

Students:, this is from Dr. Andrew Benjamin, who for many years was cross-appointed to the law and medical schools at the University of Washington. He is the leading researcher on lawyer and law student distress, and has counselled law students professionally for many years. He summarizes some key research here, describes certain "red flags" to watch for, and shares his positive counselling experience.

THE ROLE OF LAW SCHOOL IN PRODUCING PSYCHOLOGICAL DISTRESS REVISITED

INTRODUCTION

Dear Law Students, you are not going crazy!

For more than two decades strong, methodologically sound, empirical research has demonstrated that law schools have failed to prepare many students to cope effectively with the demands of the educational process as well as with the demands of daily life associated with the law [See, Benjamin, Kazniak, Sales & Shanfield (1986). *The role of legal education in producing psychological distress among law students and lawyers*. American Bar Foundation Research Journal, 1986, 225-252. Most recently, see, Sheldon and Krieger (submitted for publication and available from authors) *Does legal education have negative effects on law students? Evaluating changes in motivation, values, and well-being*]. It also appears that the negative effects of law school process continue to afflict many of us who have survived law school [See, Benjamin, Darling & Sales (1990). *The prevalence of depression, alcohol abuse, and cocaine abuse among United States lawyers*. International Journal of Law and Psychiatry, 13(3), 233-246].

This letter discusses some of the harmful psychosocial consequences (e.g., depression, anxiety, stress-induced physical illness, interpersonal problems, alcohol/drug abuse, and obsessive/compulsive behavior) that the law school acculturation process typically produces in many students. It also discusses what law students can do to insulate themselves from the potentially noxious effects of law school.

ORIGINS AND RESULTS OF LAW STUDENT/LAWYER DISTRESS

Before law school, people are as emotionally healthy as the general population, yet they become much less healthy soon after entering law school. For example, our research data (and subsequent replications by others) have revealed that before entering law school, only four percent of students suffered from depression, a figure expected from any normal population. During the first year of law school, about 20% of the students developed depression. By the third year of law school, 40% of the law students had developed statistically significant levels of depressive symptoms.

Depression is not the only negative consequence. Alcohol and drug abuse also play a prominent role, and endure past law school graduation. In fact, alcohol problems are progressive in nature and data collected from lawyers has demonstrated this course applies to this occupational group, too.

The worst aspect of a law student's development of various psychological and/or alcohol/drug abuse symptoms appears to be the establishment of long-term dysfunctional patterns of behavior. Among these behaviors are work overload, time famine, poor relationships (that eventually lead to greater career dissatisfaction) and even more negative health consequences.

Although these patterns of dysfunctional behavior exist in a number of professions, law students suffer the most. The adversarial nature of legal education and the legal system encourages the development of a world view that fosters suspiciousness, hostility, and aggression [See, Beck, Sales, Benjamin (1996). *Lawyer distress: Alcohol-related problems and other psychological concerns among a sample of practicing lawyers*. Journal of Law and Health, 10, 1-67]. Such a world view leaves law students suffering from chronically elevated levels of hostility, cynicism and aggression, which in turn can lead to a lower survival rate over the course of a life in practice. For instance, a research study followed University of North Carolina law students over a 30-year period of time. Initially 15.8% of the students scored one standard deviation above the mean score on an hostility measure. When compared to those who scored one standard deviation below the mean, the 15.8% group were 4.19 times more likely to die prematurely due to cardiovascular disease [See, Barefoot, Dodge, Peterson, Dahlstrom & Williams (1989). *The Cook-Medley Hostility Scale: Item content and ability to predict survival*. 51, 46-57].

The development of these dysfunctional patterns of behavior can greatly affect the interests of clients as well as the integrity of the legal system. In 1991 the American Bar Association (ABA) released the results of a nationwide longitudinal random sampling of lawyers, taken to determine the state of the profession. The 1991 ABA study results showed that most lawyers, whether they worked in private practice, corporate legal departments or within government practices, felt increased dissatisfied with their practice [See, At the breaking point: The report of a national conference on the emerging crisis in the quality of lawyers' health and lives, and its impact on law firms and client services. Chicago: ABA]. This ABA study noted that in 1984, 40% of the lawyers surveyed were very satisfied, but by 1990 this number had dropped to 29%. It was also significant that dissatisfaction prevailed throughout the profession (e.g., partners, managing lawyers, junior associates, solo or small firm practitioners, government, etc.) regardless of the type of practice or the amount of money a lawyer made.

According to the 1991 ABA study, there appeared to be two major contributors to this phenomenon. First, negative work environment pressures (e.g., interpersonal coldness in the work atmosphere, lack of respect by superiors, political intrigue and backbiting, advancement based on subjective factors rather than on the quality of work, and time famine) have all increased during the last

six years. Positive work factors (e.g., adequate clerical and paralegal assistance, magnitude of financial reward, and opportunity for advancement) have all decreased.

Second, the study found links among the three concerns: a) pressures of a deteriorating work environment, b) increased levels of mental and physical distress (e.g., depression, anxiety, stress-induced physical illness, interpersonal problems, alcohol/drug abuse, and obsessive/compulsive behavior) and c) decreased ability to cope with it (e.g., social support, relaxation, exercise, expression of humor, etc.).

These increased levels of distress and decreased coping abilities not only afflicted the lawyers' quality of work and productivity, but they also impacted the lawyers' families, their firms, their clients, and added to the lawyers' dissatisfaction with the profession.

INSULATION FROM THE POTENTIALLY NEGATIVE EFFECTS OF LAW SCHOOL

So, what can you do to make sure that you do not lose touch with your true self, and avoid or minimize the development of dysfunctional patterns of behavior?

Alas, no simple answers exist to protect and nurture the wonderfully complicated people that we each have become. As a result, I strongly recommend familiarizing yourself with the following two types of symptom arrays. If you find yourself experiencing even a couple of symptoms in either array over a period of a few days, please contact me, or check in with a competent mental health practitioner of your choice. Every law school that I am aware of has established some referral resource for mental health services. Early intervention is the key! If you're not sure, or just feel out of sorts, err on the side of caution and ask for some confidential assistance.

A) The Dysphoric Array:

The dysphoric (a mixture of anxiety, depression, and hostility) symptom array includes the following: thoughts of killing self; feeling so unhappy that you cannot shake it or stand it; being dissatisfied or bored with most aspects of your life; nicotine use (the most efficient anti-dysphoric on the legal market that of course has significant cancer risk attached to even nominal use); disrupted sleep resulting in never feeling sufficiently rested; and/or increased social isolation.

B) The Alcohol/Drug Dependent Array:

The alcoholic/drug dependent array includes: managing sleep patterns through use of alcohol or drugs; feeling guilty about your use of alcohol or drugs; drinking or using drugs in a manner that creates problems between you and your partner, parent, or other near relatives; neglecting your obligations for longer than a day because of negative consequences related to or the use of alcohol and drugs; or awakening in the morning after some use the night before and not being able to remember a part of the evening.

CONCLUSION

Most law schools provide access to free or sliding fee mental health treatment services. However, you should guard against a poor fit with a mental health practitioner by requesting a brief phone interview with at least two alternative providers. Explain to each provider the symptoms you are concerned about, and what you believe the underlying issues might be that give rise to the symptoms. Then request an explanation about how the mental health practitioner would approach your treatment. Pick the mental health professional who responds in the more courteous and common-sense manner. After the first treatment hour, reassess the relationship. If you feel that a trusting relationship has not developed, restart the process of finding an effective treating professional.

To close, let me assure you that after working as a psychologist for hundreds of law students and lawyers, please accept my view that no matter what the issues the law students bring to counseling, great outcomes will follow! Law students are wonderful clients that make great gains when they are willing to seek help..

With warm regards,

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