

## GPSolo Magazine - October/November 2004

Suicide

By Heather Fiske

Jeffrey's law practice suffered when he lost a major client, and his efforts to catch up by working harder placed a severe strain on his collegial relationships, his health, and his marriage. A downward spiral of drinking and depression followed, culminating in a suicide attempt at his office on a holiday weekend. He was discovered unconscious by his secretary, who came in unexpectedly. Immediate medical intervention saved his life, and individual treatment, family therapy, and anti-depressant medication, along with Alcoholics Anonymous meetings and the support of a trained peer volunteer lawyer from his state lawyer assistance program, facilitated his eventual recovery.

Jeffrey's illness and suicide attempt had a profound effect, and not just on his own family or on the employee who found and saved him. The judge who was scheduled to hear one of Jeffrey's cases that week was jolted to realize how far her own thoughts of suicide had gone. The opposing counsel, whose own mother had died of suicide, resolved to do anything he could to help, personally and professionally, so that another family would be spared his own painful loss. A former partner realized that he had been avoiding one of his own clients who had made several recent statements to the effect that he would be better off dead. Another colleague reflected on the impact on her own life and practice of working with a senior partner whose youngest child, afflicted with bi-polar illness, had for a time been on a roller coaster of suicidal thoughts and actions. In that case, the senior partner's inability to focus on his work had endangered the livelihood of the entire firm.

My daughter is the child of a therapist and an attorney. When she was in kindergarten, she summed this up by saying, "My parents help people in trouble." In suicide prevention parlance, the likelihood of being on the "front line" with people who are in distress makes every lawyer a "gatekeeper": an individual whose informed intervention can save lives. In much the same way that a layperson trained in first aid can save a life at the scene of an accident or heart attack, a gatekeeper can provide "emotional first aid" to a person in trouble and at risk for suicide.

All too often, lawyers, judges, and law students may *be* the people in trouble. Members of the profession have rates of depression and other mental illnesses that are at least as high as those of nonlawyers and rates of substance abuse and addiction that are considerably higher. Lawyers and judges are vulnerable to the losses and other painful life events that may contribute to or trigger suicidal behavior. This vulnerability is likely increased by working under notoriously stressful conditions, in a vocational culture that does little to promote or reinforce either routine self-care or the appropriate seeking of help when help is needed. Given these known risk factors,

[Table of Contents](#)

[Archives of past issues](#)

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it should not surprise us that the rate of suicide among lawyers is six times greater than among the general population in North America.

What, then, can members of the profession do to prevent the suicide of a colleague, client, family member, or friend?

- First, *ask*: “Has it been so bad that you’ve thought about suicide?” Asking actually reduces the risk of suicidal action: first, because it opens the door to help; and second, because asking conveys an implicit message to suffering individuals that someone cares and that they do not have to be alone in their pain.

- Second, *get help* as soon as possible—for the person at risk, and then for yourself. No one who is in so much pain that suicide seems like an option should be alone with that pain; and no one should be alone in the effort to support that desperate person. Sources of immediate help include crisis lines, hospitals, physicians, therapists, and the referral and treatment resources available through lawyer assistance programs. After the crisis, 12-step programs such as Alcoholics Anonymous and mentoring by volunteer lawyers in similar areas of practice have proved invaluable to attorneys recovering from the mental illness and substance abuse problems often associated with suicidal thinking and behavior.

- When deciding whether or not to intervene, to ask about thoughts or plans for suicide, to break a confidence about a friend’s thoughts or plans of suicide—the most useful rule of thumb is *safety first*. Conflicts, discomforts, and embarrassments are resolved much more readily than the pain of losing someone to premature death.

- Notice warning signs for suicide, which can include *any* sudden change in behavior or mood, as well as the following:

- preoccupation with death or statements (direct or indirect) about dying;

- “making final arrangements,” such as organizing wills or insurance papers and giving away possessions;

- reaction to a recent loss, including loss through death, loss of health or ability, loss of an interpersonal relationship, or loss of status, role, or identity;

- hopelessness;

- perceived burdensomeness (“they’ll be better off without me”);

- thwarted sense of belonging (“I don’t fit in”);

- what psychologist Thomas Joiner calls “acquired ability” to die by suicide, including any self-destructive behavior such as past suicide attempts or suicidal thinking, writing, or talking;

#### **Additional Resources**

[American Association of Suicidology](#)

[American Foundation for Suicide Prevention](#)

[Center for Suicide Prevention](#)

[Commission on Lawyer Assistance Programs](#) (ABA)

[Legal Profession Assistance Conference](#) (CBA)

[National Suicide Prevention Resource Center](#)

- difficulty in utilizing one's usual coping methods or available supports, or in focusing on reasons for living.
- Develop an awareness of risk factors; in particular, know the signs of depression and how it is manifested in the workplace. Proactive intervention and referral may mean that suicidal crisis is averted.
- Be your brother's and sister's keeper. Treatment of mental illness is for professionals, but any of us can do something to counter an individual's belief that he or she is a burden or can never fit in. All of us can find ways to reinforce one another's reasons for living. I have asked hundreds of people about what kept them going in their darkest hours, and over and over I have heard about "trivial" human acts of acknowledgement, appreciation, and kindness.
- Advocate for greater awareness of suicide prevention in your profession and your community. Join the efforts of existing organizations such as the American Association of Suicidology to ensure that useful information and treatment resources are available to those who need them.
- Model self-care. "Walking the talk" is a powerful statement, and one of the important ways that an individual can begin to effect organizational or even cultural change. Of more immediate significance is the positive impact healthy modeling may have on a colleague—for example, one who is reluctant to adjust a grueling schedule or turn away work in order to get the regular sleep and exercise so critical in recovering well from a depressive illness.

Finally, I wish to acknowledge what readers of this magazine already do to prevent suicide. You solve problems and ease pain; you offer hope and encouragement and respect; you make the small human gestures of connection and interest and sympathy that are what keep us all going through difficult times—and that may keep even the most vulnerable and desperate among us going for another hour or another day. Sometimes that is the hour or the day that makes the difference. Thank you.

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