Science-Backed Strategies To Boost RESILIENCE FOR LAWYERS
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Anne is the author of an ABA-published book titled Positive Professionals, is the co-chair of the ABA Law Practice Division’s Attorney Well-Being Committee, and was the Editor in Chief and co-author of the National Task Force on Lawyer Well-Being’s recent report: The Path to Lawyer Well-Being: Practical Recommendations for Positive Change. Anne also was appointed by the two most recent ABA Presidents to the Presidential Working Group formed to investigate how legal employers can support healthy work environments. In her work with that group, Anne created the freely-available ABA Well-Being Toolkit for Lawyers and Legal Employers. Anne recently was selected as a Trusted Advisor to the legal profession’s Professional Development Consortium.
Why Are We Talking About Mental Health as a Matter of Ethics?

The Minnesota Rules require lawyers to maintain their competence to practice law and to refrain from undertaking or continuing a representation if a mental health impairment would endanger the lawyers’ ability to competently do so (MRPR 1.1, 1.16). The profession is plagued by chronic stress, poor self-care, elevated rates of depression, and alcohol abuse that can undermine lawyer competence. A recent study of nearly 13,000 lawyers found that 20% screened positive for problematic alcohol use and 28%, 19%, and 23%, respectively, experienced elevated symptoms of depression, anxiety, and stress (Krill, Johnson, & Albert, 2016). These psychological conditions affect not only lawyers’ subjective sense of well-being, they impair their professional effectiveness.

In February 2016, the YourABA website staff interviewed two of the study’s co-authors, Patrick Krill, a lawyer and substance abuse counselor, and Linda Albert, a representative of the American Bar Association’s (ABA) Commission on Lawyer Assistance Programs (CoLAP). Both agreed that, to meaningfully reduce lawyer distress, all corners of the legal profession will need to commit to bring about a cultural shift that makes lawyer health and wellness a priority. In their view, a full systematic approach that prioritizes well-being is necessary.

That systematic approach is now under way. Because too many lawyers aren’t thriving, multiple initiatives have been launched to take action and invite participation by the entire profession.

**NATIONAL TASK FORCE ON LAWYER WELL-BEING**

For example, in 2016, the National Task Force on Lawyer Well-Being was formed in direct response to the 2016 study by Krill and colleagues finding elevated rates of mental health and substance use disorders. In 2017, the Task Force issued a comprehensive report called *The Path to Lawyer Well-Being: Practical Recommendations for Positive Change* for which Anne was the Editor-in-Chief.

**ABA WORKING GROUP ON LAWYER WELL-BEING**

The National Task Force’s report motivated former ABA President Hilarie Bass to form a Presidential Working Group to Advance Well-Being in the Legal Profession focused on how legal employers can support healthy workplaces. The Working Group has focused on developing content and launching initiatives, including, for example, the ABA Well-Being Toolkit for Lawyers and Legal Employers and the Well-Being Pledge Campaign, which invites law firms to publicly commit to supporting lawyer well-being.
Evidence of Lawyer Languishing & Contributing Factors

Significant evidence shows that many lawyers are not thriving as well as contributing factors and consequences. It highlights the breadth of factors that can undermine (and contribute to) well-being and lawyer effectiveness. The clear implication is that systematic efforts are needed to address these issues.

**Depression & Suicide**

As noted above, a national study of practicing lawyers found high rates of psychological distress, including elevated symptoms of depression (28%), anxiety (19%), and stress (23%; Krill et al., 2016). Lawyers also were asked to report health-related conditions that they had experienced at any time during their legal career. The most common mental health conditions reported were anxiety (61.1%) and depression (45.7%).

Depression is strongly associated with suicide, which accounts for 56-87% of suicide cases (Rihmer & Gonda, 2016). In the Krill et al. (2016) study, 11.5% of participants reported suicidal thinking at some point in their careers. Some evidence suggests that suicide ranks among the leading causes of premature death among lawyers (Mauney, n.d.). As recently as November 2018, the headline “Big Law Killed My Husband” led a story about the suicide of a law firm partner in Los Angeles (Litt, 2018). In January 2014, reports reflected that Kentucky has had 15 known lawyer suicides since 2010; Oklahoma had one a month in 2004; and South Carolina lost six lawyers within 18 months before July 2008 (Flores & Arce, 2014).

Further, some type of cognitive impairment persists in up to 60% of individuals with depression even after mood symptoms have diminished (Rock et al., 2014). This raises the risk that individuals believe that they have recovered (because their mood has improved) and therefore are less vigilant about potential cognitive impairments. It also militates strongly in favor of preventative programs to stave off depression entirely.

As discussed below, mental health researchers have criticized lagging efforts to address workplace factors that contribute to depression and suicidal thinking (e.g., Choi, 2018; Loerbroks et al., 2016; Milner et al., 2015). Rather than rooting out primary causes of declining mental health (e.g., toxic leadership, organizational unfairness, long working hours, inadequate resources to meet demands, etc.), organizations’ prevention activities have been at the secondary and tertiary
levels, which are aimed at detecting mental health conditions and making sure help is available when it’s most needed. While these efforts are necessary and a good way for law firms and other legal employers to get started on improving lawyers’ mental health, they will not be enough to achieve high levels of well-being across the profession.

**Alcohol Abuse**

Alcohol abuse harms professional competency even outside of episodes of intoxication. In fact, “[c]ognitive impairment is a core feature of chronic alcoholism” (Smeraldi et al., 2015). Up to 80% of people who abuse alcohol experience mild to severe cognitive impairment. Deficits are particularly severe in executive functions, especially in problem-solving, abstraction, planning, organizing, and working memory—core features of competent lawyering.

As noted above, alcohol abuse is prevalent among lawyers. Krill and colleagues (2016) found that about 21% of practicing lawyers abused alcohol compared to about 12% of a comparable population. Those at highest risk were younger men, earlier in their careers working for private law firms.

This is consistent with other research finding that men are more at risk for alcohol abuse in response to workplace stressors (Crum, Muntaner, Eaton, & Anthony, 1995). For example, one study found that men in high strain jobs characterized by high psychological demands and low autonomy were 27 times more likely to abuse alcohol. No appreciable risk of alcohol abuse was found for women in the same job categories, even though the study found that those job characteristics were equally distressing to women. They hypothesized that women might react differently to the same stressors, such as by becoming depressed.

Further, lawyers are apprehensive about getting help for alcohol abuse. In the study by Krill and colleagues, among lawyers who ever had sought help for substance abuse, the two top obstacles they named for doing so were not wanting others to find out that they needed help and concerns regarding privacy or confidentiality.

**Stress**

Workplace stress significantly increases the risk of depression, anxiety, burnout, alcohol abuse, and other illnesses that can affect lawyers’ competence to practice (Frone, 1999; Hammen, 2005; Joyce et al., 2016; Leignel, Schuster, Hoertel, Poulain, & Limosin, 2014; Wang, 2005). In a 2004 study of North Carolina lawyers, more than half had elevated levels of perceived stress, and this was the highest predictor of depression of all factors in the study (Howerton, 2004). Stress also is associated with cognitive decline, including impaired attention, concentration, memory, and problem-solving (McEwan & Sapolsky, 1995; Schwabe & Wolfe, 1995; Shapiro, Astin, Bishop, & Cordova, 2005). Stress harms one’s ability to establish strong relationships with clients and is associated with relational conflict, which can further undermine lawyers’ ability to competently represent and interact with clients.

Even relatively minor daily hassles can be damaging over the long-term. Many studies have found that cumulative stress from minor stressors is a stronger predictor of physical and psychological disorders than stress from major life events (Felsten, 2004). People with high stress reactivity are especially vulnerable to depressed mood resulting from cumulative common stressors (Felsten, 2004).

**Sleep Deprivation**

A 2012 study based on survey results for the National Center for Health Statistics ranked lawyers as the second most sleep-deprived occupation in the U.S.—behind only home health-aids (Weiss, 2012). In a study of associates in a large, world-wide firm, a common complaint related to high hours and little sleep, including “a
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quite childish competition... on who could do with less sleep than the others” (Forstenlechner & Lettice, 2008, p. 648). As with many corporate cultures (Fryer, 2006), firms use sleep deprivation as a proxy for high performance.

Dr. Charles Czeisler, one of the world’s leading sleep experts, says that “encouraging a culture of sleepless machoism is worse than nonsensical; it is downright dangerous, and the antithesis of intelligent management” (Fryer, 2006, p. 1). Sleep deprivation has been linked to a multitude of health problems that decay the mind and body, including depression, cognitive impairment, decreased concentration, and burnout (Maxon, 2013; Ferrie et al., 2011; Soderstrom et al., 2012). Cognitive impairment associated with sleep-deprivation can be profound (Fryer, 2006; Ferrie et al., 2011).

Sleep deprivation also has significant short-term effects. People who average four hours of sleep per night for four or five days develop the same cognitive impairment as if they had been awake for 24 hours—which is the equivalent of being legally drunk (Fryer, 2006). Given lawyers’ high risk for depression, it is worth noting evidence that sleep problems have the highest predictive value for who will develop clinical depression (Franzen & Buysse, 2008). Finally, recent research found that poor sleep triggers social rejection and loneliness, which is highly related to depression (Anwa, 2018).

Burnout

Burnout is a syndrome that includes emotional exhaustion, depersonalization, and a low sense of personal accomplishment (Dyrbye & Shanafelt, 2016). “Depersonalization” manifests as a lack of empathy, loss of motivation, and cynical and negative attitudes toward clients and others (Prinz et al., 2012)—all of which can undermine professional competency. Little empirical data on the incidence of burnout in the legal profession is available, but there is a general consensus that the problem is prevalent. In the medical profession, which we can use as a guide, 30-40% of physicians meet the definition for burnout (Dyrbye & Shanafelt, 2009). Burnout is associated with an increased risk of substance abuse and suicidal thinking (Dyrbye & Shanafelt, 2016). It is highly related to depression, with one study in a professional context finding that burnout predicted depression (and not vice-versa) (Hakanen & Schaufeli, 2012).

Research conducted in the medical profession has found that burnout can seriously undermine professionalism. It can erode honesty, integrity, altruism, and self-regulation (Dyrbye & Shanafelt, 2016; Schwenk, 2015). A study of U.S. medical students found that burnout was associated with higher self-reported rates of cheating on exams, lying about clinical data, medical errors, ethical lapses, and less compassionate care. Studies also reflect that burned out physicians are more likely to provide sub-optimal care and experience more medical errors (Dyrbye & Shanafelt, 2016). The decline in quality of care is likely due in part to a decline in cognitive functioning, which is associated with burnout and depression (e.g., Deligkaris et al., 2014; Dyrbye & Shanafelt, 2016).

Pessimistic Attributional Style

A 2004 study of lawyers found that more than half had a pessimistic attributional style (Howerton, 2004). Attributional style refers to how people habitually explain to themselves why events happen (Seligman, 1990). Those with an optimistic style tend to believe that negative events are temporary and not pervasive in their lives (Forgeard & Seligman, 2012). People with a pessimistic style tend to view negative events as permanent and pervading their lives with global consequences (Seligman, Verkuil, & Kang, 2001). The pessimistic style has been linked with depression, stress, and anxiety (Kamen & Seligman, 1987), while optimism buffers against depression (Forgeard & Seligman, 2012).

Work-Life Conflict

A study of a New Zealand law firm found that
work-life conflict was the strongest predictor of lawyer burnout in the study (Hopkins & Gardner, 2012). By social science research standards, the correlation was quite large ($r = .63$). While research of lawyers’ experience is limited in this area, the medical profession has conducted a number of relevant studies. Work-life conflict has been identified as a significant factor contributing to burnout (e.g., Amoafo et al., 2015). In 2014, a majority of physicians (about 60%) reported that they were dissatisfied with their work-life balance (Shanafelt et al., 2015). Researchers found that recent work/home conflict and resolving the conflict in favor of work were strongly related to physician burnout (Dyrbye et al., 2014). The study found that physicians who reported an experience of work/home conflict in the prior three weeks were 50% more likely to report symptoms of emotional exhaustion and 20% more likely to report depersonalization. Another study of the general population found that work–family conflict increases the odds of self-reported poor physical health by about 90% (Goh et al., 2015).

**Work Addiction**

Work addiction is excessive work performed to the exclusion of meaningful relationships or neglect of physical and emotional reactions to stress (Howerton, 2004). It is associated with numerous health and relationship problems, including depression, anger, anxiety, sleep problems, burnout, and work-life conflict (Howerton, 2004; Sussman, 2012). Studies have found the prevalence of workaholism among lawyers to be 23–26% (Doerfler & Kramer, 1986; Howerton, 2004). This is more than double that of the 10% rate estimated for U.S. adults generally (Sussman, Lisha, & Griffiths, 2011).

**Loneliness**

A recent survey discussed in the Harvard Business Review found that, of all occupations studied, lawyers had the highest risk of loneliness (Achor et al., 2018). Across occupations, government workers, people in the LGBT community, and non-religious people had the greatest risk of loneliness.

Loneliness can pose serious health risks, contributing to a host of mental and physical health conditions like depression, alcoholism, suicidal thinking, and poor quality sleep (Cacioppo et al., 2015). It’s defined as a gap between a person’s preferred and actual social relations and can occur even when among people whom we know well.

To not feel lonely, we need to feel connected to significant others whom we can trust and with whom we can plan, interact, and work together to grow and thrive. We are less likely to feel lonely when we have an intimate partner (e.g. spouse or similar relationship); have high-quality connections with people whom we see regularly (it’s the quality not the quantity of relationships that counts) and from whom we can obtain support; and have a sense of belonging to groups that matter to us.

Loneliness can lead to social anxiety and hypervigilance for social threat, which can lead lonely people to exacerbate their situation by having negative interactions or withdrawing from others (Cacioppo et al., 2015).

In the Harvard Business Review article, the authors of the survey identified leader behaviors (e.g., fostering a sense of meaningfulness) and daily routines that can help reduce organizational members’ experience of loneliness and enhance belonging (Achor et al., 2018). Training that incorporates maladaptive thinking patterns also has helped (Cacioppo et al., 2015).
WHAT CAN WE DO TO HELP?

Evidence-Based Well-Being Strategies

Below is a summary of some of the activities and strategies that have been empirically shown to prevent psychological distress or reduce its symptoms. The list is intended to highlight the broad array of science-based topics that could help boost lawyer well-being and lawyer effectiveness. It also is meant to highlight how many potentially effective strategies are being underutilized due to lack of education; unfounded biases against many of these topics as New Age fluff; and belief systems about what the bars’ and firms’ responsibilities are for their lawyers.

Historically, law firms and other employers have not taken much responsibility for mental health in the workplace and, to the extent that they have done so, programming has focused primarily on fortifying the individual—by, for example, teaching strategies like individual resilience and stress management (Memish et al., 2017). Trying to make people tougher has seemed easier than changing organizational structures that are causing the problems in the first place. But research shows that contextual, organization-level factors play a bigger role in psychological well-being than individual-level attributes (e.g., Maslach et al., 2001).

Because organizational practices significantly impact mental health, “early identification and modification (i.e. primary prevention) of these risk factors is the most effective way to reduce the burden of mental health problems in working populations” (Memish et al., 2017). Primary prevention (reducing the incidence of mental health problems by removing risk factors at their source) is most effective when it’s implemented along aside secondary prevention (identifying people at risk and providing them with support) and tertiary prevention (treating people who have been affected by mental health conditions) and when both individual-level and organization-level factors are targeted (Memish et al., 2017).

A number of resources are available that provide guidance to legal employers about secondary and tertiary prevention practices, including the 2017 report by the National Task Force on Lawyer Well-Being and the ABA’s Well-Being Toolkit for Lawyers and Legal Employers. Below, I provide a number of primary prevention strategies that can be implemented at the individual- and organizational-level.

INDIVIDUAL-LEVEL STRATEGIES

Workplace programs that encourage lawyers to take individual efforts to care for their own well-being can take many forms. Some examples of science-backed strategies that protect mental health are below.

PHYSICAL ACTIVITY

Many lawyers’ failure to prioritize physical activity is harmful to their mental health and cognitive functioning. Physical exercise is associated with reduced symptoms of anxiety and low energy (Herring et al.; Sarris et al., 2014). Research has shown that aerobic exercise can be as effective at improving symptoms of depression as antidepressant medication and psychotherapy (Chu, Buckworth, Kirby, & Emery, 2009). Also, it can act as a buffer to prevent depression (Hillman et al., 2008; Mammen et al., 2013).

A recent study found that individuals who exercised had 43.2% fewer days of poor mental health in the past month than individuals who did not exercise but were otherwise similarly-situated as to several physical and sociodemographic characteristics (Chekroud et al., 2018). All exercise types were associated with better mental health but those with the biggest reduction in poor mental health days were team sports, cycling, aerobics, and going to the gym. The study found that more exercise was not always better: Exercising for 45 minutes three to
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five times a week was associated with the biggest benefits. In a review of strategies for preventing workplace depression, researchers found that interventions to increase physical activity were among the most effective (Joyce et al., 2016).

A growing body of research shows that physical exercise also improves brain functioning and cognition (Hillman et al., 2008). Physical activity, which stimulates new cell growth in the brain, can offset the negative effects of stress, which causes brain atrophy (Duman, 2005). Greater amounts of physical activity (particularly aerobic) have been associated with improvements in memory, attention, verbal learning, and speed of cognitive processing (Hillman et al., 2008). Fit people actually have bigger brains than unfit people.

HEALTHY DIET

Poor dietary patterns and quality are associated with depressed mood, anxiety, and mental health disorders (Sarris et al., 2014). A recent large-scale study found that diet has an even bigger impact on women's emotional well-being (Begdache et al., 2018). Compared to men, women may need a more nutrient-rich diet to support emotional well-being.

RECOVERY PERIODS

Many law firms endorse a 24-hour/7-day work week. This relentless schedule paired with high job demands can drain lawyers’ health and well-being if they do not have adequate recovery periods (Soderstrom et al., 2012; Rothbard & Patil, 2012; Fritz, Ellis, Demsky, Lin, & Guros, 2013).

“Recovery” in psychological terms refers to regeneration processes that enhance positive states (e.g., vitality, positive affect) and reduce negative states (e.g., fatigue, anger) that build up from effort and stress at work (Sonnentag, Niessen, & Neff, 2012). Sustained engagement with work—i.e., always being “on”—can lead to exhaustion and burnout (Rothbard & Patil, 2012; Soderstrom et al., 2012). People who do not fully recover are at an increased risk over time for depressive symptoms, fatigue, and energy loss (Fritz et al., 2013). By contrast, people who feel recovered report greater work engagement, job performance, willingness to help others at work, and ability to handle job demands (Fritz et al., 2013; Rothbard & Patil, 2012; Sonnentag et al., 2012).

MEDITATION AND OTHER MIND-BODY PRACTICES

Research indicates that meditation can help address a variety of psychological and psychosomatic disorders, especially those in which stress plays a causal role (Walsh & Shapiro, 2010). One type of contemplative practice is mindfulness. Mindfulness is a technique that cultivates the skill of being present by focusing attention on your breath and detaching from your thoughts or feelings.

Research has found that mindfulness can help deter rumination, improve attention, and reduce stress, depression, and anxiety (Chiesa & Serretti, 2011; Fjorback et al., 2011; Galante et al., 2012; Huffziger & Kuehner, 2009; Hofmann, Sawyer, Witt, & Oh, 2010; Levy & Wobbrock, 2012; Teper et al., 2013; Marchand, 2012; Wolever et al., 2012; Zeidan et al., 2010). Mindfulness-based interventions also have been effectively used as part of substance abuse treatments (Chiesa & Serretti, 2013; Garland et al., 2012; Witkiewitz et al., 2013). Yoga—another mind-body practice—has been linked to enhanced mindfulness and reductions in anxiety, fatigue, and sleep disruptions (Field, 2011; Chugh-Gupta, Baldassare, & Vrkljan, 2013).

A growing body of research links mindfulness to a host of competencies that enhance lawyer effectiveness, including increased focus (Mrazek et al., 2013), working memory (Jha et al., 2010), critical cognitive skills (Mrazek et al., 2013; Jha, 2010; Zeidan, 2010), concentration (Levy & Wobbrock, 2012; Zeidan et al., 2014), reduced burnout (Cohen-Katz et al., 2005), ethical decision-
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making (Shapiro et al., 2012; Ruedy & Schweizer, 2010), and rational decision-making (Kirk et al., 2011).

Reflecting the growing interest in the benefits of mindfulness in the legal profession, a symposium on the topic was published by the Journal of Legal Education in Spring 2012. Leonard Riskin’s (2012) article explained the benefits of mindfulness meditation to law students, lawyers, and clients. Multiple law school have been incorporating mindfulness and other contemplative practices into its curriculum and programming for some time. Some offer courses on these topics and have sponsored events for law students and other legal professionals.

Resilience can be defined as a process that enables us to bounce back from adversity in a healthy way. Our capacity for resilience derives from a collection of psychological, social, and contextual factors that we can change and develop. These include, for example, optimism and other positive emotions and mindsets, confidence in our abilities and strengths (self-efficacy), effective problem-solving, a sense of meaning and purpose, flexible thinking, impulse control, empathy, close relationships and social support, and faith/spirituality (Brafford, 2017).

Some research suggests that lawyers may have natural tendencies that impede resilience (e.g., MacEwen, 2013). This includes their tendency toward a pessimistic attributional style (Howerton, 2004; Satterfield, et al., 1997), which weakens resilience (Satterfield et al., 1997; Seligman et al., 2001; Seligman, 2002). Fortunately, there is growing evidence that resilience training can be effective at reducing workplace depression (Joyce et al., 2016).

Further evidence of the effectiveness of resilience training is the U.S. Army’s Master Resilience Training (“MRT”), which was designed to try to bolster soldier well-being and performance and curb the growing epidemic of mental illness (Reivich et al., 2011). The MRT is an intervention based on cognitive-behavioral therapy (“CBT”) techniques and other strategies to enhance psychological fitness (Harms, Herian, Krasikova, Vanhove, & Lester, 2013). Results of the MRT have been promising, providing evidence that training helps reduce soldiers’ odds of developing mental health issues (Harms et al., 2013). Also notable is a meta-analysis of various interventions in work organizations to reduce burnout, which found that many CBT-based interventions were effective (Awa, Plaumann, & Walter, 2010).

Aside from individual-level skills and strengths, developing “structural resilience” also is important, if not more important. This requires leaders to develop organizations and institutions that are resource-enhancing to help give people the wherewithal to realize their full potential. Individual resilience is highly dependent on the context in which people are embedded. This means that initiatives to foster lawyer well-being should take a systemic perspective.

Cognitive Reframing

Resilience interventions often incorporate cognitive reframing techniques based on CBT (e.g., Reivich et al., 2011), which also rely on mindfulness. Cognitive reframing is a tool to help individuals constructively respond to adversity (e.g., losing a case, disappointing a partner or client). One method for teaching cognitive reframing is the “ABC” model, which teaches that one’s automatic Belief about an Adversity (and not the adversity itself) is what typically causes negative psychological Consequences (Reivich & Shatte, 2002). The ABC model is used in the U.S. Army’s MRT (Reivich et al., 2011). It also is being used at Stanford Law School to help students manage the stress of law school (Fenner, 2015).

Coping Styles & Stress Mindsets

Coping style describes how people respond to real or perceived threats (Ross & Altmaier, 1994). Coping
can be active and problem-focused or passive and emotion focused. An active coping style has been identified as a personal resource associated with resilience and optimism (Mache et al., 2014). Passive or avoidant coping styles have been identified as a risk factor for depression and burnout (e.g., Schaufeli, 2007; Tattersall, Bennett, & Pugh, 1999; Tyssen & Vaglum, 2002). Research reflects that coping styles are amenable to change through interventions (Ross & Altmaier, 1994).

Similarly, mindsets about stress that influence well-being also are amenable to change (Crum, Salovey, & Achor, 2013). Although studies have found that stress can cause depression and other mental health conditions, other studies have found evidence of stress-related growth. Stressful experiences present opportunities to enhance, for example, mental toughness, self-awareness, a sense of mastery, relationships, and a sense of meaningfulness. Research indicates that people can learn to develop a more positive mindset about stress, which is related to lower symptoms of depression and anxiety, higher levels of energy, and better performance (Crum et al., 2013; McGonigal, 2015).

**POSITIVE EMOTIONS**

Lawyers’ work days often are dominated by disputes, competition, zero-sum games, and vigilantly scanning for potential risks to our clients—all of which can stoke negative emotions and harm lawyers’ psychological health (Seligman et al., 2005). Research has shown that positive emotions (e.g., joy, interest, contentment) are important to optimal health, functioning, and well-being, and contribute to resilience against psychological dysfunction, such as depression, anxiety, and burnout (Carl et al., 2018; Gloria & Steinhardt, 2016). These conditions are characterized by lack of positive emotions and the tendency to minimize and dampen positive emotions (Carl et al., 2018).

On the other hand, maintaining moderate levels of positive emotions contribute to resilience to stress and psychological dysfunction (Carl et al., 2018; Gloria & Steinhardt, 2016). For example, experiencing positive emotions during moments of stress provides a buffer against negative reactivity in the flow of daily life, which serves as a protective factor against depressive symptoms (Wichers et al., 2007).

For evolutionary reasons, bad is stronger than good: Negative emotions are much stronger than positive ones (Brafford, 2017). We’re hardwired to react more strongly to bad things. As a result, we’re not likely to feel happy (and experience the related beneficial effects) unless our positive emotions outweigh bad ones. To support mental health, we need to shoot for a ratio of about 3 or 5 to 1. In other words, try to offset every negative experience with three to five positive ones.

This is not to say that we should strive to eliminate negative emotion (which would be impossible anyway). Negative emotions are useful but, if they dominate our lives, our health and well-being will suffer. Both individual-level or organization-level strategies could be designed to help ensure an optimal balance of positive emotions.

**PSYCHOLOGICAL CAPITAL (PSYCAP)**

PsyCap can be thought of as mental toughness and is similar to grit. It’s a well-established positive psychology concept that is composed of four, synergistic resources: (1) confidence (also called self-efficacy) to invest the effort required to successfully accomplish challenging tasks; (2) hope, which is a capacity to consistently invest effort and maintain motivation to achieve goals and, when required, devising alternative paths to achieve goals, (3) optimism, which is a tendency to have positive expectations about present and future success; and (4) resiliency, which is an ability to bounce back and
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Many studies have found that people can develop PsyCap (it’s not a fixed trait) and that it’s related to many positive outcomes, like performance, engagement, and psychological well-being (Avey et al., 2011; Luthans et al., 2010, 2015). Multiple studies have found that training and development programs can enhance PsyCap.

Constructive Handling of Interpersonal Conflict

Work-related interpersonal conflicts—which are pervasive in all workplaces but perhaps especially law firms—cause a multitude of negative outcomes, including depression, anxiety, negative mood, burnout, physical health complaints, job dissatisfaction, and turnover (Leon-Perez et al., 2016; Meier et al., 2014; Wright et al., 2017).

Scholars have identified interpersonal conflict as “one of the largest reducible organizational costs and the single most important workplace stressor for organizations to address” (Wright et al., 2017). Interpersonal conflict is defined along a continuum from incivility to aggression and bullying and can impair well-being whether it occurs chronically or more episodically (Meier et al., 2014). It occurs when people experience negative emotional reactions to perceived disagreements and interference with the attainment of their goals (Wright et al., 2017). Work-related conflicts can arise with colleagues, clients, opposing lawyers, and anyone else we encounter during our work lives, and the accumulation of these stressors can significantly damage our well-being.

There is widespread recognition among organizational scholars and an increasing interest in service organizations about the importance of conflict management skills as a crucial interpersonal competence (Leon-Perez et al., 2016). Inaction, avoidance, and unskillful efforts to address conflict all can elevate work strain and be destructive. While formal, third-party conflict resolution procedures can be beneficial, they are rarely a complete substitute for raising people’s skill and efficacy to handle their own daily conflicts effectively. Research has found that workers who use effective conflict management styles experience less conflict and lower levels of stress, and that such skills can be taught through workplace training (e.g., Leon-Perez et al., 2016; Lu et al., 2010).

Organizational-Level Strategies

Law Firm Studies

A few studies have specifically examined legal workplaces and have found that the following are workplace factors that are positively related to depression among lawyers: (1) work overload (which is the extent to which lawyers felt they didn’t have enough time to complete their workload and had to work quickly to do so), (2) a profit orientation of the lawyers’ workplace, (3) competition in the workplace, (4) perceived incivility, and (4) overcommitment (aka workaholism; Bergin & Jimmieson, 2013).

Workplace factors that were negatively related to depression included perceived control at work (except for overcommitted lawyers who were experiencing work overload) and higher levels of praise (Bergin & Jimmieson, 2013). Another recent large-scale study of U.S. lawyers found that lawyer well-being was strongly related to the experience of connection and belonging, competence at work, and autonomy (Krieger & Sheldon, 2015).

Monitoring Work Hours

A recent longitudinal study found that long working hours and job strain (which is defined as high demands and a perceived lack of control) are associated with moderate to severe levels of suicidal thinking (Choi, 2018). The risk was...
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significantly higher for people reporting 49 to 56 hours per week of work. (Notably, the study was not in a law firm context. It therefore analyzed hours of work—not hours of billable work. Lawyers often work many more hours than they bill.) This study and others like it suggest that law firms should consider having alarms built into their billing systems to flag when lawyers are consistently working and billing long hours. Intervening to help manage working hours or provide greater support and resources has the potential to reduce the risk of depression and suicide.

Effective Leaders & Supervisors

Good leadership is associated with less employee depression (Perko et al., 2014) and lower rates of burnout (Corrigan et al., 2002; Hetland et al., 2007). On the other hand, the human impact of bad leadership is shocking. Many studies have found that poor-quality supervision harms followers’ psychological health—it’s linked to depression, anxiety, emotional exhaustion, and burnout (Lin et al., 2013; Kelloway et al., 2012). Many believe that only blatantly abusive supervisors harm others’ well-being, but this is not so. Perceptions of unfairness are particularly harmful, including unfair criticism, not listening to problems, or not offering praise. Depressive episodes stemming from work can result in decreased concentration, reduced motivation, decision errors, absence, chronic disability, and suicide (Woo & Postolache, 2008).

Social Support & Other Psychosocial Resources

Low social support at work is associated with depression and suicidal thinking (Milner et al., 2015). Social support is an important psychosocial resource (PR), which is a skill or trait that helps people manage stress (Taylor, 2011). In addition to social support, PRs include self-esteem, optimism, a sense of mastery, and active coping skills.

Research shows that, without PRs, stress can take a significant toll on psychological well-being, stress responses, and health. Research has found that people with strong PRs have lower biological response to stress—e.g., lower heart rate, blood pressure, and cortisol levels. Social support is a particularly important PR: It’s the most significant and reliable psychosocial predictor of health outcomes. Social support is defined as “the perception or reality of having people in your life who care for you and will help you in stressful times, if you need it” (Taylor, 2011, p. 66).

In the work context, the social environment plays a key role in the development of depression. Lack of social support, social isolation, interpersonal conflict, and harassment all are risk factors for depression (Woo & Postolache, 2008; see also Moreau & Magneau, 2012 (study of health care professionals finding that supervisor support was associated with significantly less psychological distress and lower suicidal thinking); Sochos et al., 2012 (perceived supervisor support had the largest (negative) association with emotional exhaustion of all factors studied); Prins et al., 2007 (best predictor of burnout was dissatisfaction with emotional support from supervisors); Shanafelt, et al., 2015 (physicians’ high ratings of their direct supervisors’ leadership skills had a strong negative correlation with burnout and a positive correlation with job satisfaction).

Supervisor Support for Work-Life Balance

Research shows that supervisors play an important role in mitigating the perception and ill-effects of work-life conflict—which (as noted above), is highly associated with burnout. In a study of physicians, Walsh (2013) found that burnout was less where doctors felt supported by management, colleagues, and a family-friendly culture. This is consistent with organizational research finding that supervisory support for work-life balance (WLB) is among the most important factors shaping employee
perceptions about an organization’s support for WLB (Shockley et al., 2013).

**JOB STRUCTURE—PERCEIVED CONTROL**

Feeling in control of one’s own work and schedule (also called decision latitude) is a well-established factor contributing to mental health. Control includes two factors: skill use and decision-making authority. “High strain” occurs when workers experience high demands and low control, which can lead to depression. Lack of control is a robust predictor of depression (Woo & Postolache, 2008).

This is consistent with the Crum et al. (1995) study discussed above, which found that men in jobs with high demands and low autonomy were at risk for alcohol abuse. The researchers in that study suggested possible workplace interventions to modify problematic psychosocial work environments, including redesigning jobs to provide greater exposure to learning opportunities, development of skills, and input into tasks and policies that affect them (Crum et al., 1995). In a review article evaluating strategies to prevent workplace depression, interventions designed to improve the perception of control were among the most effective (Joyce et al., 2016).

Junior lawyers are especially vulnerable to depression due to a lack of a sense of control given that they often have little voice over their work, limited contact with supervising lawyers, and little contact with clients (Seligman et al., 2005).

Although partners might seem immune from this source of depression given their greater level of control, a number of factors can constrain their perceptions of control. A recent study of U.S. lawyers found that, as billable hour requirements rose, lawyers’ sense of autonomy declined, along with their sense of well-being (Krieger & Sheldon, 2015). Further, as noted above, a study of Australian lawyers found that work overload, competition, and firms’ profit-orientation—all of which can impinge on one’s sense of control—were associated with depressive symptoms (Bergin & Jimmieson, 2013). That study also found that, among lawyers, greater control was associated with depression because it also was related to greater status and responsibility. Is senior lawyers feel that they are overloaded and have no one to turn to for help, they also may experience depression and suicidal thinking stemming from a lack of control.

**EFFORT–REWARD BALANCE**

A perceived balance between workplace efforts and rewards is critical to individual well-being and optimal functioning. A persistent imbalance can result in depression, job dissatisfaction, burnout, psychological distress, and suicidal thinking (Allisey et al., 2012; Tsutumi, 2004; Loerbroks et al., 2016). On the other hand, people can tolerate a greater workload when they perceive a fair balance of rewards.

Notably, “rewards” are not limited to money. As important (and sometimes more so) are esteem rewards (feeling respected, recognized, and treated fairly), social rewards (being appreciation and thanked, not being ignored) and intrinsic rewards (e.g., feeling that work is meaningful, being proud of one’s work and feeling that it’s important; Allisey et al., 2012, 2016). Some evidence indicates that such non-monetary rewards have a greater influence on psychological health (Allisey et al., 2012). This research suggests that strategies aimed at increasing recognition and a culture of respect will increase people’s happiness, healthy functioning, which will, in turn, contribute to greater organizational success (Allisey et al., 2012; Coser, 2008; Tsutsumi, 2004).

**ORGANIZATIONAL JUSTICE**

An important part of the effort-reward balance is organizational justice, which is a well-studied concept that has three strands: (1) distributive (fairness of outcomes and requested contributions),
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Specifically at work, employees’ impressions that they do not belong—i.e., that they are not accepted, respected, or supported—are strongly related to depressive symptoms. A study of workplace belonging found that a single question was strongly related to depressive symptoms: “sometimes I don’t feel as if I belong here.” This finding reflects that a “fish out of water” experience in the workplace context may have a profound impact on symptoms of depression” (Cockshaw & Sochet, 2010).

The experience “belongingness” is essentially the same as “inclusion”—a term most often used in the context of diversity initiatives. But all people (not only people in underrepresented groups) benefit from the experience of belonging and experience psychological distress when they are deprived of it. This experience is made of (1) being supported and valued individually and (2) feeling part of the group, including feeling fairly treated by the organization’s structures and processes (Brimhall et al., 2017; Jansen et al., 2014; Salib, 2014; Vohra et al., 2015). Leadership style significantly influences perceptions of inclusion (Nishii & Mayer, 2009; Randel et al., 2016). High-quality relationships with leaders positively influence employees’ feelings of inclusion by showing “appreciation of each employee’s unique talents” and enhancing “each employee’s sense of belongingness to the organization (i.e., inclusion)” (Brimhall, et al., 2017).

**Psychological Needs**

Self-determination theory (SDT) is a well-established motivational theory on which multiple lawyer and law student well-being studies have been based (see, e.g., Brafford, 2017; Krieger, 2002; Krieger & Sheldon, 2016). It proposes that we all have three basic psychological needs: autonomy (feeling that our lives are governed by our own choices and aligned with our values and interests), competence (feeling effective and able to master new skills), and relatedness (feeling a sense of connection to others and sense of belonging). When our social context

(2) procedural (fairness in the manner that outcomes are achieved, e.g., being given a voice, consistency, lack of bias, accuracy, opportunity for correction, ethical), and (3) interactional (being treated with dignity and given clear and thorough explanations). People’s perceptions of fairness are critical for peak functioning and well-being, while lack of fairness is associated with insomnia, depression, burnout, and suicidal thinking (Elovainio et al., 2015; Greenberg, 2006; Herr et al., 2016; Loerbroks et al., 2016). Further, perceptions of low organizational justice increases the odds of having a physician-diagnosed condition by about 50% (Goh et al., 2015).

People are highly sensitive to fairness, because it communicates whether they are valued and effects their sense of belonging (Fischer, 2013). Fairness communicates respect and confirms people’s self-worth (Maslach et al., 2001).

The negative impact of injustice perceptions has been reduced by training supervisors in interactional justice (Greenberg, 2006). Further, when work cultures are unpleasant, higher pay—which acts as some compensation for the poor working conditions—may be required to generate fairness perceptions (Olafsen et al., 2015). The converse likely also is true—that high-quality work cultures may compensate for lower pay.

**Sense of Belonging**

We all have a basic need to experience a sense of belongingness to groups that are significant to us (Jetten et al., 2015). A long line of studies in anthropology, sociology, and psychology establish that this need for connection is a powerful and extremely pervasive motivation. It impacts many aspects of human functioning—including cognitive processes, emotional patterns, behaviors, and health and well-being (Baumeister & Leary, 1995). A deprivation of this important sense of belonging is significantly associated with depression, hopelessness, and suicidal thinking (Fisher et al., 2015; Hagerty & Williams, 1999).
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supports these needs, we are able to achieve optimal functioning and are fueled by high-quality motivation. Need-fulfillment at work is related to many positive outcomes, including psychological well-being (e.g., Krieger & Sheldon, 2016). SDT can be incorporated into many organizational practices to boost well-being and optimal functioning.

**MEANINGFUL WORK**

The experience of meaningful work is associated with lower stress, anxiety, and depression; higher job performance; job and life satisfaction; and cohesion with colleagues (Brafford & Rebele, 2018). Multiple studies also have found that meaningful work is the biggest driver of work engagement, which is a form of workplace well-being that contributes to, for example, better mental health, job satisfaction, helping behaviors, and performance, as well as reduced stress, burnout, and turnover.

On the other hand, a declining sense of meaningfulness is highly damaging—and is a primary cause and effect of burnout. One scholar has argued that “the root cause of burnout lies in people's need to believe that their lives are meaningful, that the things they do are useful and important” (Pines & Keinan, 2005). People with high initial expectations for deriving significance from their work gradually can become overwhelmed by a sense of helplessness and meaninglessness as they come to view their work as ultimately futile or not enough to live up to those early ideals. Generally, if people are able to recover a sense of significance in their work, the problem of burnout can be resolved.

**CONCLUSION**

Given that many lawyers struggle to thrive, perhaps it is finally time for them to remodel the ideal by which they measure themselves and focus on improving well-being. As discussed above, evidence-based individual- and organizational-level strategies are available for helping the legal profession do so.

**OTHER RESOURCES**

Anne’s book *Positive Professionals: Creating High-Performing, Profitable Firms Through the Science of Engagement* is available on Amazon.com and ShopABA. It discusses many of the well-being strategies discussed in this booklet in more detail.

The National Task Force on Lawyer Well-Being’s 2017 report: *The Path to Lawyer Well-Being: Practical Recommendations for Positive Change*. The report provides recommendations for all stakeholders in the legal profession to take action to improve well-being.

The ABA Well-Being Toolkit for Lawyers and Legal Employers provides tools, ideas, and strategies for legal employers interested in launching well-being initiatives.

Article published in Court Review titled *Judge’s Well-Being and the Importance of Meaningful Work* (co-author with Reb Rebele), 2018.


Engaging and Retaining Women Lawyers: Examining the Role of High-Quality Leader-Member Exchange and Gender Differences in Need-Satisfaction, October 2017, Master’s Thesis, Claremont Graduate University.


*(A list of references cited in these materials is available upon request.)*