

The DE-LAP ZONE: Bringing Awareness To An Unpopular Topic
By Carol P. Waldhauser

Suddenly things were not going so well. John Doe, once a successful prosecutor and presently a lawyer in a small firm, began to lose control of his life and, most of all, himself. He couldn't concentrate on his cases; he couldn't sleep; and he even was afraid to go to his office. Fortunately, John sought help from a mental health professional. Unfortunately, John was not consistent with implementation of the treating therapist' recommendations and treatment plan. After all, John was a lawyer and he had little time for medical appointments or therapy. He was taught to "suck it up" and "suit-up".

Sadly today, John finds himself in such a "black hole" that he cannot take the perceived trauma of his personal and professional life anymore. In fact, John made a couple of telephone calls to friends, sent a few e-mails to family members, and then proceeded to implement a different treatment plan. In the darkness of his mood, in the darkness of his law office and in the darkness of the night, John proceeded to swallow 35 sleeping pills. By the time that paramedics arrived, John was dead.

The subject of death is something most of us ignore until we cannot avoid it. Needless to say, the topic of suicide, especially lawyer suicide, is bringing awareness to an unpopular topic. Realistically, a number of individuals think of death differently. In fact, those individuals believe coping with life, not death, is the challenge. For them, suicide is a more attractive alternative than trying to come to terms with what is happening in their life.

According to the American Association of Suicidology in 2010 (the latest year for which we have national statistics), there were 38,364 suicides in the U.S. (105.1 suicides per day; 1 suicide every .07 minutes). This translates to an annual suicide rate of 12.43 per 100,00. In fact, suicide is the tenth leading cause of death. Additionally, recent statistics show evidence that more middle-aged Americans are killing themselves, and the economy may be the reason, according to a government report.<http://www.cdc.gov/violenceprevention/pdf/Suicide-DataSheet-a.pdf>

The annual suicide rate of people 35 to 64 years old rose 28 percent from 1999 to 2010, more than any other age group, the U.S. Centers for Disease Control and Prevention said in their report. It is thought that the working-age group probably is more affected by the economic downturn in the past half-decade than the young or old, and that may be driving suicide rates higher. "The suicide rate started accelerating in 2008, 2009 and 2010 – someone might still be working but their house is underwater, or they're working but they're working part-time."

More specifically, Eric Caine, the Director of the CDC Injury Control Research Center for Suicide Prevention is quoted as saying: "these things ripple into families. There's an economic stress." Caine also suggests that: "The increase in middle-age suicides puts a new focus on that group, as opposed to young or old people who typically have been seen as higher risk, the atlanta0based CDC said. In addition to the economic downturn and related financial crisis, the growing availability of prescription opioid drugs – such as oxycodone and hydrocodone - may be a contributing factor. Researchers have only recently begun focusing on society-level causes of suicide, Caine said.

Lawyers Are Not Immune:

The problem of lawyer suicide can no longer be avoided either. One state reported that there was a lawyer suicide every 8 weeks, while another reports 12 in two years. Debra Cassens Weiss in an article that she wrote in the ABA Journal, [Lawyer Personalities May Contribute to Increased Suicide Risk](#) suggests that: “Personality characteristics often associated with lawyers, such as perfectionism and competitiveness, when combined with depression may be contributing to a higher suicide rate in the legal profession.” She explains further by quoting Lanny Berman, Executive Director of the American Association of Suicidology, a group devoted to suicide prevention, “risk factors for suicide include depression, anxiety, substance abuse, suicide ideation, divorce and stress. And lawyers experience many of these risk factors at higher rates than the general population, he says. Lawyers are also more likely to be perfectionist and competitive, personality traits that make a person considering suicide less likely to seek help.”

Attempted Suicide:

Recently, a first-of-a-kind national study revealed the 8.3 million adults in the U.S. had serious thoughts of committing suicide in the past year. The study by the Substance Abuse and Mental Health Services Administration (SAMHSA) also shows that 2.3 million adult Americans made a suicide plan in the past year and that 1.1 Million adults -0.5 percent of all adult Americans-had actually attempted suicide in the past year.

This study provides important insights into the nature and scope of suicidal thoughts and behaviors. For example, the risk of suicidal thoughts, planning and attempts varies significantly among age groups. Young adults age 18 to 25 were far more likely to have seriously considered suicide in the past year than those age 26 to 49 (6.7 percent versus 3.9 percent), and nearly three times more likely than those age 50 or older (2.3% percent) These disparities in risk levels among younger and older adults also were found in suicide planning and suicide attempts.

Narrowing the scope to lawyers in general, a study by Johns Hopkins University found that among more than 100 occupations studied, lawyers were three times more likely to suffer from depression than any other professions. (4) Sadly, suicide is the third leading cause of death among attorneys, after cancer and heart disease. Thus, the rate of death by suicide for lawyers is nearly six times the suicide rate for the general population.

Warning Signs:

Research shows too that the great majority of those who attempt suicide give some warning signs, verbal or behavioral, of their intent to kill themselves in the final leg of their journey from the idea of self-destruction to an act of suicide. Warning Signs of Suicide include, but are not limited to:

Verbal comments. Statements such as “I wish I’d never been born,” and “You will be sorry when I’m gone.” Should be taken just as seriously as the direct threat, “I am going to kill myself.”

Behavior changes. These cover a wide range and include giving away treasured possessions, taking life-threatening risks, and having frequent accidents. Other signs may be complaints of intense loneliness or boredom, a marked increase in agitation or irritability, or getting into trouble with the law. There may be also the more customary signs of depression: changes in appetite and sleep habits, complaints of inability to concentrate, and withdrawal from friends and from favorite activities.

Situational factors. Inability to communicate with family and friends, recent problems at work or school, end of a love relationship, and recent involvement with drugs or alcohol all increase the situational risk for suicide. (5)

Quoting again Berman, the following warning signs are specific suicide:

1. Thoughts of suicide
2. Increased or excessive use of drugs or alcohol
3. Feelings of hopelessness
4. 4. Feelings of loss of purpose, meaning or identify
5. Feelings trapped.
6. Withdrawing from usual actives or from loved ones.
7. Unusual behavior, including more reckless behavior
8. A dramatic mood change
9. Signs of anxiety, including panic, insomnia and agitation
10. Excessive anger or rage

Understanding Suicide:

According to Dr. Paul Quinnett, of QPR Institute, “suicide is the most complex and difficult to understand of all human behavior. Yet, suicidal people are just like you and me. They have problems; we have problems. The difference between us is that, for the moment, we feel we can handle our problems and do not feel overwhelmed by them.” In other words, in its simplest terms, suicide seems to be a solution to a problem. More often it seems to be a solution to many, insolvable problems.

Thoughts of suicide occur during times of personal crisis, unrelenting stress, depression or when we are confronted with a fear of failure or the specter of an unacceptable loss. Although sometimes and impulsive act, most people will think about suicide for days, weeks, months or even years before they make an attempt. Oddly, thinking of suicide provides a curious blend of terror and relief; relief in that all one’s problems can finally be solved and terror at the idea of having to die to find that relief (4).

Suicide Prevention:

Suicide can be prevented. While some suicides occur without any outward warning, most do not. We can prevent suicide even among our peers by learning to recognize the signs of someone at risk, taking those signs seriously, and knowing how to respond to them.

If you, or someone you know, is experiencing symptoms that are unhealthy and can affect your quality of life and/or professionalism, or you would like more information on this subject, call The Delaware Lawyers Assistance Program (DE-LAP) (302) 777-0124 OR e-mail cwaldhauser@de-lap.org and visit us on the web at www.de-lap.org. Also remember the National Suicide Prevention Lifeline: 1-800-273-TALK or go to www.suicidepreventionlifeline.org.