

## Chapter 9

# CAREER KILLERS

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### I. INTRODUCTION

A lawyer is a representative of clients, an officer of the legal system and a public citizen having special responsibility for the quality of justice. Lawyers, as guardians of the law, play a vital role in the preservation of society.”

From the *Texas Disciplinary Rules of Professional Conduct, Preamble: A Lawyer's Responsibilities*

As a lawyer, you occupy a unique position in society. You are called upon to handle the most delicate matters of great importance to your clients if not to society as a whole. You are entrusted with very private information about your clients' personal and professional lives. Your performance can contribute to a client's financial well-being or financial ruin; can affect whether a client will have access to his or her children; and can even affect whether a client lives or dies. Both your well-being and that of your clients rest upon the quality of your professional performance. And your performance does not rest solely upon your legal expertise. Your physical health, mental health, and overall quality of life directly affect your performance, and thus directly affect your clients. Any impairment of your performance ultimately impairs the client, the profession, and society. While a license to practice law may provide many opportunities and open many doors that might otherwise be closed, it unfortunately does not protect you against *substance abuse, depression, and stress*—the three most common “career killers.”

While most lawyers will never suffer from substance abuse or depression, virtually all lawyers will at some point in their career interact with another who does. To get an idea of how rampant these problems are among lawyers, consider the following:

- The ABA estimates that 15 to 20 percent of U.S. lawyers suffer from alcoholism or substance abuse.

- A 1990 Johns Hopkins study of 12,000 people in 103 occupations reported that attorneys lead the nation in depression.
- A recent empirical study in the state of Washington revealed drinking problems among 18 percent of lawyers who have practiced 2 to 20 years and drinking problems among 25 percent of lawyers who have practiced 20 or more years.
- Alcoholism and other chemical dependencies together have been estimated to be a factor in at least 27 percent and possibly as much as 70 percent of professional discipline cases.
- A Florida study revealed that 32 percent of the attorneys surveyed reported feeling depressed at least once a week.
- Researchers at Campbell University in North Carolina found that 11 percent of the attorneys in that state thought of taking their own lives at least once a month.

This list does not include the stress that virtually all attorneys find themselves subject to on a daily basis. If not effectively managed, this stress can, and does, grow into paralyzing distress or debilitating burn-out.

As a member of the legal profession, you simply do not have the luxury of treating these problems in your colleagues as none of your business. You owe it to your profession and your clients not only to seek help if you need it, but also to do what you can to extend help to other lawyers whose problems impair their ability to adequately represent their clients.

On the public front, at some point in your career you will undoubtedly encounter a client who has been affected dramatically by substance abuse or depression. In a 1992 report, the National Center for Health Statistics estimated that 43 percent of adults in the United States

have experienced some of the effects of exposure to alcoholism, either personally or in their families. Additionally, depression affects an estimated 17.6 million Americans each year. Realistically, you may represent clients on matters directly or indirectly arising from these problems (*e.g.*, DWIs and other criminal offenses; many divorces and child custody actions; personal injury cases; bankruptcy and business failures; professional malpractice cases; employment disputes). To ignore a client's substance abuse problem or emotional distress is to do that client a fatal disservice.

To fulfill your duty to the legal profession and to your clients you must do more than just recognize and commit to fulfilling your professional obligations. You must have at least some basic knowledge about substance abuse and depression; you must have an understanding of the signs and symptoms of these problems; and you must have some idea how to access help. You would also do well to understand the nature of stress and how to manage it in a way that can prevent distress and burn-out.

Toward these ends, this chapter presents a basic introduction to the dynamics of substance abuse, depression, and stress, and offers some guidelines for getting help for you or for a client or colleague whose life or career is affected by such difficulties. In addition, we have included a brief discussion of the impact these problems can have on a person's ability to acquire, and keep, a license to practice law.

## **II. SUBSTANCE ABUSE, ALCOHOLISM, & CHEMICAL DEPENDENCY: A SHORT PRIMER ON THE DISEASE**

### **A. Alcoholism and Chemical Dependency**

*Characteristics.* In 1956, the American Medical Association officially recognized alcoholism as a primary disease. Until that time, it was viewed as a weakness, a sin, a lack of character, or a symptom of some other emotional or psychological problem. Indeed, some people still hold these views, despite research and medical literature to the contrary.

As a disease, alcoholism, like chemical dependency in general, has certain recognizable characteristics and presents certain predictable symptomatology. First, as noted above, it is a *primary disease*. It does not arise from another illness or an underlying emotional or psychological problem—much as the flu does not result from fever and congestion, but is likely to cause both. Second, the disease follows a *predictable and progressive course*. Left untreated, alcoholism and other chemical dependencies will pass through progressively worse stages, each with its characteristic symptoms, until the individual with the disease dies. How rapidly each stage progresses vary widely from person to person. Third, alcoholism or chemical dependency is a *multiphasic disease*. That is, it affects all aspects of a person's life: physical, mental and emotional health deteriorates; family, relationships and social life suffer; and professional performance declines. Fourth, the disease is *permanent and chronic*. While it may be arrested through treatment, it cannot be cured. And finally, alcoholism and chemical dependency is *treatable*. While the success rates vary and controversy continues over what is the “best” treatment method, millions of recovering alcoholics and chemically dependent people can attest that the disease can be treated and arrested.

*Origin.* One aspect of the disease that is still not completely understood is its origin. Some people seem to be born with it, unable to drink moderately from their very first drink. Others seem to develop the disease later in life, after drinking or using drugs moderately for years. Evidence strongly suggests that those who have the disease of alcoholism or chemical dependency are genetically predisposed to develop the disease. Others suggest that alcoholism or chemical dependency is the result of a combination of genetic and environmental factors. Ultimately, however, how or why a person acquired the disease is less important than diagnosis and treatment.

Whatever the origin of the disease may be, it is generally accepted that alcoholics and chemically dependent people physiologically process the mood-altering substances (alcohol and other drugs) differently from non-chemically dependent people, from metabolic action to

neurochemical response. In this sense, chemical dependency is analogous to diabetes. With diabetes, a person's biochemistry prevents the person from processing sugar normally. With chemical dependency, a person's biochemistry prevents the person from processing alcohol or other psychoactive drugs normally. The effects are that alcoholics and other chemically dependent people experience an overriding compulsion to use alcohol or other drugs, eventually lose control over that use, and continue to use despite negative consequences.

## B. Substance Abuse vs. Dependency

The medical community distinguishes between substance abuse and dependency. Essentially, there is a continuum from substance use, through substance abuse, to substance dependency. Most people who use alcohol never move from use of the drug to abuse or dependency. They drink alcohol occasionally and never experience any resulting problems. However, when the use of alcohol begins to cause or exacerbate problems in a person's life (*e.g.*, job, marital, or legal problems) and the person continues to use, or if the person repeatedly uses alcohol in physically hazardous situations (*e.g.*, while driving), that person has shifted into the abuse stage, and the warning flags should fly. Some people are able to back out of this abuse stage and never return. However, many cannot, and their use eventually leads to physical dependence.

## C. Signs & Symptoms

Many tests and diagnostic tools can determine the presence of substance abuse, chemical dependency, or alcoholism. However, you need not be a trained diagnostician to recognize when alcohol or other drug use might be a problem for a colleague or a client. A simple understanding of how the disease progresses and how this progression is manifested in a person's life, coupled with a willingness to look with a discerning eye, are all you need to determine at least whether the situation warrants a professional assessment.

While substance abuse, alcoholism, or chemical dependency may manifest differently

in each individual's life, the following are some common and predictable problems. (For simplicity, the second person "you" will be used.):

- You drink or use to "manage" emotions and stress (*e.g.*, to celebrate winning a case, to relax after a stressful day, to deal with anger). Eventually the alcohol or other drug becomes your primary stress reduction tool.
- Your behavior becomes less and less responsible. Your work quality may decrease; you may begin drinking or using on the job or at lunch; you may fail to return phone calls or to show for appointments or hearings.
- Your drinking or use of drugs begins to intensify negative emotions. (You may experience increased anger, resentment, guilt, depression, or anxiety.)
- Your behavior begins to conflict with your values and ethics (*e.g.*, lying, mishandling funds, getting DWIs).
- The alcohol or other drug begins to take center stage in your life. You quit socializing unless it involves drinking or using drugs; you are preoccupied with drinking or using; you "protect your supply" to avoid "running out"; you begin drinking or using alone.
- You may engage in efforts to control your use of substances. You may try to control the substance used (*e.g.*, beer rather than hard liquor). You may try to control the amount used (*e.g.*, only two drinks per day). You may try to control the time of use (*e.g.*, drinking only on the weekends). These attempts may be effective for periods of time, but eventually they fail.
- Your mental functioning is affected. Your thought system becomes delusional; you may become grandiose; you may have difficulty concentrating; your ability to handle stress decreases; and you may experience blackouts (memory gaps).
- Your tolerance to the substance increases (that is, more of the substance is needed to obtain the same effect). In late-stage alcoholism, the tolerance becomes wholly unpredictable.

- Your physical health deteriorates experience sleep difficulties, weight changes, malnourishment, intestinal problems, ulcers, and liver problems. Ultimately, the disease is fatal.

#### D. Denial

To fully understand substance abuse, alcoholism, and chemical dependency, you must understand the phenomenon of denial. Alcoholism, or chemical dependency, is one of the few diseases the hallmark of which is denial of the disease itself - despite overwhelming evidence to the contrary. This denial is a natural defense mechanism against unacceptable reality. It takes many forms—from minimizing the amount used or the extent of the resulting problems, rationalizing the drinking or use, diverting any confrontation on the problem to another topic, hostility, avoidance, and to isolation. All chemically dependent people engage in denial to some extent, and this denial is the primary block to their obtaining help. Your ability to help someone with an alcohol or other drug problem increases substantially if you are aware of the dynamics of denial.

#### E. Treatment

To repeat an important point, while chemical dependency or alcoholism is permanent and chronic, it is treatable. Treatment takes on many forms, from intensive long-term in-patient treatment to participation in Alcoholics Anonymous or a similar group. Generally, the extent of treatment is based on such factors as the affected person's physical condition, motivation, ability to remain abstinent, history of previous treatment, and the degree to which the disease has progressed. Withdrawal, or detoxification, from an addictive substance can be at best uncomfortable and at worst fatal, particularly in the case of alcohol withdrawal. Therefore, medical supervision is often imperative.

Whatever type of treatment is indicated, it is generally accepted that abstinence from mood-altering chemicals is necessary.

Chemically dependent people are not susceptible only to addiction to their substance of choice, be it alcohol or cocaine or prescription drugs. They are also susceptible to addiction to any mood-altering or psychoactive chemical. For this reason, it is important that any medical treatment be conducted by a professional well-versed in the disease of chemical dependency.

#### F. Taking Action

If you begin to suspect that your colleague or your client might have a problem with substance abuse or chemical dependency, you must recognize that substance abuse or chemical dependency is not one of those problems that will just solve itself over time. If it is not addressed, it will only get progressively worse. But fortunately, there are steps you can take to get help. Indeed, you have a duty to do so. As officers of the court and advocates of clients, lawyers have a duty to extend help to other lawyers and to clients when needed. The following suggestions are some principles you can follow and some actions you can take in attempting to help a chemically dependent colleague or client.

##### 1. Avoid Enabling

First, avoid enabling. An enabler is someone whose actions shield a chemically dependent person from experiencing the full impact of the consequences of alcoholism. An enabler, by words or actions, helps the affected person continue to deny the disease and continue spiraling downward in his or her disease. Enabling can take many forms, but some of the most common are:

- Denying that the affected person has a problem (“Old Joe doesn’t have a drinking problem”);
- Rationalizing the person’s drinking, using, or resulting behavior (“Susan works hard—she deserves to party hard”);
- Making excuses and lying for the person (“Jack’s been sick a lot lately”);
- Doing for the affected person what he or she should be handling personally (carrying much of Ellen’s workload,

making sure her cases get handled properly, paying her bills, etc.);

- Rescuing that person from the consequences of his or her behavior (loaning Mark money, “cleaning up” his problems for him, etc.);
- Avoiding confronting the problem at all (avoiding the person or the topic).

Ultimately, the question comes down to the *effect* of your well-meant behavior. If your actions allow the chemically dependent person to continue in that dependence, you are hurting that person, not helping.

## **2. Intervention**

As discussed above, for the treatment of chemical dependency and substance abuse to be effective, the delusional nature of the disease (the denial) must be penetrated. In some cases, the consequences of the disease itself will break down the chemically dependent individual’s denial. Family problems, job problems, legal problems, and/or health problems may finally become too much to deny, and the chemically dependent person admits he or she has a problem and seeks help. For some people, however, this realization may come too late—or may never happen at all. But fortunately, the chemically dependent person need not always “hit bottom” before getting help. Often, an intervention is appropriate and effective.

Vernon Johnson, M.D., in his book *INTERVENTION: HOW TO HELP SOMEONE WHO DOESN’T WANT HELP*, defines intervention as “a process by which the harmful, progressive, and destructive effects of chemical dependency are interrupted and the chemically dependent person is helped to stop using mood-altering chemicals and to develop new, healthier ways of coping with his or her needs and problems. It implies that the person need not be an emotional or physical wreck. . . before such help can be given.” In short, anything that interrupts the process of the disease and guides the chemically dependent person to help is an effective intervention.

In the 1960’s, Dr. Johnson formalized a process that is often referred to as the “Johnson Institute Model” of intervention. This model involves a structured and rehearsed confrontation of the chemically dependent person by a

group of family members and concerned others (*e.g.*, law partners, other colleagues), led by an intervention specialist. Each member of the intervention group confronts the chemically dependent individual with specific instances of the individual’s drinking or using, and describes how the individual’s behavior affected that member of the group. The confrontation is intended to bring the reality of the disease into focus and to motivate at least some measure of desire for help. This type of intervention is highly specialized and can be very delicate. It should be undertaken only under the direction of an experienced intervention professional.

## **3. Know How To Access Help**

Innumerable resources around the country offer help to chemically dependent people. Many communities have a local council on alcoholism and drug abuse, and these can be good places to start looking for help. Virtually every community has a local Alcoholics Anonymous group listed in the phone book.

Outpatient and inpatient treatment facilities are scattered throughout the country. They vary widely in cost and services provided, and should be checked carefully for licensure or accreditation status, the experience and expertise of their professional staff, their treatment philosophy, their current patient census and counselor-to-patient ratio, and their cost. Most insurance policies will cover chemical dependency treatment to some extent. In Texas, group insurance policies are required by statute to cover chemical dependency to the same extent that they cover other health problems. Tex. Ins. Code Art. 3.51-9 (Vernon Supp. 1992).

## **III. DEPRESSION**

### **A. The Impact**

Depression is a problem that demands our attention: Studies show that law students and lawyers lead the nation as the profession with the greatest incidence of depression. All of us, at one time or another, feel “blue” or “down in the dumps.” We all get sad or feel grief after a loss. Depression is more than that. Depression

is a medical disorder that affects a person's thoughts, feelings, health, and behavior, day in and day out. It affects an estimated 17.6 million Americans each year, affecting twice as many women as men, and yet only about 20% of those afflicted ever seek help.

Lawyers seem particularly reluctant to seek help for their depression. Some are unwilling to admit their depression for fear they will be seen as weak or unreliable. Others believe they should be able to handle their own personal problems just as they handle their clients' legal problems. And many simply do not recognize that there is even a problem.

## B. Signs & Symptoms

Obviously, the first step in addressing a depression problem is acknowledging its existence. Someone with a major depressive disorder will present a number of symptoms nearly every day, all day, for at least two weeks. These include at least one of the following:

- Losing interest in things you used to enjoy;
- Feeling sad, blue, or down in the dumps.

In addition, at least three of the following symptoms will be present:

- Feeling slowed down or restless and unable to sit still;
- Feeling worthless or guilty;
- Gaining or losing appetite or weight;
- Thinking of death or suicide;
- Having problems concentrating, thinking, remembering, or making decisions;
- Having trouble sleeping, or sleeping too much;
- Experiencing loss of energy or feeling tired all of the time.

## C. What To Do

If you meet these criteria, it is important that you not ignore the problem and hope it goes away. The longer serious depression goes untreated, the more likely it is to become chronic and damaging. Left alone, depression can cut

short a promising legal career, destroy a loving family, and may even lead to suicide. Generally, clinical depression is not something you can “self-treat,” “shake yourself out of,” or simply “wait out.” Even between depressive episodes, most people who go untreated continue to experience negative effects, such as the inability to concentrate, disorganization, and apathy. And often, it is only a matter of time before the next depressive episode begins.

Getting treatment for depression is often easier and less painful than you might imagine. It is important, though, that you see a professional, preferably a psychiatrist, trained in the treatment of depression. Usually, treatment will consist of medication, psychotherapy, or some combination of the two. Often, people with depression begin to see positive results within a month of beginning treatment—some earlier, some later. If you are not sure where to start, the Texas Lawyers' Assistance Program (TLAP) can help. TLAP can get you in touch with other lawyers who themselves have recovered from depression, and can refer you to a number of professionals in your area who can assess your condition and help you get treatment.

## IV. STRESS & STRESS MANAGEMENT

Consider the perfect stress-producing situation. . . .

It should probably demand a high level of performance with strict time limitations. Perhaps, it would offer conflict and confrontation with a win/lose outcome. It should also require constant and critical judgment of your performance while giving you only a limited amount of control over that judgment. Throw in long hours with little or no break and potentially high stakes on the line, and you should have a perfect recipe for high stress. Sound familiar? If you've ever practiced law, it should. Ask any lawyer. Whether that person loves the practice or not, he or she will invariably tell you that practicing law is stressful. Some thrive on that stress and seem to perform better under it. Others respond less favorably—getting sick, depressed and finally burning out. Whether you are in the former category, the

latter, or somewhere in between, learning how to manage your stress is important not only for yourself, but for your client as well.

There is no need to inundate you with a long dissertation on the nature of stress and what it can do to you. You know when you are stressed out. You know what you don't like about being stressed out. What you probably want to know is what to do about it.

**Managing Your Stress.** Stress management involves three different categories of activities or techniques:

- Stressor reduction
- Resiliency building
- Distress reduction.

**Stressor Reduction.** A stressor is anything that raises the stress or pressure level in our lives. Stressors can be external, such as deadlines, speaking in public, conflict with others, or demands for performance. The more threatening we perceive them, the more stress they create.

The biggies, however, are usually internal. Intolerance of our own mistakes; expectations that other people, institutions, and situations act or unfold in a certain way; worry about the future and guilt about the past—all of these increase the stress in our lives. The bad news is that, through these internal stressors, we create much more stress on ourselves than we get from the outside—and most of the time, we don't even realize it. The good news is we have it within ourselves to change.

There may not be a lot you can do about some of the external stressors during trial. Many of them are simply built into the structure of the process and, for the integrity of the process, need to stay there. The time constraints, the constant judgment, the conflicting positions—these are all integral parts of the process. We can, however, do a lot to change our reactions to these external stressors and to reduce the other stressors we ourselves bring to the process.

Here are some ideas for stressor reduction—some terribly obvious, others not:

**Be prepared.** This is one of those “terribly obvious” stressor reducers. Even so, many of us hamstring our preparation with procrastination

and overload. We end up doing too much of our preparation at the last minute, adding unnecessary stress upon necessary stress.

**Know your job.** At first blush, this one also seems obvious. But when we are in the midst of the fray, we don't always remember it. Remember this, though: it is not your job to *win* cases. It is your job to *try* cases to the best of your ability and to perform your best in representing your client. It is not your job to get everything your client possibly wants. It is your job to represent your client competently and zealously. Know what you can control and what you can't; know what you can influence and what you can't; and then concentrate your efforts where they can make a difference.

**Manage your time.** We give good lip service to time management, but many of us don't have a clue how to manage our time efficiently and effectively. Take the time up front to learn a time management system that works for you and *then use it*.

**Manage your self-talk.** Most of us are unconscious of the messages we give ourselves constantly, day in and day out. Many of these messages have become such a part of our thinking that we don't recognize them as being self-generated—and self-correctable. The dangerous ones, and the more stressful ones, tend to fall into these categories:

- Self-abusive. “I'm just not any good at this.” “I'll never be as good a lawyer as \_\_\_\_\_.” “Mistakes are unforgivable—even small ones.”
- Self-defeating. “I just can't get a break.” “There's no way I can win this trial.” “If I don't have it by now, I'll never get it.” “Anything worth doing is worth doing perfectly.” “This judge hates me.”
- Self-fulfilling prophecies. “This is going to be the *worst* case.” “You can't do anything right for this client.” “I can tell I'm never going to get along with this opposing counsel.”

**Don't stop your good habits during stressful times.** Keep eating well. Get as much rest as time will allow. Continue to exercise, even if on an abbreviated schedule.

**Resiliency Building.** This aspect of stress management is really all about lifestyle, not something you can decide to do the morning of a stressful day and expect it to work. It involves living choices that must be made early and practiced daily. Consider the following eight “S”s as conditioning training for a lawyer.

1) **Sleep.** Get enough of it on a daily basis. A tired mind and body are poor allies in stressful situations.

2) **Sustenance.** Treat your body like a friend. Eat well. Exercise daily. Learn some stretching techniques to help you relax. Avoid relying on the “sucker punch” stress reducers like alcohol, caffeine, nicotine, etc. When you experience illness or distress, get help.

3) **Solitude.** All of us need some time alone—some need a lot, some only a little. But it’s not so much the time you spend alone that matters as it is what you do with that time. This is a time to refill your emotional reserves; to give your mind a chance to quiet down and rest. The better you can learn (through meditation, relaxation, restful activity, recreation . . .) to quiet your mind of all the chatter about what you did, should have done, have yet to do, or should do, the more effective will be your solitude.

4) **Sharing.** Just as solitude is important, so is sharing your life, your thoughts, your emotions, your hopes, your fears, your life, with someone else. Learn how to interact with others, particularly your family and close friends, as a genuine, present human being. Converse *with* them, don’t interrogate. Practice listening to someone else and really trying to understand what they are saying. Find people you trust enough to share your failures with as well as your victories. Your life is stressful enough in itself without trying to do it all alone.

5) **Silliness.** Don’t take yourself so seriously. It doesn’t matter how big and important you are, or would like to be; if you can’t laugh at yourself, you’re a heart attack waiting to happen. At least once a week, do something fun that involves no competition. Try something new - get out of your particular “comfort zone”. Nothing relieves stress and tension better than a good laugh.

6) **Spirituality.** Spirituality doesn’t necessarily mean religion. Find what works for you, and then pay attention to it. If a particular religion or spiritual practice works for you, put it into action in your life. If getting out in nature is a spiritual experience for you, go regularly. Whatever you choose, let it give you some perspective on your life. A strong sense of spirituality can also provide you with guidance and direction, helping to reduce anxiety, worry, and guilt.

7) **Service.** This is closely connected with spirituality for many. Try to do something kind for someone at least once a week. The more anonymous you can be about it, the better. This not only helps others, it builds your self-esteem and helps you put your own life in perspective.

8) **Structure.** Make resiliency-building a habit in your life. Structure in time to do all of the above. Structure in solitude. Structure in silliness. Structure in service. The less time and energy you have to devote to simply trying to find the time and means to do the above, the more time and energy you can devote to *doing* the above.

**A word about balance.** Balance is crucial in a life as stressful as yours. But not a mathematical balance, giving equal time each week on each area of your life. The balance instead should be more of a balance over time. When you’re working on a big case, you very likely will not have as much time to devote to each of these resiliency builders. If you’ve structured them into your life, you should be able to do them all at least in some abbreviated fashion. If you’ve been practicing them all along—if you’ve been devoting time to them as a part of your life, they can carry you through to the other side of your stressful times.

**Distress Reduction.** Whether you call it “stressed out,” “overwhelmed,” or just “a little crispy around the edges,” when the stress gets to be too much, you find yourself in distress. You’re tired, you’re tense, you’re irritable, you’re restless, and you’re discontented. Sound familiar? We all get there, and unfortunately, some of us stay there. There are, though, some things you can do to reduce the stress response in your life and keep you on the healthy side of

stress. The following are some suggestions that take very little time and tend to be quite effective.

***The Seventh Inning Stretch.*** This technique is designed to help you relieve the muscular tension that comes with stress. Reduce the muscular tension and the mind will follow. This technique is made up of five muscle stretches you can do just about anywhere, anytime.

Sit up straight on the front edge of your chair with both feet on the floor. Rest your hands on your knees. Close your eyes and take two deep abdominal breaths. (When you breathe, your abdomen should rise and fall, but not your shoulders. This is called abdominal breathing. It is deeper and more relaxing than shallow chest breathing.) Open your eyes, and begin with the first stretch. While stretching each group of muscles, concentrate on the stretching and release of the muscles, while relaxing the rest of your body. Breathe through each stretch, holding each stretch for about three complete abdominal breaths. Between each breath, consciously relax your body for two complete breaths.

If you experience any discomfort or pain at any time during any of these stretches, discontinue the stretching and focus on relaxing the muscle.

1. With your hands still resting on your knees, let your head easily and slowly drop forward, resting your chin on your chest, and hold this stretch. Slowly and easily roll your head to the left, stretching your left ear down toward your left shoulder and hold. Then slowly and easily roll your head back with your face turned to the ceiling and hold. Slowly and easily roll your head to the right, stretching your right ear down to your shoulder and hold. Return your head to its normal position and take two deep breaths.

2. Join your hands together behind your lower back, entwining your fingers. Gently try to squeeze your shoulder blades together and hold for three breaths. Repeat.

3. Raise your arms over your head and entwine your fingers. Slowly and easily bend to the left, sideways at the waist, until you feel the pull of the stretch. Hold for three breaths and

return to your normal position. Repeat to the right.

4. Carefully place your left ankle on top of your right knee. With your left arm draped across your leg (elbow on your left knee, hand on your left ankle) and your right hand resting on your left foot, lean forward slightly until you feel the stretch in your back and legs. Hold for three breaths and then repeat with the right ankle on the left knee.

5. Extend your feet out in front of you with your knees slightly bent. Inhale deeply, and on the exhale, slowly bend forward from the waist and reach your hands toward your ankles. Only go forward as far as is comfortable and rest your hands on your legs at that location. Hold for three breaths.

***Meditation for the Busy Lawyer.*** Often, when we are stressed, we tend to lose touch with the “here and now.” We even tend to lose touch with our body. Designed to be done anywhere, anytime, the Meditation for the Busy Lawyer can help you refocus your attention, however briefly, on the present and thus, to refocus your energy and concentration on the issues at hand.

You can practice this technique with eyes open or closed (although it is easier with eyes closed). First, direct your attention to the soles of your feet and try to feel the floor through your shoes. This reconnects you with your body and brings your thoughts “back down to earth.”

After a couple of seconds, bring your attention to your breath. Again, consciously use the abdominal breath and focus your attention on trying to feel your breath as it flows through your nose and hits the back of your throat. It will feel cool on the inhale and warmer on the exhale. Perform as many times as you can, bringing your attention back to the breath whenever it strays.

Although you can use this technique even in the middle of a conversation, if you will try this twice a day for about 10 to 15 minutes each time in a quiet place, you will find that your mental energy and concentration overall is greatly improved.

***Deep Relaxation.*** Obviously, when we are stressed, one of the first things we do is tense up physically. Unfortunately, as goes the body,

so goes the mind (and vice versa). So, when we are tense physically, we will tend to be more mentally tense. This generally makes us more irritable and we find it more difficult to focus and concentrate. The Deep Relaxation technique is designed to give you a few moments respite from that tension, ease some of the attendant pain, and refocus your energy.

Find a quiet place where you can remain uninterrupted for at least 15 minutes. Sit or lie down. Close your eyes. Take three deep abdominal breaths through your nose. In your imagination, concentrate on your feet and ankles. As you continue to breathe, imagine your breath flowing down your body and into your feet, bringing warmth and relaxation to your feet. Continue concentrating on your feet for three breaths, each time, relaxing your feet a little more. With each set of three breaths, move up your legs, into your torso, your back, your shoulders, your arms, your hands, your neck, your face, and finally the top of your head. If you come to a muscle that is particularly tense, spend a couple of extra breaths releasing the tension. At the end, breath deeply again for three breaths and enjoy a moment of relaxation.

***The Full Stress Shakedown.*** For the full benefit of the routine, practice each of these exercises in order (*Seventh Inning Stretch*, *Meditation for the Busy Lawyer*, and then *Deep Relaxation*) one right after the other, at least once every day.

***A Final Thought.*** Stress management is important. It is important to your clients, to your colleagues, to your family, but most of all to you. A stressful law practice is inefficient, ineffective, and just plain no fun. But stress management takes commitment and some time and energy. The time and energy you devote to it, however, is an investment. Invest some time and energy in stress management and you will be returned more time and more energy to do the things you find important.

Stress management, though, is yours to do for yourself. No one can do this for you. No one but you can make the practice of law any more or less stressful for you. You alone have the power. Included in the Bibliography at the end of this book are several resources that you might find helpful. Consult some of these books, and put their principles to work in your

life and law practice. If you sincerely practice these principles and consciously begin to reduce the stress in your life, the practice of law can become a fun and enjoyable part of your life.