Which Came First, the Egg or the Hen?

A look at the coincidence of depressive complaints and substance use

By Martha Burkett

Having spent nearly 20 years as a clinician in both inpatient and outpatient substance abuse treatment settings, I have had the opportunity to meet many individuals who presented themselves for treatment, complaining of depressive symptoms. Men and women alike, all ages, races, cultures, occupations, and socioeconomic backgrounds, described difficulty sleeping or lethargy, loss of appetite, a lack of enthusiasm for hobbies and interests, waning sexual interest, difficulty making decisions, deteriorating interpersonal relationships, pervasive sadness, and feelings of isolation. Not everyone experienced all these symptoms, but nearly all reported some. Some even described suicidal thoughts, plans, or attempts. Some of these people were attorneys.

A portion of these individuals was clearly suffering from the condition of addiction, and others met DSM-IV (Diagnostic and Statistical Manual of Mental Disorders) criteria for substance abuse.[1] Many of these individuals had seen physicians or mental health specialists, who provided them with prescriptions for various and sundry antidepressant medications. Most of these individuals reported little, if any, benefit from the medications administered, and several stated that they did not take their medications as prescribed. Often these persons reported that the professional who prescribed the medication had little or no awareness of their pattern of substance use. Sometimes they reported that the clinician had not asked. Other times they indicated that they, as patients, had flatly denied or minimized their consumption.

I believe it is likely that these people who were experiencing depressive symptoms were ignorant of the interaction between antidepressant drugs and psychoactive substances like alcohol and other sedatives, marijuana, amphetamines, opiates, or "designer" or "street drugs." They did not understand that such mood-altering substances would impede, if not negate, any therapeutic effect of prescribed antidepressants, as well as thwart the efforts of the most skilled therapists. Nor did they understand that by using these substances, although they would experience a temporary sense of relief or euphoria, ultimately, these drugs negatively impacted their brains' natural ability to produce the chemicals necessary for normal, healthy, "good" feelings.

For some of those who suffered with the condition of addiction exclusively, it is probable that traditional treatment would alleviate their depressive symptoms within weeks of achieving abstinence from mood-altering chemicals without the use of antidepressants. It is also likely that a portion of the individuals who complained of depressive symptoms, but did not report their use of substances, did so because, on some level, they were afraid. They feared that if they were required to discontinue their use of these substances, the depressive symptoms would worsen and become unmanageable. These people were not willful or bad; they simply believed that they had found a way to get relief from pain and they were, understandably, reluctant to give that up. They were accurate, to a certain degree, although they lacked a thorough understanding of the complexities of their circumstances, the physiologies of depression and addiction, and the implications of their behaviors.

These people were, in a haphazard fashion, "self-medicating" their depressive symptoms and sabotaging effective treatment of their underlying depression. In some instances, it became evident that individuals who were initially diagnosed by mental health specialists as depressed, and who began to self-medicate with mood-altering substances, eventually became dependent on those substances, further impairing their functioning and greatly compounding their unfortunate circumstances. Most were frustrated to hear me say to them, early in treatment, that it would be impossible to discern whether the depression was symptomatic of a substance use disorder, or vice versa, until they had achieved a measure of sobriety that allowed for accurate assessment by a mental health specialist. Neither were they pleased with the reality that, in the event that diagnoses pertinent to depression and substance use were found to be applicable, concurrent treatment of both issues would be required to attain and achieve long-term relief from either condition. Conversely, they were sometimes encouraged to learn that with accurate substance use and mental health diagnoses, proper treatment and recovery could become a reality.

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Why am I saying all this now? Because I have learned since coming into my role within the Lawyers and Judges Assistance Program (LJAP) that several studies conducted since the 1990s indicate that *among those who are professionally employed, lawyers have among the highest rates of depression in the U.S.* In Amiram Elwork's book, *Stress Management for Lawyers,* he cites a recent Johns Hopkins University study, stating that attorneys are 3.6 times more likely than members of the general population to experience depression.[2] Studies also show that the incidence of substance use among attorneys is nearly twice that of the general population. Additionally, Elwork notes that "40–75 percent of the disciplinary actions taken against lawyers involve practitioners who are chemically dependent or mentally ill."

You already know that the long hours, fierce competition, and intensity of your legal work can take a physical and emotional toll on you and your loved ones. You may have experienced, and have surely observed in at least some of your peers, the occurrence of cumulative stress leading to the deleterious effects of depression or substance use.

When the LJAP began to adopt a "wellness approach," we started responding to calls from attorneys related to, among other things, complaints of depression. In our consultations with these attorneys, before making a referral to a mental health specialist, we have noted that in the majority of instances in which depression is cited as the primary complaint, the use of mood-altering substances is also reported.

This reality alarms us. We cannot conclude, on this basis, that the depressed individual is also suffering from a substance use disorder, nor can we conclude that this individual is using substances to self-medicate depression. We can, however, conclude that there may very well be a relationship between the two, which warrants investigation in the form of an assessment, performed by a licensed clinician who has knowledge and expertise in the diagnosis and treatment of issues related to both mental health and substance use disorders. We can also conclude that this individual is, at a minimum, at risk for developing a substance use disorder.

We understand that these attorneys are not stupid; neither are they bad. They are, however, human, and as such, are vulnerable to pain and suffering; to exhaustion and fear; to loneliness, anger, and disappointment. As humans, they desire relief. As humans, they also have families and friends who love them. They possess the resilience of the human spirit, and are capable of hope, growth, and the joy that healing can provide.

These people are deserving of our understanding, respect, attention, and energy. We want a chance to tell them that their resurrection to wholeness is very attainable, with proper evaluation, treatment, and support. We wish to encourage self-examination, to appeal to your loyalty and compassion for yourselves and your colleagues, and to offer the hand of the Lawyers and Judges Assistance Program to those who are struggling to hold sway in the sometimes difficult culture that is the legal profession. ■

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If you, or someone close to you, is suffering silently with issues rooted in depression or substance abuse, please contact our free, confidential helpline at (800) 996-5522.

Martha D. Burkett is the program administrator for the State Bar of Michigan Lawyers and Judges Assistance Program. Ms. Burkett holds master's degrees in public administration as well as counseling education and counseling psychology. She is a licensed professional counselor and nationally certified counselor. She completed graduate certification in holistic health and is a master addictions counselor, a certified auricular acudetox specialist, and an advanced-level board certified interventionist.

FOOTNOTES

1. National Library of Medicine, *DSM-IV Diagnostic Criteria for Substance Abuse* <http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.table.46484> (accessed July 9, 2008).
2. Elwork, *Stress Management for Lawyers* (Vorkell Group, 2007).