

Viewpoint: I hope you read this

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I was first introduced to the Judges and Lawyers Assistance Program (JLAP) sometime during my first year of law school – I’m guessing orientation – but it was not a particularly memorable experience. Recognizing instantly that I neither had nor planned to have any substance or gambling addictions, I permitted the information to float in one ear, through the empty space reserved for information that does not apply directly to me, and out the other.

There’s help

To learn more about the Judges and Lawyers Assistance Program, call (866) 428-JLAP, or look them up online at <http://www.in.gov/judiciary/ijlap/>

As I predicted, I completed law school without developing any addictions, and had long forgotten the existence of JLAP. I was on the homestretch, entering my last semester and preparing my application for the bar exam. Apart from a couple of speeding tickets, I had never been in trouble in my life, and I was looking forward to the letter from the Board of Law Examiners welcoming me into that summer’s class of bar applicants. That letter never came. While my friends were moving one step closer to admission to the bar, even if it was just being allowed to sit for the exam, I was stuck in limbo.

I have always been cursed (or maybe blessed) with a Catholic conscience that forbids any deviation from the absolute truth, so when I encountered Question 23 of the Indiana Bar Application (“From the age of 16 years to the present, have you been diagnosed with or treated for any mental, emotional or nervous disorders?”), I had to answer truthfully: Yes. I then had to supplement my Application with Form B-1 to provide details about my “disorders.” I explained that I had taken an anxiolytic the previous December in response to my increasing anxiety (I had begun to, quite literally, pull my hair out (trichotillomania) while studying for my penultimate set of finals, and needed to save my eyebrows). Unfortunately, the strong “downer” drug made me really weepy, and I stopped taking it after only a few days, deciding that my eyebrows would, after all, grow back.

Then, in February of that last semester, a listserv email from the university appeared in my inbox. These were always good for information about goings on at the Med School, and I always skipped through them to the opportunities to participate in studies, which were almost always paired with the chance to earn some extra cash. I rarely qualified for the studies, but on this occasion, I thought I had a chance: researchers were looking for people with depression. With six years of psychology studies under my belt, I was fairly confident that I met the criteria; that, coupled with the prospect of a little spending money, was enough for me to sign up.

As I knew I would be, I was accepted into the study. It was pretty basic – start taking a low dose of Lexapro (an antidepressant), do blood tests, do a few MRI scans, and that was it. I went through the motions, and dutifully performed all of the tasks requested. I felt almost smug, knowing that I had duped the researchers into thinking that I actually had a serious problem. But then a strange thing happened: I started to feel better. I wasn't pulling my hair out. I wasn't staying up all night ruminating over how I wasn't good enough at this, or how I had messed up that. I wasn't feeling anxious that I wasn't anxious about anything, or guilty that I wasn't feeling guilty about anything. I stopped scratching myself when I said or did something I thought was stupid, and I stopped wishing that I had the guts to use a knife instead.

Feeling better was strange, because I didn't know that there was a "better." I'd felt the same way as long as I could remember. When I was 6, I started staying awake at night wracked with guilt for everything that I had done, every word that I had said, and everything that I had thought, even if I hadn't actually thought it, but just in case it was lurking in my subconscious.

The first time I thought about killing myself, and the closest I ever came to it, was when I was 11. I straddled the railing of my parents' third-floor balcony before deciding to just go inside instead. At 12, I had a constant urge to kill myself. I know that the only reason I didn't do it was because another girl in my class committed suicide that same year and I saw the devastation it caused. I didn't have a desire to kill myself, I just always felt compelled to do it.

During high school, I became so obsessed about germs that I washed my hands until they bled, and my siblings had to abide by the single-spaced page of rules I posted in our bathroom. I started hurting myself around that time, too. I would scratch myself or press a fork into my skin to the point just shy of drawing blood.

In my first year of undergrad, the walk to my first class of the morning was spent wondering how I would kill myself that day. Again, it was never something I wanted to do – just something I thought I would do. I can't really explain the feeling any other way and I can't think of anything to compare it to. Out of boredom one day, (in retrospect it was probably apathy), I sewed my fingers together. I stitched myself up when I got paper cuts and signed up for whatever vaccines I could just to feel the pain in my arm. I also gave blood as often as I could so I could feel the needle pierce my skin and watch my blood drain away.

In grad school, I became so anxious about even numbers that I avoided them at all costs. I became ill whenever I encountered one. I hated being in crowds or anywhere noisy. I became obsessed with punctuality; tardiness enraged me and made me sick to my stomach. I discovered that I liked gin and that Nyquil worked even better when I didn't bother with the little measuring cup. I was still scratching myself and still constantly thinking about death.

It may seem ludicrous, but by the time I got to law school, all of this was normal for me. I was content knowing that my thoughts, obsessions, and compulsions were just a part of my personality. There was no other way to feel. There was no other way to be.

You can understand, then, why it was so strange to feel better. It was as if I had spent my entire life living in a shadow, not knowing that the sun even existed.

Back to Form B-1: I disclosed that I was taking Lexapro, why I was taking it, and that I was feeling better. I felt sure that the board would reward my honesty and appreciate the steps I'd taken by admitting me to sit for the bar, so when my letter came telling me that I could not take the exam until I had met with a person named Tim at JLAP, I am not exaggerating when I say I was furious. On the phone, he told me that our meeting would have several possible outcomes: I could be cleared to take the bar unconditionally; cleared, but on a probationary basis; or told that I couldn't take the bar at all that year, and that I'd basically have to cross my fingers for the next year. WHAT?! Surely this process was only necessary for psychotic or drug-addicted bar applicants, not young men and women with improving depression. If the board was trying to encourage disclosure about mental difficulties, they were going about it the wrong way!

I showed up to this meeting with this person named Tim in my most angry clothes: a blouse with military buckles on the sleeves, a black pencil skirt, and heels that could poke out an eye if wielded in the correct manner. I pulled my hair back into its tightest possible bun and set my face in the most irritated look I could muster. Throughout our meeting, I sat with my arms crossed defensively. I spat out monosyllabic answers to questions, and told Tim how stupid I thought this entire charade really was.

Looking back at it now, I don't think I made the best first impression, particularly considering how much was at stake. Tim has since told me that he thought I was going to jam his desk pen through his forehead. (An act that wouldn't be entirely out of the realm of possibility, but after 20 years of successfully not killing myself, I had developed an extraordinary amount of self control.) Curiously, I was much more relaxed during our second meeting, and was cleared to take the bar exam. Tim explained that I was referred to JLAP because of the recency of my symptoms and so that I would know it was an available resource. He said that it was a good thing, after all, that I had disclosed my depression – if I ever got called before the Disciplinary Commission for any reason, they would know to take it into consideration. Of course, that was never going to happen to me, but I let Tim give me the pithy script justification all the same.

That summer, I upped my Lexapro dose to deal with the additional stress in the months before the exam, and continued to notice improvements. I passed the exam, was sworn in last October, and began my job as an attorney.

My life was coming up roses. I was working at a great firm and continually looking for ways to develop professionally. I had discovered what it was like to not be depressed and enjoying every minute of it. The feeling lasted until this past January when I first became a bit down. I noticed that I was sleeping in, arriving late to work, and unable to

Here is what I hope you'll take away from my story:

- Feeling blue, or anxious, or guilty, or nothing all (or even most) of the time is not normal, and it doesn't have to be that way.
- If you're a bar applicant reading this and you got the same kind of letter from the board that I got, don't worry, it's going to be OK. It's also OK to be mad, though, and if you are, talk about it with your person at JLAP. I promise that they understand.
- Remember that JLAP is there. It is a resource available to all lawyers and judges, not just those of us with a diagnosis. If you're stressed, or overwhelmed, or abused, or just not feeling right, for your own sake, call them. The number is (866) 428-JLAP. They will help you and provide you with the resources to help yourself.
- Be kind to others. You never know what people are going through on the inside.
- Cherish yourself – you are more precious than you will ever know.▪

concentrate throughout the day. Looking back, I don't know how I got anything done at all. I was forgetting assignments, barely making important deadlines, and certainly not endearing myself to the partners.

By February, I could hardly work at all (although I sat in my office for over eight hours each day). I could think of nothing but cutting my throat. I thought about which knife I would use and where I would first press it into my neck. I thought about who I wanted to find me and how to leave as little mess as I could. I thought about the feeling of the blade against my throat and the way my skin would cut like butter underneath it. In the evenings after work, I drank more than I ever had before – not enough to constitute a problem (thanks to my knowledge of the “Diagnostic and Statistical Manual of Mental Disorders”) – but just enough to make it impossible to concentrate, which meant that I didn't have the psychic capacity to feel guilty or anxious about anything. One night I crossed the street only to be barely missed by an oncoming car. My thought in that moment was, “Well that would be inconvenient.” I couldn't have possibly cared less.

Apathy, in my estimation, is the worst feeling of them all. My body and mind felt nothing. I was empty – a void. The thoughts that I did have were fantasies of cutting my throat. It was getting harder and harder to appear fine and sneak under the radar at work. I figured out what Tim had meant when he referred to the Disciplinary Commission – if I hadn't had higher-ups keeping tabs on the cases I was working on, things could have gotten really bad for me. My mind was using what little focus I had left to keep me from absentmindedly killing myself; attending to work was on the back burner. When I finally reached my limit and knew I couldn't keep going by myself anymore, I emailed Tim at JLAP, and met with him the next day.

I knew that talking about it would make me feel better, although I had always been staunchly opposed to formal therapy. I fell apart in Tim's office and he listened. Together we decided that while the drugs had helped a lot, they had done all they could do. I gave into the fact that I needed more, and Tim recommended a therapist who he thought would be a good match with me. I emailed her that day.

JLAP was there for me when I needed it, and I had really, really needed it. When I started going to therapy, it was taking every ounce of my self-control not to scrape my knuckles against concrete walls, just to feel something – anything. I had started to think a lot more about the razor blade in my desk drawer, which I don't know why I keep, but it somehow makes me feel secure. My throat-cutting imaginings were becoming more and more vivid and invasive.

Since I started therapy, I'm doing really well. I still go once a week. My therapist recommended a psychiatrist, who I meet with for medication management, and a really wonderful acupuncturist. I finally feel in control. I'm not cured, and I don't think I ever will be. I see depression as a condition, not a disease, no more amenable to a cure than diabetes, although equally manageable. There are still times when I want to hurt myself, still times when I think about killing myself, but I don't, and I won't. I know how to process those feelings, I know how to feel about having them, but most importantly of all, I know where to go when they get too big for me to handle on my own. •

