

Lawyers and Post-Traumatic Stress Disorder

By Tish Vincent

All the courtrooms in the courthouse were round. During my time as a law clerk in that court, I was involved with cold-case murder trials in four of the courtrooms, one of which had just been remodeled. The jury chairs were deep burgundy, the wood paneling looked rich and serious, and I remember feeling like I was in an episode of *Law and Order*. The courtrooms varied, but the cold-case murder trials had a haunting similarity. The defendants had committed heinous crimes long ago and thought they had gotten away with it.

I viewed many photos—of victims, weapons, and crime scenes. I listened to victims' family members and to defense arguments. Three months into this internship, I began to have the nightmare. I was in a big room that was dark except for the glow of a ceiling light hanging high above my head. I stood beside a circle of six gurneys, like you'd see in an emergency room. On each gurney was a dead body—injuries obvious and horrifying—draped in a burgundy blanket. I would wake up terrified and unable to go back to sleep, rousing my husband, who would ask about my dream.

"It's that internship!" he'd say. "It's getting to you!"

Vicarious traumatization

Many clients seeking attorneys have experienced significant trauma. Often, the trauma is a factor in the circumstances compelling them to seek legal assistance. As part of providing services, the lawyer will ask for a full account of what transpired. Lawyers are trained to manage their emotions and "stick to the facts," but the facts can be disturbing to hear.

Over time in a busy practice, legal professionals can suffer the same symptoms of post-traumatic stress disorder experienced by their clients. In the therapy world, we call this *vicarious traumatization*. It is understood that professionals who work with people needing their help begin to experience the same emotions and even some of the same symptoms as their clients. Judges are particularly susceptible to vicarious traumatization because they are exposed to many more cases than attorneys.

Post-traumatic stress disorder

Post-traumatic stress disorder develops when someone experiences a severe trauma that does or can result in serious injury or loss of life. To meet criteria for this diagnosis, the trauma needs to be very serious and engender real fear of harm.

The symptoms of posttraumatic stress disorder are:

- Intrusive memories of the trauma
- Distressing dreams
- Flashbacks
- Intense distress
- Marked reactions to cues that symbolize traumatic events
- Persistent avoidance of similar stimuli¹

Those suffering with this condition have alterations in their arousal level resulting in:

- Angry or irritable outbursts
- Self-destructive behavior
- Hyper-vigilance
- Exaggerated startle response
- Problems with concentration
- Sleep disturbance
- Depersonalization, a therapeutic term describing the feeling of detachment from life and the sense of observing oneself in action
- Derealization, an altered sense of the outside world leading one to perceive things as unreal²

Post-traumatic stress disorder can lead to the overuse of unhealthy coping mechanisms, particularly substance abuse. The traumatized or vicariously traumatized individual seeks escape from symptoms causing emotional discomfort. Alcohol and other substances may initially seem like a solution, but the solution is temporary and may well lead to other problems.

If one considers a murder trial in which the prosecutor, defense attorney, and judge view crime scene photos, hear grisly details of the defendant's actions, listen to the defendant and the victim's relatives, it is

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not difficult to imagine that some, if not all, of the legal professionals involved may experience vicarious traumatization. They are then pitted against one another in court, and are the focus of expectations and disappointments of many interested parties.

Treatments for post-traumatic stress disorder and vicarious traumatization

Post-traumatic stress disorder and vicarious traumatization respond to therapeutic intervention. When an individual struggling with these conditions makes an appointment with a therapist, there is a sense of relief that someone will listen and strive to understand. A therapist's office can be a safe haven for legal professionals overwhelmed by symptoms.

Healing treatments are cognitive behavioral techniques, eye movement desensitization retraining, and empathic listening. Following evaluation by a mental health professional, an individual may be referred to a personal physician or a psychiatrist for medication if therapy is not progressing.

Conclusion

We live in a time when many educated people are trying to understand the factors contributing to the stress of practicing law. A better understanding of post-traumatic stress disorder and vicarious traumatization contributes to a legal professional's strategies for self-care. Hopefully, this brief article offers insight and guidance for those seeking additional help from a qualified mental health professional. ■



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ENDNOTES

1. National Institute of Mental Health, *Post-Traumatic Stress Disorder (PTSD)* <<http://www.nimh.nih.gov/health/publications/post-traumatic-stress-disorder-ptsd/index.shtml>> (accessed May 21, 2014).
2. See *id.*; Jaffe, Crooks, Dunford-Jackson, & Town, *Vicarious trauma in judges: The personal challenge of dispensing justice*, 54 *Juvenile and Family Court J* 1 (Fall 2003).

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