home and drink himself into a state of unconsciousness. On the days when both depression and hangover laid him low, he simply called in sick.

A very successful lawyer who had practiced for years reported that he began to ask his assistants to read his briefs and do his depositions because he could not concentrate or focus. He would forget what he was saying in the middle of a sentence, completely lose track of his thoughts, and require others to fill in the blanks and cover for him. He lost all interest in his wife and family.

These people are not weak or lazy. They suffer from a medical condition called depression. People suffering from depression can no more “snap out of it” than can a person suffering from Parkinson’s disease. Depression is a malfunctioning of the brain chemistry that manifests itself in the form of distorted or chaotic thinking and behavior. Some depressed people may not seek treatment because of the shame or embarrassment of admitting that there’s something wrong with his or her mind.

Fortunately, today people are more aware of and more willing to talk about this illness. Attorneys are not exempt from depression. Many, however, do not realize they are suffering from it.

DEFINITION

The *American Psychiatric Association Diagnostic Statistical Manual IV* says that if you meet at least five of the following criteria, then you may suffer from some form of depression:

1. Depressed mood (feelings of being sad or empty);
2. Loss of interest in things you once enjoyed;
3. A change in eating habits, either eating more or eating less, and the corresponding weight gain or loss;
4. A change in sleeping patterns, either sleeping more or sleeping less;
5. Fatigue or loss of energy;
6. Diminished ability to think or concentrate;
7. Feelings of worthlessness, excessive or inappropriate guilt; and/or
8. Recurrent thoughts of death or suicide.

SYMPTOMS

With other illnesses, such as arthritis, the flu, or Parkinson’s disease, there are well-known signs of illness. The symptoms of depression are also visible; however, they are not as well known. The first symptom may be a loss of interest in physical appearance and physical surroundings. People who are usually tidy will become disorganized at work and at home. Their office becomes a disaster area and their home looks like a minefield.

For others, anger and frustration erupt. Friends and family members notice and begin to discuss the person’s moodiness. Losing things, blaming others, then getting upset becomes a real problem. “I did not put those socks in the refrigerator!” may sound like a joke, but underneath is a great deal of frustration and concern. Messages thought to be sent are not; tasks thought to be complete have actually gone undone; checks get written to pay the bills, but the envelopes never make it from the desk to the post office. Often, the depressed person blames everyone else for what has happened.

Sleeping habits change. The depressed person’s body develops an internal alarm clock, waking him up every couple of hours. The person will “work in his sleep,” obsessing over personal problems when

he actually is asleep, thus never getting quite enough real rest.

The depressed person seems to be ambivalent about everything. "I don't know" or "I don't care" are his or her most common answers to questions. This may provoke arguments or cause hurt feelings because the depressed person doesn't seem to care anymore. Frequent absences from work and a pattern of vague, persistent physical problems without discernible cause are another hallmark of depression.

In the workplace, the signs of depression are often viewed by coworkers as evidence of a "bad attitude" or burnout. The depressed person may seem to have become lazy or to have lost his or her zest or drive.

TYPES OF DEPRESSION

Depression, like other diseases, comes in many forms. There is long-standing chronic depression (dysthymia), and the sudden, more acute disorder (major depression) which seems to arise from an identifiable event such as a birth, death, divorce, or loss of job. The aftermath of a traumatic event or news of a serious physical illness, such as cancer, also can lead to depression.

Perhaps the most destructive of all forms of depression is bipolar disorder, formerly referred to as "manic depression." Bipolar disorder takes the individual through cycles of severe highs and lows. The cycles can occur within minutes, days, weeks, or even years, depending on the individual's cycle. One person with the illness described it in this way, "I travel the North Pole and the South Pole, and everyone else lives on the equator." Until the mid-seventies, a diagnosis of bipolar disorder was cause for institutionalization.

Some depressed people become destructive to themselves and others. When coupled with alcohol or drugs, depression becomes actively dangerous and destructive. One lawyer, "Paul," is a classic example. After attending a prestigious military academy and rising through the ranks to achieve senior officer status, Paul served for 20 years in the U.S. Marine Corps. While in the Corps he followed all the rules and drank only within the parameters delineated by Marine regulations. After retiring from the Marines at age 38, Paul embarked on a new career – law school.

Paul found himself bingeing on alcohol during every break in order to cope with the pressure or, as he phrased it, to "stop the leaves from flying around in my head." Paul finished school and went to work, driving himself harder and harder, until one day he was unable to get out of bed. He could no longer run fast enough to stay one step ahead of the depression which had been snapping at his heels for a long, long time. Paul felt hopeless, worthless, and helpless. Alcohol no longer worked to quiet his mind. Suicide began to look like a viable option. Paul couldn't bear thinking of himself as a failure. Fortunately he called someone for help. He received treatment, stopped drinking, went on antidepressant medication, and pulled his life back together.

GENETIC LINK

Family history is a vital part of understanding depression and addiction. In every case in which depression exists outside a situational crisis or major trauma, the chances of a genetic link are considerable. Therapists who push for family information from clients often encounter great resistance; however, an accurate family history helps the therapist to treat the patient. In addition, the patient's shame or embarrassment may be diffused by understanding the genetic component of the illness.

HOPE FOR THE FUTURE

Over the course of the last 20 years, advances in the treatment of depression have brought the subject out into the open. Research continues to point to the biochemical genesis of depression, thus helping to ameliorate some of the stigma attached to this illness. Improved antidepressant medications and new treatments mean that depression no longer need lead to suicide, alcoholism, drug abuse, or a life in which each day seems to be more of a struggle than the last. Prominent people like Mike Wallace and Cathy Cronkite have spoken freely about their struggles with depression and have encouraged others to seek help. Many brilliant, creative people have suffered from depressive illness - Ernest Hemingway, Vincent Van Gogh, William Styron, Virginia Wolfe, Cole Porter, Irving Berlin, Ezra Pound, and Eugene O'Neill – to name but a few.

Depression is a medical problem – not an "attitude problem." Help is easily accessible for every

person suffering from this debilitating, life-threatening disorder. If you or someone you know suffers from depression – call the Oregon Attorney Assistance Program.

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