

Depression: The Parable of the Boiling Frog

By Doreen A. Diego

As a case manager for the California Lawyer Assistance Program, I have found that the lawyers I counsel inevitably fall into one of two categories: those who seek help early and those who do not. Lawyers in that second category always remind me of the unfortunate subjects in the scientific experiment that gave rise to the Parable of the Boiling Frog. Although I've heard the story a million times, I'm continually intrigued by how applicable its findings are to basic human behavior.

If you recall, the experiment compares the responses of frogs to two different scenarios. In the first scenario, researchers place a frog into a pot of boiling water. Without hesitation—and regardless of the water level—the frog immediately acts on instinct and jumps to safety.

In the second scenario, the same frog is put into a pot of water, but this time the water temperature begins as comfortable, pleasing, and non-threatening. Researchers then gradually raise the temperature and wait for the frog to realize it is in danger and take appropriate action. As you may suspect, this never happens. Although the frog displays sporadic moments of pain and discomfort, it does nothing. It continues to endure, adapt, and withstand the intolerable environment. The frog becomes increasingly lethargic and less responsive. Then it dies.

Like the frog unable to react to gradually heating water, lawyers who ignore the gradual onset of depression do so at their own peril. Lawyers who experience sudden, debilitating depression won't think twice about seeking help. But in its milder form, depression can creep steadily forward, overtaking your life when you least expect it.

Major Depressive Disorder

In the United States, major depressive disorder is reported to affect nearly 14.8 million adults every year. Although this illness can develop at any age and affect both men and women, the median age at onset is 32 years old, and the

disease is more prevalent in women than in men. According to the National Institute of Mental Health, a person must exhibit five (or more) of the following symptoms during the same two-week period to qualify as having major depressive disorder (and the combination of symptoms must include one of the first two categories below):

- Persistent sad, anxious, or “empty” mood
- Loss of interest or pleasure in hobbies and activities that were once enjoyed, including sex
- Feelings of hopelessness, pessimism
- Feelings of guilt, worthlessness, helplessness
- Decreased energy, fatigue, feeling “slowed down”
- Difficulty concentrating, remembering, making decisions
- Insomnia, early-morning awakening, oversleeping
- Loss of appetite or weight loss, or overeating and weight gain
- Thoughts of death or suicide, suicide attempts
- Restlessness, irritability
- Persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain

The core of one's depression may be biological—such as a neurochemical imbalance—or it may be triggered by a psychosocial event, such as losing a loved one, losing a job, foreclosure on a home, or being diagnosed with a life-threatening disease. Regardless, individuals suffering from major depressive disorder are in incredible pain, and as ironic as it may sound, this may be to their advantage. Ultimately, their heightened sense of awareness in knowing that the water is hot, that their pain is real, and that they can no longer cope on their own is enough to prompt them to seek help immediately, thus saving their lives.

Dysthymic Disorder

In the United States, dysthymic disorder is reported to affect 3.3 million adults every year. Although it can develop at any age, the median age at onset is 31 years old. The symptoms of dysthymic disorder can be similar to those previously described for major depressive disorder. However, the criteria and intensity of the symptoms with this disorder are typically milder and less rigid. According to the National Institute of Mental Health, an individual must have a depressed mood for most of the day for more days than not for at least two years to qualify for a diagnosis of dysthymic disorder.

Individuals suffering from dysthymic disorder typically describe their circumstances as less intense and more tolerable. Like the frog in the second scenario, they have been sitting in the water for some time and don't believe that they are in danger. Over time, they internalize, adapt to, and negotiate the signs and symptoms of their depression, while unconsciously accommodating the negative changes and behaviors that are taking place in and around

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them. Like the frog, they are unable to see that they are at risk until it is too late.

Froggy Went A Courtin’

Unlike their amphibious counterparts, however, lawyers suffering from the slow progression of dysthymic disorder do get one final wake-up call for action, one dreaded event that has the power to unleash their ability to act and confront their problems head-on: a state bar discipline complaint.

Time and time again, their story is the same. It begins, “I am now contacting the Lawyer Assistance Program and seeking help owing to a State Bar discipline complaint . . . a matter that could have been avoided had I just taken action.” Tearfully they describe a common innate feeling of dissatisfaction—dissatisfaction with themselves, with their lives, and especially with their jobs.

They contemplate whether or not they want to continue practicing law, whether it would be easier simply to walk away from their profession (and thus avoid getting help altogether) rather than take the steep punishment that appears inevitable.

They describe their days as little more than going through the motions. They are unable to open their mail, can stare at paperwork for hours, and do nothing on their computers. They shuffle papers from pile to pile and don’t return calls. They forget important dates and make excuses to cover their inadequacies. They are late for appointments, forget to file documents, and miss court dates.

They are financially burdened. They possess the fallacious belief that having more money will solve their problems. They acknowledge that clients owe them money, but they are unable to gather the strength to confront the matter and follow through with a plan.

Similarly, their personal lives are a shambles. Their relationships are either severed or dormant, and their family and intimate partnerships are typically no longer satisfying. If they have been fortunate enough to remain married or in a stable relationship, rarely do they find the kind of

fulfillment they wish for in their homes, marriages, and especially in their sex lives. They may argue with those near and dear, or they may have taken a virtual oath of silence, avoidance, or non-confrontation.

They are lonely. Incredibly lonely. They are isolated and disconnected. They will tell you that they have many acquaintances but few true friends. They are angry, embarrassed, and shameful for their failure, with their best intentions never being enough.

Physically, they disclose numerous health concerns and psychosomatic complaints. They describe memory loss, forgetfulness, and a fearful sense of awareness that their thinking is not what it used to be. They report visiting doctors frequently and taking an array of medications to ease their pain.

So Get Jumping!

By this time, I hope I have conveyed my purpose for writing this article. If you recognize in your own life any of the symptoms described above, seek help early—before that dreaded notice from the state bar. Realize that matters only escalate. Rather than trying to ignore or adapt to your increasingly intolerable circumstances, try doing something different. First, acknowledge that the water is getting steamy. Stop denying it! Then, try jumping to safety—seek the help that is available to you, whether through your local lawyer assistance program or through private counseling.

Although this article was written around the theme of depression, it goes without saying that my message will apply to numerous other illnesses, behaviors, and mental health disorders—including addiction, anxiety, eating disorders, post-traumatic stress, infidelity, alcoholism, and anger. Any number of physical or psychological factors may be the cause, but the effects can be quite similar. And if you find that you completely identify with the professional or personal predicaments described above but you still can’t put your finger on exactly what is wrong—seek help anyway! The water will only get hotter. **GPSOLO**