

LCL

Lawyers Concerned for Lawyers, Inc. is a private, non-profit corporation. As the State's sole lawyer assistance program, LCL assists lawyers, judges and law students who are experiencing any level of impairment in their ability to function as a result of addiction, mental health, personal or medical problems.

# briefings

LAWYERS CONCERNED FOR LAWYERS, INC.

WINTER 2003

*from the director...*

## SHEDDING LIGHT ON THE HOLIDAYS

It is no accident that our holiday season, occurring at the coldest and darkest time of the year, is always characterized by our efforts to create light, warmth and joy. For some, the joy is more difficult to muster. Depression, whether at clinical proportions or just a "blue" mood, is all too common as we miss the sunny buoyancy of warmer seasons.

In keeping with the seasonal theme, we devote this issue of *briefings* to examining ways to lift our moods and stay on track through the winter. Our article on Seasonal Affective Disorder considers the biological approach to winter doldrums, while our other featured article provides cognitive, behavioral, and

spiritual ideas to "turn around depression for the holidays."

My hope for all of us is that, despite the cold and dark days of winter, the seasonal pressures, and our global concerns, we can nurture a perspective of gratitude. This is, in fact, a wonderful time of year to refocus our attention onto the blessings that we may take for granted, blessings of recovery and of friends and family, including the large LCL network of caring individuals.

I am personally very grateful that my path and yours have crossed, and, along with the entire LCL staff, send you my 'unseasonably' warm wishes for a safe and happy holiday season, and a bright and joyful New Year.

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### UPCOMING EVENTS

February 5, 2003  
Old Timers' Dinner  
Newton Marriott

April 25, 2003  
Annual Membership Dinner  
The Publick House, Sturbridge

## NINE WAYS TO TURN AROUND DEPRESSION FOR THE HOLIDAYS

by Nancy Brown

*We all know on some level, however, that the holidays can be tough for most people, whether or not they suffer from depression. Memories, losses, unfulfilled hopes and dreams surface in a unique way during the holidays.*

The holiday season is once again upon us. With all its commercially motivated portrayals of warm, welcoming, convivial family gatherings in beautiful settings where an abundance of everything is taken for granted, we might find ourselves acutely aware of our imperfect lives and wondering where we went wrong. We all know on some level, however, that the holidays can be tough for most people, whether or not they suffer from depression. Memories, losses, unfulfilled hopes and dreams surface in a unique way during the holidays. In addition, we are now constantly reminded about the unsettling social, economic and geopolitical events of the last 18 months. These internal and external “environments” can trigger anyone, particularly those vulnerable to depression. The following questions may be helpful in considering ways to ameliorate or prevent certain symptoms of depression at any time of year:

**What track are your thoughts on?** A powerful causal relationship exists between what we think and believe, and what we feel. Negative thoughts beget negative feelings, which beget negative expectations, which beget negative behaviors, which creates a perpetual cycle of negativity. We all have well established, but not irreversible, patterns of thought (although the noise of our hectic lives can drown out our awareness of them). Depression thrives in that Petri dish of negative thought about oneself, others, or life in general. A simple (not easy) and effective way to interrupt that cycle involves the conscious substitution of positive thoughts. A good starting point might be to remind yourself of all you have to be

grateful for. Gratitude and depression cannot usually co-exist for long.

**Are you acting or reacting?** A potentially avoidable symptom of depression is a sense of powerlessness, or lack of control over one’s life. Dissatisfaction with your own life can show up in a variety of ways, including preoccupation with, or attempts to change or control someone else. Focusing on and taking responsibility for your own life offers a firm foundation from which to act. Willingness to face fears makes one less a victim of the illusion of helplessness.

**What do you need to do to take good care of yourself?** Prioritize yourself. Good self-care is the beginning of good mental and physical health. What are you eating? How many hours of sleep do you average? Are you pumping out those endorphins with regular exercise? Do you have a hobby? A favorite author, activity? Do you give yourself time to think? Time to listen to your own heartbeat and be awed by that?

**Are you laughing enough?** Or are you taking everything, including yourself, too seriously? This is a pitfall for many lawyers who have been taught to think and work in a very logical, rational, disciplined and diligent manner. Changing gears so the kid inside can come out to play, be goofy, have some belly laughs, refreshes both the brain and the spirit and wards off negativity.

**Have you planned your next vacation?** Most of us need something to look forward to, whether it’s a Saturday morning breakfast with our

buddies, an evening at the Symphony, a special holiday event, an extended time in the woods, or whatever. If you lack a travel companion, join a tour; then you'll have many! Take one-minute vacations whenever possible: close your eyes, relax your body, and envision yourself doing what you love. Vision precedes action.

**Do you need to adjust your expectations?** As a group, lawyers tend to enjoy challenges and set high expectations for themselves, especially at work. Seductive financial rewards for unreasonable productivity demands serve to reinforce a potentially destructive imbalance. This is a good time of year to re-evaluate priorities in favor of that which enhances peace and harmony year 'round. Participants in the growing movement toward simplification report enriched and more meaningful lives— with less “stuff and status.”

**What makes you happy?** *This is a very important question.* Some people can readily answer this question, and they go for it with enthusiasm. At the other extreme are those who seem to refuse to be happy and consider those who *are* to be in denial of reality. Many fall somewhere in-between and may really not know, or get stymied by fears, or dismiss it as irrelevant, unrealistic or self-indulgent. The answer to this question, however, is what gives vitality, identity, energy, involvement with life! We've all heard of individuals diagnosed with terminal cancer whose pursuit of long delayed dreams became their cure. So what makes you happy? Certain music? *Play it!* Certain people? *Reach out!* A certain activity? *Do it!* Learning new things? *Enroll!* Discussing books? *Form a book club!*

**Whom can you tell it to?** Many lawyers consciously cultivate a public persona that says, “I'm competent, confident and *in control.*” True, presentation *does* matter. There is a risk, however, in gradually and unconsciously identifying with that constricted persona, such that anything that isn't subject to logical analysis and rational management is suppressed, repressed or denied. Denied realities can manifest in depression and eventually create pain in mind, body and relationships. Whether with a friend, a spouse or clinician, sharing your more vulnerable inner experience with someone you trust can bring clarity, energy and corrective or constructive action.

**How do you make a change?** As creatures of habit and routine, we all know how tough change can be. It's best to start slow and let the momentum build. Choose *just one thing* that you can realistically do differently and forget everything else. Consider what sacrifices will be required (Less TV? Making your own lunch? Paying for child-care or house cleaning? A gym membership? Less complaining?), and evaluate your willingness to make them. Journal your efforts, slips and progress. Keep visual reminders everywhere. Enlist the support of a friend, consultant or counselor to hold you accountable to yourself. Incremental changes are more likely to become habitual. Taking charge of one's own life is empowering and confidence building, and counteracts depression.

And finally, compassionate and good-humored self-acceptance greatly enhances our capacity for genuine enjoyment of ourselves *and* of others. A healthy, reality based love of self generates and attracts more love. And love always partners with happiness.

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## 'TIS THE SEASON TO BE... DEPRESSED?

*Identification of SAD came out of research in the late 1970's on the effects of Melatonin, a substance secreted by the pineal gland (just below the brain). Melatonin appears to trigger a hibernation-type response in mammals, and its production is suppressed by light.*

If the late fall and winter tend to bring down your mood, you are not alone. There are several reasons why winter may be a tough time of year. One is the so-called "anniversary reaction." Many of us had less-than-optimal childhood environments, in which holiday time was an acute source of pain, that we may revisit involuntarily (often without conscious awareness) when those months roll around each year. We may also be reminded of those loved ones who can no longer be with us.

Just as common, though, and generally of longer duration, is the phenomenon of declining mood as a biological response to late fall and winter. During this period, the majority of people feel some seasonal impact on behavior, mood, sleep and energy level. For some, these effects are severe, a condition now known as Seasonal Affective Disorder (SAD). Anyone can be affected, though this disorder is found more often in women and in people age 20 to 50.

Identification of SAD came out of research in the late 1970's on the effects of Melatonin, a substance secreted by the pineal gland (just below the brain). Melatonin appears to trigger a hibernation-type response in mammals, and its production is suppressed by light. Researchers found that exposure to bright light (in comparison to dimmer light) could trigger significant improvements in mood. This notion was consistent with reports of fewer SAD symptoms in people who spent the winter in sunnier climates. Longitude, latitude, and genes may also play a role – while winter depression is most common in North America, for example,

mood plunges in summer are more prevalent in China and Japan.

SAD is currently seen as a seasonal variant of depression. In order to "qualify" for the diagnosis, one must meet criteria for Major Depression, but with a clear seasonal pattern (see boxes within this article). A quick self-test of seasonality is also available on the web site of Norman Rosenthal, MD, a leading expert in this field. (Go to [www.normanrosenthal.com](http://www.normanrosenthal.com), then click Winter Blues, then "SAD? - Test Yourself".)

In contrast to non-seasonal depression, the most prominent aspect of SAD is not a sad mood or deflated self-esteem, but the biological symptoms, namely, effects on appetite, sleep (increased), energy and libido (both decreased). Typically, sufferers will eat more during the winter, with an increased tendency to consume carbohydrates. (Carbohydrates may actually increase levels of serotonin, the brain chemical most closely associated with mood, but can also lead to weight gain.) Of course, some people do also get acute feelings of sadness, and may seek ways to "self-medicate." Those with a *summer* SAD pattern tend, in contrast, to eat less, and to be more agitated than tired. Prior to diagnosing SAD, it is important to rule out medical conditions, such as chronic fatigue syndrome, viral illness, hypoglycemia, and hypothyroidism (none of which vary by season).

### Treatment

**The Light Box** is the main form of treatment specifically for SAD. These

devices come in various shapes and sizes, but the smaller and cheaper ones may not work as well. A typical light box is made of metal, is about 2 feet long and 1½ feet high, and is priced between \$300 and \$500. The light is produced by white fluorescent bulbs and passes through a UV filter as well as a plastic screen that spreads the light evenly. The user sits facing the light (from a distance of 1 to 3 feet) for anywhere from 20 to 90 minutes a day during the season of depressed mood. There is no need to stare at the apparatus (which may be angled to optimize light entering the eye); users typically read, make phone calls, even use a treadmill. In contrast to normal office lighting, rated at 500-700 lux, a light box produces 2500-10,000 lux. There are many sources of light boxes, among them: The Sunbox Company ([www.sunbox.com](http://www.sunbox.com)); Apollo Light Systems, Inc. ([www.apollolight.com](http://www.apollolight.com)); and Bio-Brite, Inc. ([www.biobrite.com](http://www.biobrite.com)).

If light treatment is going to help, the effects will be noticed within 2 to 14 days. Most people with SAD experience improvement, and for some it is dramatic

(e.g., increased energy and concentration, decreased need for sleep). There can be side effects, such as eye strain or headache, which can usually be managed by modifying the intensity or length of light exposure. People with skin problems or on certain medications may need to use sun screen, and those with eye diseases should consult an ophthalmologist.

**Dawn Simulators** can be used as an adjunctive treatment. These are modified timers, attached to normal-wattage lamps, which gradually turn on the light prior to awakening and seem to make a difference even though the eyes are closed. **Light visors** have also been developed as a more portable alternative, but as yet there is limited scientific evidence of their efficacy.

Aside from these targeted treatments, **increased exposure** to all forms of light may be beneficial, as well as winter vacations to sunnier climates. It is also helpful to fight the tendency to be sedentary, e.g., making efforts to get aerobic exercise and to rise from bed early in the day. Rosenthal further

*The good news is that the symptoms of SAD, and of depression in general, can be significantly alleviated with the proper treatment.*

### DIAGNOSTIC CRITERIA FOR DEPRESSION

The following are based on criteria for *Major Depression* in the latest edition of psychiatry's official diagnostic manual, but are reworded:

Most days in a 2-week period, you've had at least 5 of the following 9 symptoms (including at least one of the first two listed):

- ◆ Depressed mood (may be irritable in kids)
- ◆ Greatly reduced pleasure or interest in most activities.
- ◆ Significant (unintended) increase or decrease in appetite or weight.
- ◆ Getting much more or much less sleep than usual.
- ◆ Physically moving more slowly, or with more agitation, than usual.
- ◆ Fatigue or lowered energy.
- ◆ Feeling worthless or unreasonably guilty.
- ◆ Reduced concentration or ability to make decisions.
- ◆ Persistent thoughts of death or suicide.

There's no reason to think you feel this way because of a medical condition, drug use, normal grief reaction, or psychotic disorder such as schizophrenia.



## LCL SUPPORT GROUP MEETING CALENDAR

This quarterly newsletter is published by Lawyers Concerned for Lawyers, Inc. for its members and the bar at large. We welcome your comments and questions.

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For current LCL support group meeting schedule, click on LCL web site calendar icon.

### **DIAGNOSTIC CRITERIA FOR SEASONAL AFFECTIVE DISORDER**

The following are based on criteria in the latest edition of psychiatry's official diagnostic manual, but are reworded:

- ◆ Clear connection between a particular time of year and entering a period of Major Depression, and this connection is not based on other things that happen to occur in your life at the same time.
- ◆ Clear connection between another time of year and a let-up in the depression.
- ◆ Two consecutive years with both of the above and no depression during the rest of the year.
- ◆ Over the course of your life, it is clear that most periods of depression were limited to certain parts of the year.

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## **'TIS THE SEASON** (CONTINUED)

suggests scheduling your more stressful projects in the sunnier months, and has found that some people benefit from a low carbohydrate diet.

The good news is that the symptoms of SAD, and of depression in general, can be significantly alleviated with the proper treatment. Aside from those specialized approaches described

above, successful treatment may also involve the more traditional approaches of **psychotherapy** and/or **antidepressant medication**. An assessment from a mental health professional can be a good place to start. LCL's clinical staff can offer a combination of assessment, clinical recommendations, and referrals.