



What Lawyers Should Know About Depression: An Interview with Paul F. Trudeau, Ph.D.

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Dr. Trudeau, a friend of the Atlanta Bar Association, has spoken several times to the Sole Practitioner/Small Firm Section. In light of the toll that the economic recession has taken on many Atlanta lawyers, we asked Dr. Trudeau about depression. Dr. Trudeau spoke with former TAL editor Wade Watson.

TAL: Could you tell us a little about yourself and how you came to have an interest in the subject of lawyers and depression?

Dr. Trudeau: I am a Psychologist/Psychoanalyst practicing at the Brookwood Center for Psychotherapy, LLC. I am also on the faculty of the Emory Medical School, and the faculty of the Emory University Psychoanalytic Institute. My first employment in the area of mental illness occurred in December 1960 at a hospital in Greenwich Village in New York. I started my private practice at 24 Fifth Avenue and finished my Psychoanalytic training at NYU Post-Doctoral Program in Psychoanalysis and Psychotherapy in the Graduate School of Arts & Sciences. Somehow, I began to receive many referrals of attorneys. Eventually between 60 percent and 80 percent of my patients were attorneys. I see similar percentages in Atlanta.

TAL: Are lawyers particularly susceptible to depression?

Dr. Trudeau: Great attorneys live with error-terror. A legal mistake can devastate the client, the firm, its reputation, and most importantly the attorney himself or herself. The internal pressure to remain unimpeachable leads to workaholism and perfectionism, which lead to a sense of imminent failure and exposure. A person cannot be perfect, merely excellent. This depressing situation eats at one's sense of self-pride, and originates in a damaged sense of self-esteem, constant anxiety and over compensation as measured by money,

reputation, house size, etc. "Stuff" soon replaces the reasonable position that one's personal worth exceeds all the "stuff" possible. So dangers to income, status,



Dr. Paul F. Trudeau

physical health all have a disproportionately negative impact on many attorneys. There are, of course, many possible explanations for a lawyer's depression: genetics, serious loss, inexpressible and perhaps unknowable anger

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and sadness, sudden or chronic physical illness, life-circumstance unpredictability and family stresses, illnesses and the death of a loved one, the most intense stressor in anyone's life.

TAL: Could you give us a working definition of depression?

Dr. Trudeau: I'm going to discuss the experiential or phenomenological aspects of this all-too-common, and too frequently undiagnosed and minimized illness. A person who feels he or she must be unimpeachable and who is error-averse because the consequences of errors impact others, especially clients, frequently has an underlying depression, with only occasionally interrupted unending sadness, hiding behind workaholism, and perfectionism. A depressed individual usually experiences a deep, bottomless sense of loss, despair, irremediability. There usually occurs a decrease of energy and interest in people, activities, and ideas with a frequent comment: "It's no use." "I can't figure out how to get out of my situation." "Nothing pleases me any longer (anhedonia). I've lost my sense of humor." "Life's all too serious and pleasure free." Along with the anhedonia there occurs a disturbance in sleep- some sleep much longer, others endure decreases or disturbed sleeping patterns. Appetite may vary widely with loss of interest in eating or in overeating events. As a result, the person feels hopeless, sensing that others detect something's going awry. Attention to personal appearance tends to lapse. Personal grooming may falter with excuses of overwork, time-pressures, or other distractions. Technical details are listed in the Diagnostic and Statistical Manual of the American Psychiatric Association.

TAL: What are some things to look for if you are concerned that a colleague may be suffering from depression?

Dr. Trudeau: If, in the presence of this individual, one feels oddly sad and depressed, but that feeling disappears when not with that individual, it may be an indicator that a referral to a specialist may be necessary. As

the depressed individual loses the sense of joy, energy, and social interest, and increases isolation or irritability, there may occur a sudden surge of apparent generosity, giving away previously precious items, voicing helpful advice. Expressions like "I am now worth more dead than alive;" "I feel sorry for those who depend on me;" "It'll be too late when they've realized what a fraud I am;" and "I'll be quickly replaced and forgotten," etc., may signal the approach of the ultimate depressive event, suicide.

TAL: What should you do if you believe someone may be having problems with depression?

Dr. Trudeau: Often a person becomes aware of being depressed when someone else mentions it. A spouse, co-worker, a licensed health care practitioner, an internist, a supervisor, and/or a very close friend works up the courage, defies the impulse to avoid hurting someone's feelings, and mentions to the depressed person something like, "You look more than tired," or "You haven't smiled or laughed in a long time." At this point we hope a depressed person remembers: "Better living through chemistry."

TAL: What treatment options are available?

Dr. Trudeau: The first technique for the treatment of emotional/mental disorders is psychopharmacological therapy. There are a host of medications available, most appropriately prescribed by a psychiatrist. Physical techniques, such as shock therapy and other procedures, can be best explained by a psychiatrist. Psychiatrists have spent many years studying emotional disturbance and medical treatment modalities (and their side-effects). General medical practitioners frequently prescribe anti-depressants, such as serum serotonin re-uptake inhibitors (SSRIs), which can improve one's mood. [Prozac, Zoloft, Paxil, and Lexapro are commonly prescribed SSRIs.] Complicating factors, (e.g. legal or illegal drug use, over-use of illicit drugs, etc.) can impede treatment when not addressed openly. If lucky, the depressed person may feel quick relief. Most psychiatrists feel this uptick in mood to be temporary because without speaking to a mental health professional, depressed people cannot understand how they became ill and then to sustain recovery

while avoiding depression precipitants.

The second major treatment category is verbal psychotherapy. Licensed psychologists, social workers, marriage and family therapists are, in my opinion, best trained and qualified to collaborate in the treatment, its planning, and follow-through with a depressed patient. Independently these professionals treat and often consult with psychiatrists when needed. Other qualified professionals are licensed counselors, pastoral counselors, and addiction counselors (especially when alcohol or other substance abuse, such as cocaine, is involved). These counselors can recognize depression, make appropriate referrals, and legally treat someone who is depressed, almost always in consultation with another of the other mental health professionals I mentioned.

TAL: How do you choose a good therapist?

Dr. Trudeau: To choose a therapist, sometimes the most reliable referral source may be a friend in treatment already. The professional organizations of the therapists I mentioned all have referral services.

TAL: What advice do you have for attorneys facing depression?

Dr. Trudeau: The despair, hopelessness, self destruction feel never-ending to the suffering person. Overcoming the public and private prejudices against acknowledging the need for assistance and needing that assistance from another person may also feel paralyzing to the depressed attorney. Patience,

love, understanding, and courage often lead friends, colleagues, and family to speak up.

Frequently, speaking up works. Please do so. ■

[For more information, contact Dr. Trudeau at pftrudeau@brookwoodcenter.com or at 404-872-8065.]