

Accommodation *or* Transformation

BY DON CARROLL

The heart is the literal and metaphorical center of our lives. We have either an open heart toward life or we may be closed hearted. Our response toward life may be one full of heartache or heartfelt joy.

All of us have issues and challenges from time to time. How we respond will tell us something about our heart, and how we respond will determine something about the health of our hearts. Issues which center on the heart are usually issues of transformation. Those issues not felt so deeply are usually issues of accommodation. Often problems occur for the heart when transformation is needed, but we settle for accommodation.

If I break my leg, I can go to the doctor and get the bone set and a cast placed on the leg. I can use crutches and accommodate my schedule to the injury. Over time it will heal and my heart will probably not be stressed at all in the process. When we are faced with more long-term issues in our lives, chronic illnesses or disorders, such as diabetes, alcoholism, attention deficit disorder or depression, our challenge is going to be different. We no longer have the option of accommodating a short-term inconvenience but we must come to terms with living a life

with a disorder we did not anticipate or want. Often this is only possible through a transformation that involves a change of heart about how we see our life.

Lots of times, in talking with lawyers facing difficulties or particular times of stress, I am surprised to learn that their desire to become a lawyer in the first place springs from some early injustice they experienced in their own lives. They might have grown up with a raging and abusive father. Or, they grew up dirt poor and felt the harshness of struggling to survive and to succeed. These lawyers are driven by their desire to help make the world more just and fair for others. This early experience, which was wounding in a way, was what launched them into their career as a lawyer. In a sense, the wound is also a gift. It has given them a sense of determination and a keen sense of what is right and wrong and this has propelled them forward. However, most lawyers will, at some point, have to face up to the negative part of this wound, the part that makes them driven, that makes them feel overly responsible for seeing that justice is achieved. There must be a change of heart, in which they come to terms with the past, and see, often for the first time, the gift that came with their wound. In

so doing, they open their hearts to themselves as well as to the clients they try to serve. Otherwise, they are apt to lapse into depression or addiction or workaholism (or some combination of these) as a way to avoid dealing with the underlying feelings of personally experienced unfairness. They may be an aggressive, hard fighting lawyer on the exterior and unwittingly be stuck in a place of being a victim on the interior.

I remember reading a book on creativity. The author had done his research across many fields of endeavor, musicians, artists, bankers and lawyers. All of the most creative individuals, regardless of their vocation, had one characteristic in common. They all accepted the reality of who they were and their external environment exactly the way it was. Their acceptance of themselves meant that all their energy went into their own creative passion. There was no lost effort in trying to make themselves or the world different from the way they actually were. Acceptance seems to be one of the characteristics of being open-hearted: acceptance of myself regardless of whether I have a chronic condition like diabetes, alcoholism, attention deficit disorder or depression. Such disorders can either be the starting place for acceptance, or an enduring place of struggle that can go on endlessly.

As lawyers, we daily face the choice of accommodation or transformation in how we adapt to the technologies of cell phones, e-mails and computers that all accelerate our lives. Are we accepting them as useful tools, or are these technologies tending to run our lives? If they are running our lives, we are not having the chance to emotionally absorb and enjoy our daily activities. We run the risk of becoming closed-hearted.

Recent research confirms the connection between heart problems and our ability to stay open-hearted. Over the past several years, a number of large studies have been conducted which show that depressed people are more vulnerable to coronary disease, congestive heart failure and heart attacks. Almost everyone who suffers from alcoholism or another chemical addiction is depressed. Often, depression comes from the difficulty in adjusting to the loss of the idealized view that one had in law school of how one's life as a lawyer would be, and accepting the reality of the difficulties and challenges of what practicing law actually is. This is an emotional adjustment that takes time and an open heart, but too often we avoid feeling that loss and close the heart by simply working long hours. What starts off as simple emotional avoidance over time, can become a pattern that leads to the onset of clinical depression. Regardless of the cause of the depression, current studies show that the risk of heart-related problems is significantly greater for those suffering from depressive symptoms.

In a study of 5,000 people over age 65, those who had frequent depressive symptoms were 40 percent more likely to develop coronary artery disease and 60 percent more likely to die than those who did not have depressive symptoms.

A longitudinal study by Johns Hopkins Medical School tracked individuals every five years for 40 years. Those who had suffered clinical depression, even a depressive episode more than ten years earlier, were at twice the risk of developing coronary disease.

In another study, men in their 50s with high levels of depression and anxiety were over three times more likely than average to have a fatal stroke during the next 14 years.

Even among people who are not clinically depressed, these studies confirm what Alcoholics Anonymous has long stressed, that resentment is a killer. People with normal blood pressure, who scored high on a rating scale for anger, were nearly three times more likely to have a heart attack or require bypass surgery within the next three years.

And here is a zinger! In another three-year study, hostility, measured by a personality test, predicted heart attack and heart disease better than other factors such as high cholesterol, smoking or being overweight.

We know that on a simple biological level depressed people react physically as if under chronic stress. Persistent high levels of stress hormones make the heart less sensitive to normal demand signals. Stress hormones stimulate the production of inflammatory substances and oxygen-free radicals. Depression affects the heart in many indirect ways as well. People who are depressed become discouraged, don't eat right, don't exercise well and don't avoid the use of addictive substances. Finally, depression leads to social isolation which reduces the normal support needed from family and friends. Coronary disease rates are substantially higher for older men who live alone.

When there is a tendency toward a long-term chronic illness, or if you have a chronic disease, the mistake most often made is to seek a solution of accommodation rather than transformation. A problem with alcohol most often represents itself with an inability, on occasion, to stop drinking or to handle one's moods without drinking. For the depressed person, the difficulty is often the fear of looking at unresolved emotional issues. For the person with ADD, the issue may be finding the unique gift in what otherwise seems like confusion and wild energy. For the person with diabetes, a key issue is often coming to terms with the need for ongoing medication and diet control. For almost all of these chronic problems, there are a number of things that can be done that help—good nutrition, exercise and medication may all be part of the solution. However, any one factor alone may simply be an accommodation to the problem. What is going to stand the problem on its head will be when the problem is a catalyst to personal transformation. This may involve some or all of the same factors that could be accommodations, but at its core it will involve a willingness to be open-hearted toward oneself and the practice of law, a reordering of priorities and acceptance of whom one is and the willingness to follow a road that brings meaning to one's life by giving the unique gift you have back to the world. ■

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Don Carroll is the executive director of the North Carolina Lawyer Assistance Program. This article was taken from his recently published book by Hazelton entitled *A Lawyers Guide to Healing Solutions for Addiction and Depression* (this book may be purchased from Hazelton at www.hazelton.org).