

AN ECOLOGICAL SYSTEMS APPROACH TO
UNDERSTANDING THE LIVED EXPERIENCES OF
LAW STUDENTS WITH MENTAL ILLNESS

By

Michael John McCue

A DISSERTATION

Submitted to
Michigan State University
in partial fulfillment of the requirements
for the degree of

Higher, Adult, and Lifelong Education – Doctor of Philosophy

2016

ABSTRACT

AN ECOLOGICAL SYSTEMS APPROACH TO UNDERSTANDING THE LIVED EXPERIENCES OF LAW STUDENTS WITH MENTAL ILLNESS

By

Michael John McCue

Students who matriculate law school bring with them their mental illness which influences their law school experience. Although research in this area exists, it is limited and dated. This study is the first nationwide, multi-institutional, qualitative study that investigates the lived experiences of law students with mental illness. The study reveals that students with mental illness face unique challenges in law school beyond the traditional challenges encountered by law students.

This study's research question was: What are the lived experiences of law students with mental illness? Understanding these individuals' lived experiences offers a glimpse into how they interacted in their various environments and how these interactions influenced them.

Using a hermeneutic phenomenological approach this study gathered data from eleven law students from across the United States. Participants engaged in three interviews which focused on their lived experiences. These data were then analyzed using the Bronfenbrenner's ecological systems theory.

This study reveals the ways law students with mental illness navigate their law school experience. Law students with mental illness encountered stigma, microaggressions, and other obstacles in their journey to becoming a lawyer. Because of the competitive nature of law school, students with mental illness feared speaking publicly about their mental illness. The stigma further distressed students based on mental health questions asked as part of the character and fitness application for entry into the bar.

Students reported that the microsystems of family, romantic partners, friends, other law students with mental illness, and faculty influenced their development. In the exosystem, the results yield the influences of isolation, lack of institutional understanding of mental illness, the law school milieu, legal pedagogy, the legal profession, and the character and fitness portion of bar admission. This study reveals the high level of resilience that law students with mental illness possess and their ambition exhibited by the participants helped them succeed in law school.

Participants offered suggestions to prospective law students, law schools, and the legal field. In addition, creating programs to reduce stigma and increase education about mental illness reflected the opinions of most of the students. Students also urged law schools to make available more services for students and to actively inform students of those opportunities.

Through the course of this research several thought questions arose that are not yet ripe for further research. These questions address the future of legal education and the legal profession. This applies to not only persons with mental illness, but also the generational and global changes in the legal profession.

Copyright by
MICHAEL JOHN MCCUE
2016

This dissertation is dedicated to my “brother” David Rathke.
Your life and death motivated this research.

ACKNOWLEDGEMENTS

Writing the acknowledgements section is like an Oscar speech: you're surely going to forget some very important people. I will do my best to remember the many people who helped me along the way and I apologize in advance for those I'm sure I will inadvertently leave out. Hopefully, I can acknowledge everyone before the orchestra plays me off stage.

First, I need to extend a very heartfelt thanks to my advisor, Kris Renn. Kris was a tremendous mentor during the dissertation process. Her experience and knowledge guided me through the dissertation journey. Kris's deft guidance allowed me to grow as a scholar and as a person. When I encountered challenges, Kris knew how to counsel me to solve those challenges. I've had many mentors in my life, and Kris is one of the best. I can't thank her enough for her patience and support in my dissertation.

My sincere appreciation goes to my committee, Mike Leahy, Matt Wawrzynski, and Barbara O'Brien. I appreciated their comments and thoughts along the way. Each of them brought a very different perspective to my dissertation, which only served to make it better.

It is always so helpful to have scholars who are not on your committee to offer advice and support through the journey of graduate school. Sheila Contreras, PhD was tremendously supportive of me and my work. Sheila was the director of the Chicano/Latino Studies Program where I worked during most of my graduate study. Her background in ethnic studies, and in identity and feminist literary theory helped challenge some of my assumptions in my research and writing. I remember when I became frustrated with my research she shared with me Gloria Anzaldúa's words: "Do work that matters. *Vale la pena*." Sheila reminded me that my work did,

indeed, matter; that the long frustrating journey was *vale la pena*. I owe a great deal of thanks to Sheila for her support and mentorship throughout the process.

I want to extend my thanks to my friend and co-worker Joseph Guzman, PhD. As an engineer and an economist he looked at my ideas from a radically different perspective. His analysis and feedback helped expand my thoughts drawn from my research. Thanks, also, for prodding me to finish my dissertation.

One of the pleasures of working in an academic department outside your field of study while you are working on your PhD is the diversity of ideas and perspectives you are exposed to. I need to thank my co-workers and Chicano/Latino Studies graduate students Sam Saldívar and Christian Ramirez. Thank you for reading my work, offering suggestions, and challenging my assertions. It was so helpful to have scholars outside the field of education to brainstorm with. I feel like I should cite many of our hours-long discussions in my references section. Thank you, also, for including me in discussions in your fields of study. Those discussions enriched my knowledge and helped inform my own research. I particularly remember our protracted discussions surrounding the question: *¿Quién es más macho?*

It isn't often that one develops deep friendships that last for decades. I am a very fortunate person. At 14 I was able to make friends with a group of fellow Eagle Scouts who have remained my close friends for nearly 40 years. We have been through marriages, divorces, children, serious illnesses, and deaths together. We are family. Sadly, on September 14, 1996 we lost one of our brothers to a sudden and tragic death.

This dissertation has been dedicated to our "brother" David Rathke. Although David's dissertation research was in forestry, he had a tremendous influence on me and this dissertation. His life and death motivated me to conduct this research and helped push me when I struggled to

write. David never had the chance to finish his dissertation and I never got the opportunity to call him Dr. Rathke. Although his name is not on the title page, David is very much a part of this dissertation. I hope the small gesture of the dedication serves as a symbolic completion of his dissertation.

David, you took your Obligation in the Order seriously, even in your research and academic outreach. I hope that my research will help me live up to the Obligation as much as yours did. We are eternally firm bound in brotherhood. *Wimachtendienk Wingolauchsik Witahemui.*

While I was writing this dissertation, I became gravely ill and was in hospital for a week and in recovery for months. I didn't have the energy or desire to finish my dissertation. I questioned whether I should spend my time completing it. Fortunately, I was surrounded by many supportive people who encouraged me to finish my dissertation, not just for me, but because they believed that my research needed to be shared. Thank you to all of you who were so supportive and encouraging during my illness.

To my crew on the 2016 Port Huron to Mackinac Island race: thanks for gently reminding the skipper that he needed to go below and work on his dissertation. I appreciate your support.

I would be remiss to not thank my children, Brendan and Connor, for their roles. Not only did they put up with their father reading all the time, stacks of research articles all over the house, and many calls to them for their technical support, they also read my writing and pushed back against my assertions. Every parent thinks that their children are very intelligent. I am no exception. Their intelligent and articulate feedback truly helped enrich this dissertation. Thank

you, too, for texting me, calling me, and reminding me that I needed to keep writing. You guys are great. I love you both.

After reading dozens of dissertations it seems that it is almost a requirement to acknowledge your partner's support. Obviously it isn't. When we acknowledge our spouse's support we don't do it out of a sense of obligation or because of a requirement. We do so because we know that the dissertation would not be complete without their love and support. I cannot thank Maribeth McCue enough for all of her support during my doctoral study. She has read my work, encouraged me along the way, and helped me talk through some of my ideas. She has been my greatest cheerleader, not only in my dissertation but also in my life.

As I write this acknowledgement, just days before our 26th wedding anniversary, I realize how fortunate I am to have Maribeth in my life. She has supported my (too?) many academic endeavors. She has reminded me of so many of my positive traits and helped me avoid the imposter syndrome – something easy to fall into when you are surrounded by some of the most intelligent people in the world. What amazes me about Maribeth is that she was a tremendous supporter of my efforts while she, herself, was in law school where she graduated magna cum laude. You are truly amazing. I am so fortunate to have you in my life. I love you.

TABLE OF CONTENTS

LIST OF TABLES.....	xiii
LIST OF FIGURES	xiv
KEY TO ABBREVIATIONS.....	xv
CHAPTER 1: INTRODUCTION.....	1
Rationale	5
Research Question and Purpose.....	10
Mental Disorders.....	10
Disorders Revealed in this Study	11
From Undergraduate Student to Lawyer	12
The Application Process	12
Law school accreditation.....	12
Law school rankings.....	13
Applying to law school.....	14
Law School Admission Test (LSAT).....	14
The Law School Experience	14
Admission to the Bar.....	17
Testing.....	17
Character and fitness.....	18
The 2012 character and fitness questions	19
The 2014 revisions to the character and fitness questions.....	20
Summary.....	20
CHAPTER 2: LITERATURE REVIEW	22
Undergraduates	23
Graduate Students	24
Medical Students.....	26
Law Students.....	29
Law School Stressors	31
Help-Seeking Behaviors.....	32
Career Related Barriers	32
Comparison of Law, Medical, and Graduate Students	33
Statutory and Regulatory Issues	35
Privacy and Confidentiality Laws	36
Family Educational Rights and Privacy Act.	36
Health Insurance Portability and Accountability Act.....	37
Access to Educational Opportunities	38
Rehabilitation Act.....	38
Americans with Disabilities Act.....	39
Treatment and insurance.....	40

Mental Health Parity Act (MHPA).....	41
The Patient Protection and Affordable Care Act (PPACA).	41
University and college counseling services.....	42
Stigma.....	43
Public Stigma	43
Self-Stigma.....	44
Microaggressions	45
Theoretical Framework.....	46
Person, Place, Context, and Time	47
Microsystem.....	48
Mesosystem.....	49
Exosystem	50
Macrosystem	50
Chronosystem.....	51
Summary.....	51
 CHAPTER 3: STUDY DESIGN	 53
Phenomenology	53
Hermeneutics	54
Sample	56
Sample Recruiting.....	57
Data Collection	58
Interview Protocol.....	58
Data Analysis.....	59
Data Management and Security.....	61
Participant Profiles.....	61
Alex	62
Anna	62
Bridget.....	63
Deborah	64
Jane.....	65
Jason.....	66
Kennedy	67
Lily	67
Linda	68
Penny.....	69
Steve.....	70
Limitations	71
Researcher Positionality	73
Summary.....	74
 CHAPTER 4: FINDINGS	 76
Person.....	76
Process	79
Context.....	80
Microsystem.....	80

The microsystem of family.....	81
The microsystem of romantic partners	82
The microsystem of friends	83
The microsystem of other law students with mental illness.....	84
Microaggressions in the microsystem	85
The faculty microsystem	85
Mesosystem.....	86
Exosystem	87
Isolation and the exosystem.....	88
Lack of institutional understanding as an exosystem influence	89
The law school milieu and the exosystem	91
Legal pedagogy and the exosystem	92
The legal profession as part of the exosystem.....	95
Character and fitness questions as an exosystem influence	96
Macrosystem	97
Time	99
Suggestions from Study Participants	100
Summary	100
 CHAPTER 5: DISCUSSION, IMPLICATIONS, AND FUTURE RESEARCH	102
Law School Environment and Challenges to Law Students with Mental Illness	102
The Effects of Stigma	102
Implications for Law School Student Services Practice	103
Implications for Legal Education	108
Implications for Lawyer Assistance Programs	110
Implications for Character and Fitness	111
Implications for Theory	113
The Concept of "Life Peer" in Complex Dyadic Relationships.....	113
Suggestions for Future Research	114
Continued Research on the Lived Experiences of Law Students with Mental Illness.....	115
Microaggressions in the Context of Mental Illness.....	115
Persistence of Law Students with Mental Illness.....	116
Social Identity of Law Students with Mental Illness	116
Contemporary Legal Education	117
Mental Illness in Law School Faculty and Academic Faculty.....	117
Thought Questions Generated by My Study.....	118
Summary	119
 APPENDICES	122
Appendix A IRB Approval Letter.....	123
Appendix B Research Participant Information and Consent Form.....	125
Appendix C Counseling Resources.....	129
Appendix D Interview Protocol	131
Appendix E Bar Examinations.....	134
Appendix F State Bar Associations and Lawyers and Judges Assistance Programs Contacted	136

Appendix G ABA-Accredited Law Schools Contacted.....	138
Appendix H Michigan Local and Special Purpose Bar Associations Contacted.....	147
Appendix I Email to Law Schools	150
Appendix J Email to State Bar Associations, Local Bar Associations, and Special Purpose Bar Associations	152
Appendix K Other Organizations Contacted	154
Appendix L Summary of DSM-V Diagnoses in this Study	156
REFERENCES	162

LIST OF TABLES

Table 1: Participants' Demographics	71
---	----

LIST OF FIGURES

Figure 1: Bronfenbrenner's Ecological Systems in a Law School Context	121
---	-----

KEY TO ABBREVIATIONS

1L	First year law student
2L	Second year law student
3L	Third year law student
ABA	American Bar Association
ADA	Americans with Disabilities Act
ADAA	Americans with Disabilities Amendments Act
ADHD	Attention Deficit-Hyperactivity Disorder
DSM-V	Diagnostic and Statistical Manual, 5 th Ed.
EEOC	Equal Employment Opportunity Commission
FERPA	Federal Education Rights and Privacy Act
GAD	Generalized Anxiety Disorder
HIPAA	Health Insurance Portability and Accountability Act
LSAC	Law School Admission Council
LSAT	Law School Admissions Test
MBE	Multistate Bar Examination
MDD	Major Depressive Disorder
MHPA	Mental Health Parity Act
MHPAA	Mental Health Parity and Addictions Equity Act
MPRE	Multistate Professional Responsibility Examination
NCBE	National Conference of Bar Examiners
OCD	Obsessive-Compulsive Disorder

PPACA	Patient Protection and Affordable Care Act
PTSD	Posttraumatic Stress Disorder

CHAPTER 1: INTRODUCTION

Law students with mental illness are a little-studied group despite the fact that lawyers have a significant impact on society. Lawyers hold positions of power in government, and their work has significant implications for their clients and society. The public places its trust in lawyers in complex and important matters including estate planning, criminal prosecutions, and corporate matters, all of which are issues that can have serious negative consequences if handled improperly. Because of the gravity of lawyers' jobs, their fitness to practice law is a significant concern. To help ensure that prospective attorneys are fit for the practice of law, states investigate the background of each applicant to the bar. The character and fitness portion of the bar exam process serves as a filter to ensure that only those applicants who bar examiners deem fit to practice law are allowed to be admitted to the bar. The character and fitness review delves thoroughly into an applicant's trustworthiness, ethics, and fitness to practice law (NCBE, 2016b). An investigation that uncovers a significant lack of honesty, trustworthiness, diligence, or reliability may result in denial of admission to the bar (NCBE, 2016b).

Bar examiners in each state may delay or deny admission to the bar to applicants who they determine unfit to practice law. In some instances, admission to the bar may be conditioned upon further investigation of the applicant's mental health. Because a conditional pass raises questions with prospective employers, law school students with a conditional bar pass become stigmatized in the job search (Hensel, 2008). In 2012, the Standard National Council of Bar Examiners (NCBE) bar application included the statement "mental problems or addictions is not, in itself, a basis on which an applicant is ordinarily denied admission in most jurisdictions" and that applicants are routinely admitted to the bar if they have "demonstrated personal responsibility and maturity in dealing with mental health and addiction issues" the possibility of not being admitted to the bar, or

enduring a probing and stressful investigation into an applicant's mental health, may deter students from seeking treatment (NCBE, 2012, p. 13). Because of these questions many students will not seek help for mental illness during law school (Herr, 1997; Jones, 2007). However, the 2016 version of the Standard NCBE application does not contain the disclaimer language. The effects of the language change have yet to be determined.

Law students face stigma when seeking help for mental illness. Many law students with mental illness do not seek help for fear that their law school peers, faculty, and administrators will think negatively of them (Shapiro, 2004). The students' fears are not unfounded. Some faculty members, administrators, and bar examiners believe that a mental illness is something a student can control or is even a character flaw, and, thus, not a real disability (Smith, 1999). Unlike physical disabilities that may be easier to visually identify, mental illnesses are invisible disabilities. Mental illness, then, can have the perception of not being a real disability (Shapiro, 2004).

The stigma surrounding mental illness reaches well beyond law school and into the legal profession. The legal community tacitly views disability as a weakness and as "failure and incompetence" (Hensel, 2008, p. 637; Stone, 2009). Students entering the legal profession (and current attorneys) with any disability find significant challenges to finding employment (Hensel, 2008). The challenges are even greater when the student or lawyer has a mental illness (Bernstein, 2008). Thus, disclosing a history of mental illness on the character and fitness questionnaire has profound implications for future employment as an attorney.

Mental illness can affect law students' futures. Their mental illness, or disclosure of treatment for a mental illness, may bar them from entering the profession and may also limit their ability to obtain employment. By understanding the lived experiences of law students with mental

illness researchers and practitioners can develop policies and programs to support them, and, in turn, they may be able to successfully complete law school and enter the legal profession. Findings from this study can be used to understand the success of law students with mental illnesses, their persistence through graduation, and barriers to help-seeking. Finally, by understanding the lived experiences of law students with mental illness, effective programs could be developed that may influence law students to seek treatment that could improve their short- and long-term mental health. This study examined the lived experiences of law students with mental illness and provided a foundation for future research.

Mental health is a growing concern on college campuses. The number of undergraduates reporting a mental illness continues to rise (Gallagher, 2004; Hunt & Eisenberg, 2010; Twenge et al., 2010). In turn, the number of university students requesting accommodations for mental illnesses has also increased (Chmielewski, 2002; Eudaly, 2003; Rickerson, Suoma, & Burgstahler, 2004; Sharpe, Bruininks, Blacklock, Benson, & Johnson, 2004). A recent survey revealed that 26% of undergraduate students take some type of psychotropic medication (Reetz, Krylowicz, Bershad, Lawrence & Mistler, 2016). Despite the increase in reports of mental illness and the need for accommodations, college students with mental illness are both the most underserved and misunderstood students on campus (Weiner & Weiner, 1996).

Mental illness can affect a student's success in higher education. Research reveals that mental illnesses result in reduced academic achievement and poor college retention rates (Blacklock, Benson, & Johnson, 2003; Collins, 2001). In addition, mental illness can reduce skills such as motivation, concentration, and social interaction (Unger, 1998). Despite these problems, most college students with mental illnesses do not receive treatment (Blanco, et al., 2008). Researchers have investigated the phenomena associated with the experiences of undergraduates

with mental illnesses to better understand students (Benton, Robertson, Tseng, Newton, & Benton, 2003). One study indicated that college students with a mental illness have high educational potential (Collins & Mowbray, 2005). The desire of students with mental illness to seek postsecondary degrees serves as evidence of their high educational potential (Moxley, Mowbray, & Brown, 1993; Unger, 1993).

Despite the relatively large volume of research on undergraduate students, very little research on graduate or professional students with mental illnesses exists (Hyun, Quinn, Madon, & Lustig, 2006). What research has been done on graduate students has generally been limited to specific fields of study such as psychology and medicine (Givens & Tjia, 2002; Nelson, Dell'Oliver, Koch, & Buckler, 2001; Schwenk, Davis, & Wimsatt, 2010; Toews, 1997). The extant research on graduate students addresses only the diagnoses or symptoms of mental illness that the students self-report and not on law students' lived experiences (Eisenberg, Hunt, Speer, & Zivin, 2011).

In 2015 there were over 2.9 million graduate students, not including law school or medical school students, in the United States (U.S. Department of Education and National Center for Education Statistics, 2015), whereas, there were 119,775 law school students enrolled in the 2014-15 Academic Year (ABA, 2014). Because there are so few law students and medical students relative to the number of graduate students, most research makes little to no distinction between academic and professional degrees (Hyun, et al., 2006). Although graduate students' and professional students' experiences may be similar, graduate students and professional students encounter different stressors that affect their decisions. Further complicating the matter, law school and medical school students can face barriers to professional licensing after seeking assistance for mental illness (Soonpaa, 2004). Because of the significant impact on students' future

careers, it is important to explore law students' lived experiences during law school. By first understanding the lived experiences of law students with mental illnesses, future in-depth research can be conducted based on the findings from this work. Armed with this information, it is possible to improve the educational experience of law students with mental illnesses.

Rationale

At postsecondary educational institutions, enrollment of students reporting a mental illness grew from 2.6% in 1978 to over 9.0% in 1998 (Collins, 2000) and has further increased from 9% in 2000 to 15% in 2008 (American College Health Association, 2008). With the growth in students reporting mental illnesses comes increased concern. The 2004 National Survey of Counseling Center Directors reported that 90.6% of the directors surveyed were concerned with the increase in the number of students they see with serious psychological problems on college campuses (Gallagher, 2004). This question was not asked in the 2014 survey. Given this growth, the number of students reporting mental illness now surpasses those with learning disabilities and attention deficit disorder combined (Sharpe, et al., 2004). If students do not come to college with a mental illness, they may develop one during college. The onset of mental illness often occurs between 18 and 25 years of age, a time when some individuals enter institutions of higher education, develop career plans, and grow new social relationships (Collins, 2000; Sharpe et al., 2004). The problems associated with mental illness in college can result in reduced training of the workforce, reduced capability of a fully functioning civic life, and increased demands on social welfare entitlements.

In addition to the direct impact a mental illness may have on academics, students face the social stigma of self-reporting a mental illness (Blacklock, et al., 2003). Professors or instructors may perceive students with mental illness as trying to manipulate them or the university system (Mowbray, Bybee, & Collins, 2001; Smith, Peterson, Degenhardt, & Johnson, 2007). Although

most faculty members understand mental illnesses, nearly 14% do not feel safe in a classroom where a student with a mental illness is present (Becker, Martin, Waleeh, Ward, & Shern, 2002). Moreover, nearly 9% of faculty respondents in the same study believed that students with mental illness were dangerous to have in the classroom (Becker, et al., 2002). This stigma from faculty could deter students from seeking treatment or being open about their mental illness.

A student's mental illness affects their academic performance. Problems arise when students miss class because of (a) the side effects of medication, which may adversely affect attention, thinking, or alertness, or (b) how their symptoms of their mental illness may come and go over time (Mowbray, et al., 2001; Weiner & Wiener, 1996). Excessive absenteeism, then, will interfere with a student's academic performance and may lead to violations of school attendance policies (Mowbray, et al., 2001).

Law students experience stress and isolation, which can lead to increased rates of mental illness. One study noted that over 40% of law students scored high on tests designed to measure obsessive-compulsiveness, anxiety, social alienation and isolation, and interpersonal sensitivity (McKinney, 2003). Another study found that law students experienced an increased rate of depression within the first six months of law school (Krieger, 2002). These mental illnesses affect a student's academic performance. Kitzrow (2003) found that undergraduates with a mental illness have the potential to affect the campus community including roommates, classmates, faculty, and staff. In addition, retention and graduation rates are lower for undergraduates with mental illnesses (Brackney & Karabenick, 1995; Collins & Mowbray, 2005). Mental illness can affect a student's stamina, as well as their ability to handle time-pressures, ability to concentrate, respond to negative feedback, respond to change, and interact with others (Center for Psychiatric Rehabilitation, 2010).

The existing research in this area is on undergraduates, with very little investigation into graduate students, and even less on law students.

Depression and other mental illnesses follow law students past law school and into their careers. A 2012 Study by the Centers for Disease Control and Prevention (2012) found that lawyers have a high suicide rate with 18.8 deaths by suicide per 100,000 which was 33% higher than the general U.S. population (2012). Weiss (2007) found that lawyers are 70% more likely to be diagnosed with a depressive disorder than individuals in other professions. Moreover, lawyers have the single highest rate of obsessive-compulsive personality disorder of any working group (Benjamin, Darling, & Sales, 1990; Kellner, Wiggins, & Pathak, 1986). Another study that surveyed practicing attorneys found that 45.7% of lawyers reported depression and 2.4% reported some type of bipolar disorder, among other diagnoses (Krill, Johnson & Albert, 2016).

Lawyers often hold positions of prominence. Zemans and Rosenblum (1981) found that many lawyers hold elective or appointed offices, serve as policy advisors, or work as counselors of private interests that influence society. Lawyers are often high-profile members of their community (Zemans & Rosenblum, 1981). In fact, four of the last eight U.S. presidents were lawyers. As such, their behavior is often more visible to the community. Ensuring early treatment of law students may help their future careers.

Law school student development and mental illness occur in a student's environment. The law school interacts with many different people throughout the law school experience. In the immediate law school environment the law student interacts regularly with classmates, faculty, law school administration, and peers in co-curricular activities. Outside law school, law students' potential interactions include their spouse/partner/significant other, friends, faith community, and work colleagues. All of these interactions shape the law student's experiences.

To examine these interactions, a theoretical lens that looks at a participant's daily environment is necessary. One such lens is the ecological systems theory. This theory provides a lens that helps explain the lived experiences of law students with mental illness. Originally created as a way to explain early childhood development ecological systems theory also has application to higher education (Bronfenbrenner 1979, 1993; Renn, 2003). Bronfenbrenner's theory helps explain that students' environments influence their development and investigates systems where multiple individuals interact in multiple settings (Bronfenbrenner, 1993). The examination of the myriad interactions contemplates the effects that classmates, family, and co-workers have on the individual (Bronfenbrenner, 1993). Because Bronfenbrenner's (1993) theory is supported in undergraduate education, it can also provide a rich context to gain a broader understanding of the diverse dynamics affecting the experiences of law students with mental illness.

Bronfenbrenner's ecological systems theory defines several different environmental systems and describes an individual's interrelationships with people and those environments (Bronfenbrenner, 1979, 1986). Bronfenbrenner's (1979, 1986) ecological systems theory, contains five different systems: the microsystem, the mesosystem, the exosystem, the macrosystem, and the chronosystem (Bronfenbrenner, 1979, 1986). The microsystem is the individual's closest interactions with other people and environments (Bronfenbrenner, 1979). The microsystems are nested within the next most broad system: the mesosystem. The mesosystem is defined as the interrelationships among the multiple microsystems in which an individual develops (Bronfenbrenner, 1979). The next system is the exosystem. The exosystem encompasses the microsystems and mesosystem. Bronfenbrenner defines the exosystem as the setting where the individual is acted upon by other factors but is not an active participant (Bronfenbrenner, 1979, 1986). The macrosystem encompasses the three previous systems and is the subculture or the

culture as a whole that affects the other systems (Bronfenbrenner, 1979, 1986). Finally, the chronosystem runs parallel with the four other systems and explains the individual's development over the course of time (Bronfenbrenner, 1995). In addition to the systems, Bronfenbrenner posited that the four ecological elements of person, process, context and time influence behavior (Bronfenbrenner, 1979, 1986).

Although some studies investigating law student mental health exist, they do not examine their lived experiences (Benjamin, Darling, & Sales, 1990; Heins, Fahey, & Leiden, 1984; Kellner, Wiggins, & Pathak, 1986). Lived experience is “our immediate, pre-reflective consciousness of life: a reflexive or self-given awareness which is, as awareness, unaware of itself” (van Manen, 1990, p. 35). Dilthey (1985) contended that lived experience is the essence of consciousness. Existing studies primarily quantify and classify law students' perceptions but do not dig more deeply into how students make meaning from lived experiences of law school. Moreover, most research in this area has been published in law reviews, most of which are not peer reviewed like most other scholarly journals.

A law school student's environment encompasses many different interactions. Students interact on a daily basis with faculty, their classmates, and peers in co-curricular activities such as law review or moot court. In addition, a student's family, co-workers, and other factors shape their life. The lack of research regarding law students' lived experiences of their environmental interactions reflects a need for further investigation. An investigation of the lived experiences of law students provides a basis from which further research can be developed. This knowledge could influence legal education and associated public policy. Findings from this research can also help law schools to better address the needs of their students with mental illnesses.

Research Question and Purpose

Knowing what environmental factors influence law students with mental illness could help to develop better pedagogical models, raise the understanding of mental illness for bar examiners, and determine ways to create a law school environment conducive to the success of law students with mental illness. The environmental factors affecting law students with mental illness may be drawn from a study of the students' lived experiences.

In this exploratory study, I used a hermeneutic phenomenological approach to understand the lived experience of law students with mental illness. The research findings in this dissertation discuss the themes and patterns that have emerged from the students' stories as interpreted through Bronfenbrenner's ecological systems theory. Success was defined as successfully completing at least one year of law school education. This study's research question was: What does it mean to be a law student with a mental illness?

Mental Disorders

This study uses the term "mental illness" when talking about law students. The APA uses the term "mental disorder" in the DSM-V. For the purposes of this section, I use the language consistent with the DSM-V. The definition of the term "mental disorder" is imprecise due to the complex nature of mental disorder. The American Psychiatric Association (APA) explains in the Diagnostic and Statistical Manual, 5th edition (DSM-V) that the concept of mental disorders is abstract and, thus, more difficult to develop a definition that is applicable to all situations. Because of the difficulty in defining mental disorder, the APA prepared a general definition that requires certain elements to be met. Specifically, the APA defines a mental disorder in the DSM-V as

A syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important

activities. An expectable or culturally approved response to a common stressor or loss such as the death of a loved one, is not a mental disorder. Socially deviant behavior (e.g., political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental disorders unless the deviance or conflict results from a dysfunction in the individual, as described above. (p. 20).

The definition attempts to be applicable to the full spectrum of mental disorders and takes into consideration both the physical and mental manifestations of mental disorders. Within the definition of mental disorder, the DSM-V defines hundreds of specific disorders. Because of the number of disorders, it was impossible to know *a priori* what mental illnesses participants in my study would reveal; however, previous research focused on five diagnoses (Benjamin, Kaszniak, Sales, & Shanfield, 1986).

Disorders Revealed in this Study

Despite the large number of psychiatric disorders, only a few disorders presented in my study. Previous research reveals that the most common mental disorders law school students present with are: depression, bipolar disorder, generalized anxiety disorder, paranoia, and obsessive-compulsive disorder (Benjamin, Kaszniak, Sales, & Shanfield, 1986). Similar to previous studies, participants reported being diagnosed with: Major Depressive Disorder (MDD), attention deficient hyperactivity disorder (ADHD), posttraumatic stress disorder (PTSD), generalized anxiety disorder (GAD), bipolar disorders, dysthymia, obsessive-compulsive disorder (OCD), and substance abuse disorder. More information on each of the disorders can be found in Appendix L.

The disorders revealed in this study, along with the number of people interviewed, represent a small sample of the law school population. It is likely that the proportion of mental illness in the law school population would be representative of the general public. As such, law

students might report other mental illness in a future study. Regardless of the number of illnesses reported, the concerns about the mental health of law students and their lived experiences remain.

From Undergraduate Student to Lawyer

The long, complex experience of transitioning from an undergraduate student differs from most other occupations. The process is stressful and competitive. Knowing more about the student-to-lawyer process helps frame this study. The entire journey from undergraduate to lawyer most closely resembles that of the medical student: highly competitive admissions, a highly challenging academic experience, and a unique and rigorous process to be admitted into the profession. The following sections offer an overview of journey from undergraduate student to licensed attorney.

The Application Process

Applying to law school is a multi-step process similar to applying to other professional schools. Prospective law students must take the Law School Admissions Test (LSAT), obtain letters of recommendation, submit grade transcripts, and often write entrance essays. The admission process is highly competitive. Applicants often consider a law school's accreditation status, ranking, tuition costs, and admission rates in deciding where to apply. All of the considerations, coupled with the competitive nature of law school admissions, can affect a student's mental health (Hegland, 2008). Exploring the lived experiences of law students with mental illness provides a better understanding of the process of becoming an attorney as well as ways to identify unnecessary stressors.

Law school accreditation. Law school accreditation by the American Bar Association (ABA) ensures that law schools meet a minimal level of quality. The ABA is the accrediting agency for law schools in the United States. As with other institutions of higher education, law schools must meet specific criteria to earn accreditation (ABA, 2015). The ABA has 53 standards

and nearly 150 interpretations of those standards (ABA, 2015). The standards include faculty composition; curriculum, library and technology resources; quality of facilities; and admissions (ABA, 2015). Fifteen states require a legal education from an ABA-accredited law school to take the bar exam so it is important for students in those states to attend a school accredited by the ABA (ABA, 2015). The ABA *imprimatur* of law schools is especially important for students who desire to work in the legal industry because very few graduates of non-ABA accredited law schools find legal employment after graduation (Cass, 1995). In 2015, only 19% of students who graduated from non-ABA schools and took the bar exam that year passed; meanwhile, students from ABA-accredited law schools had a 67% passing rate (NCBE, 2015).

Law school rankings. Law schools compete vigorously for the most qualified candidates and students strive to earn admission into competitive schools. Law schools receive rankings from various organizations; the most widely recognized ranking is done by *U.S. News and World Report*. The report evaluates schools' reputations among practitioners and academics, selectivity, employment after graduation, and faculty resources (U.S. News and World Report, 2011). Prior to 2011, *U.S. News and World Report* ranked schools using four separate tiers. The first two tiers ranked law schools from 1-100. Third and fourth tier schools did not receive numerical rankings but were considered comparable with other schools within their tier. In 2011 *U.S. News and World Report* changed its ranking system to numerically rank the top 75% of the 190 ABA-accredited U.S. law schools (U.S. News and World Report, 2011). The remaining schools were not ranked but listed alphabetically.

Because rankings reflect reputation, a law school's rank can be important to students. In the competitive world of legal jobs, reputation of one's law school can be an important hiring factor

(Berger, 2001). Attending a higher-ranked law school can result in offers from more reputable firms (Berger, 2001). Accordingly, rankings play a role in the application process.

Applying to law school. Admission to law school represents the first step to entering the legal profession. Applying to law school follows procedures similar to that of medical school and graduate school. Good grades, strong scores on admissions exams, undergraduate transcripts, and letters of recommendation are, generally, items that all U. S. law schools require (LSAC, 2015). Competition to be admitted to the elite law schools and mid-level law schools is very high (LSAC, 2015), so applicants sometimes take LSAT preparation exams as well as cultivate influential persons to write letters of recommendation (Hegland, 2008). The competition, the need for significant preparation, and the pressures related to planning one's future during the application process can produce stress for the prospective law student (Hegland, 2008).

Law School Admission Test (LSAT). Prospective law students at all ABA-accredited law schools take a commonly accepted standardized entrance exam (LSAC, 2015). The multiple choice LSAT measures reading comprehension of complex texts, organization and management of information, and the ability to draw reasonable inferences from a given reading (LSAC, 2015). In addition, the LSAT measures how well the test-taker can think critically and the ability to analyze and evaluate the reasoning and arguments of others (LSAC, 2015). The exam has been normed but does not predict success in law school beyond the first year (LSAC, 2015). Many law schools use LSAT scores or LSAT scores in combination with undergraduate GPA to award scholarships (LSAC, 2015).

The Law School Experience

Once an applicant has been admitted to law school, the applicant experiences an educational system radically different from the undergraduate experience. First year students (1L)

are divided into sections comprised of 50 to 100 students (Hegland, 2008). Each section takes all of their first year classes as a cohort. The 1L classes focus on fundamental legal areas that generally include contracts, torts, property, civil procedure, criminal law, and constitutional law (Hegland, 2008). The ABA does not specify what classes must be offered nor what must be required; however, the ABA requires that law schools offer classes that support learning the fundamentals of law (ABA, 2016). Law school classes often have only a final exam for each class that constitutes the student's grade for that class (Hegland, 2008). In many law schools, there are rarely any midterms or papers (Hegland, 2008).

During the 1L experience students are traditionally taught using the Langdellian case study method coupled with the Socratic Method. Christopher Columbus Langdell introduced what was then highly controversial, the case study method, at Harvard Law School in 1870 (Kenny, 1916; Rogers, 1903). Langdell's case-study system provided a systematic and scientific method for learning the law (Kenny, 1916). His case study system requires law students to read appellate court decisions and then attempt to predict how another court, using similar facts, might rule (Wizner, 2002). The Langdellian case study method is now the norm in contemporary American legal education. Prior to Langdell, legal education consisted of lectures and textbooks that set forth the black-letter law (Kenny, 1916; Rogers, 1903; Wizner, 2002). The Socratic Method, a hallmark of law school education, can be a source of significant stress to 1Ls because it can engender feelings of ignorance, inability, and embarrassment (Krieger, 2002). Traditionally, the professor randomly calls on a student to stand up and recite the facts of a specific case. Students refer to this colloquially as "cold calling." The professor then asks the student questions about the legal arguments from multiple perspectives of the case and then poses different scenarios based on the law developed from the case (Hegland, 2008). Used poorly, the Socratic Method does little to

build understanding and knowledge and does more to increase a student's anxiety and reduce self-esteem (Glesner, 1991). Used properly, the Socratic Method teaches the law and critical thinking skills as well as the ability to defend one's arguments in an oral exchange (Glesner, 1991).

Competition in law school admission is high, but competition during the first year of law school can be much higher (Hegland, 2008). Traditionally, grades from the first year of law school play a significant role in obtaining a summer clerkship. As a general rule, students with higher GPAs get offers from more prestigious, and higher paying, law firms (Gulati, Sander, & Sockloskie, 2001). The clerkship experience can sometimes lead to a job offer from that firm upon graduation, or it can increase one's ability to secure a job at another prestigious law firm. First year grades result in numerical rankings of students' academic performance. Those graduating in the top 5% to 10% generally get recruited by the more prestigious and higher-paying law firms (Harrison, 1983).

Students with the highest grades have more options with which to distinguish themselves in their second and third years of study. Students with high GPAs are invited to join the law review, moot court, or both (Gulati, et al., 2001). Students in law review edit the school's scholarly legal journal and may also submit articles for publication.¹ Another opportunity is moot court. Students in moot court argue mock appeals cases before a panel of judges. Competitions include intramural and national events.

The second and third year experience differs from the grueling first year experience. During the second and third years, schools have fewer required classes than during the first year (Hegland, 2008). The Socratic Method generally fades from the faculty's teaching repertoire in

¹ These articles are called "notes" and carry a lesser stature than articles submitted by practitioners and faculty.

second- and third-year classes (Hegland, 2008). Students generally find the second- and third-year courses to be easier (Hegland, 2008); however, the additional work for students on law review or moot court, coupled with the stress of the upcoming bar exam and job prospects, can introduce new stressors (Iijima, 1998).

These significant stressors and demands on time can leave law students feeling isolated (Iijima, 1998). In turn, this isolation can lead to loss of connectedness to a student's traditional support systems (Iijima, 1998). The isolation, coupled with intense competition, results in students having difficulties in establishing new peer-based support systems (Shanfield & Benjamin, 1985).

Admission to the Bar

Admission to the bar represents the final step in becoming a lawyer. Each state's supreme court determines the requirements for admission to the state bar. Accordingly, requirements, procedures, and policies differ from state to state. Despite their differences all states have a two-part admissions process for law school students: satisfactorily passing an examination component, and meeting the character and fitness requirements (ABA, 2016).

Testing. Law students seeking entrance to their state bar must take one or more written examinations. To assist the states in this endeavor, the National Conference of Bar Examiners created five different types of examinations. The Multistate Bar Exam is a 200-question multiple-choice exam designed to assess knowledge of fundamental legal principles (NCBE, 2010a). The Multistate Essay Exam assesses the test-taker's ability to identify legal issues, determine what information in the fact pattern is relevant, and write a well-reasoned essay that shows an understanding of fundamental legal principals raised in the fact pattern (NCBE, 2010b). Multistate Professional Responsibility Exam tests a student's knowledge and understanding of the ABA Model Code of Judicial Conduct, the ABA Model Rules of Professional Conduct and other

generally accepted rules and common laws regarding the legal profession (NCBE, 2010c). Finally, the Multistate Performance Test tests an applicant's ability to use fundamental lawyering skills when presented with a real-life problems and real-world documents (NCBE, 2010d). Each state determines if they will use any or all of the standardized tests. More information on the tests can be found in Appendix E.

With the exception of Louisiana² all states require applicants to take the multiple-choice MBE (NCBE, 2016a). Most states also require applicants to pass the MPRE (NCBE, 2016a). In addition to the standardized tests, 36 states have examinations on their state's laws (NCBE, 2016a).

Character and fitness. The character and fitness portion of the bar admission process, more than any other part, directly affects law students with mental illness. All applicants to any state bar undergo a character and fitness screening (NCBE, 2016b). Character and fitness investigations help ensure that the public is protected from persons who are considered unworthy of practicing law (NCBE, 2015b). The character and fitness investigation delves thoroughly into an applicant's trustworthiness, ethics, and fitness to practice law (NCBE, 2016b). An investigation that uncovers a significant lack of honesty, trustworthiness, diligence, or reliability may result in denial of admission to the bar (NCBE, 2016b). Applicants are required to disclose any previous academic misconduct as well as any unlawful activities including misdemeanor and felony convictions (NCBE, 2016c). Of particular concern to participants, applicants must disclose mental illness or "other emotional instability" (NCBE, 2016b).

²Louisiana law is based on the French civil law system. The remainder of the U.S. follows the English common law system.

Each state sets its own standards for character and fitness. Kansas, Mississippi, and Texas all deny admission to applicants who have been convicted of a felony (NCBE, 2016b). According to the NCBE (2016b), 23 jurisdictions allow for conditional approval based on matters such as substance abuse, mental disability, debt, and criminal history. Of those 23 jurisdictions, all allow conditional approval for substance abuse, 22 for a history of mental disability, 21 for debt issues, and 17 for a criminal history (NCBE, 2016b).

The 2012 character and fitness questions. The 2012 character and fitness application included three questions addressing mental health issues. Question 25 asked if the applicant has been diagnosed or treated for “bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder” within the five years previous to application (NCBE, 2012, p. 13). Question 26 asked if the applicant is currently being treated for “any condition or impairment...which in any way currently affects, or if untreated could affect, your ability to practice law in a competent and professional manner” (NCBE, 2012, p. 13). Finally, Question 27 asked if the applicant has raised mental illness as a defense of any judicial or administrative proceeding in the five years previous to applying for the bar (NCBE, 2012). If applicants reply in the affirmative to these questions, they are required to submit further documentation. Applicants must sign an authorization and release of medical information as well as provide a detailed description of their treatment (NCBE, 2012). The disclosure includes providing the names of treating professionals, their contact information, and the names of any hospitals or institutions that an applicant has been admitted to for purposes of mental health treatment. Trained mental health professionals rarely participate in the review process or any subsequent interviews with applicants (Jones, 2007). This lack of professional psychiatric or psychological knowledge may result in questions or tactics that could potentially cause harm to an individual.

The 2014 revisions to the character and fitness questions. In 2014, the Department of Justice investigated the Louisiana Supreme Court’s bar admission policy regarding Questions 25, 26, and 27. The Department of Justice found that the questions used by the Louisiana Supreme Court violated the ADA (Samuels, 2014). The Louisiana Supreme Court entered into a settlement agreement with the Department of Justice which required the Louisiana Supreme court to no longer use the existing Questions 25, 26, and 27, and adopt revised NCBE Questions 25, 26, and 27 (U. S. Department of Justice, 2014.) As a result of the settlement agreement, and with consultation with the U. S. Department of Justice, the NCBE revised Questions 25, 26, and 27. The 2016 Question 25 removes any reference to mental illness and focuses on conduct and behavior that “could call into question your ability to practice law in a competent, ethical, and professional manner” (NCBE, 2016c, p. 13). Question 26 now asks if the applicant has “any condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or a mental, emotional, or nervous disorder or condition) that in any way affects your ability to practice law in a competent, ethical, and professional manner?” (NCBE, 2016c, p. 13). In its second part, it asks if the applicant is undergoing treatment (NCBE, 2016c, p. 13). The revised Question 27 asks about using impairment as a defense during a criminal, civil , or other private sanction ((NCBE, 2016c, p. 13). Although the NCBE changed the questions’ language to comply with the ADA, they remain troubling to law students with mental illness.

Summary

The complex journey from undergraduate student to law student to lawyer produces stress in some law students. Law school is a different environment from undergraduate, graduate, or medical school. The quantity of work, the high level of competition, and new teaching methods are often much different than a student’s previous educational experiences. These significant changes

are challenging for any incoming law student, but the challenges can be exacerbated by mental illness. A law student's environment influences their behavior and, thus, their experiences.

Currently, very little research exists on the lived experiences of law students with mental illness. What research does exist is summarized in Chapter 2. Because there is such limited knowledge the lived experiences of law students with mental illness, an exploratory study will help begin that conversation.

In Chapter 2 I review the existing literature on mental health issues in higher education. Specifically, the literature review explains the research on undergraduates, graduate students, medical students, and law students. The literature review also discusses laws associated with mental health. Finally, in Chapter 2, I share literature on microaggressions and my theoretical framework. I explain the study design in Chapter 3. I briefly explain why hermeneutic phenomenology is an appropriate research method. Afterwards, I explain my sample and how I analyzed the data. Also in Chapter 3, I share brief histories of participants. I also discuss the limitations of my research and my positionality as a researcher. In Chapter 4 I discuss how the ecological systems theory explains the data. Finally, in Chapter 5 I present the implications of my research in practice, theory, and legal education. I end Chapter 5 with suggestions for future research.

CHAPTER 2: LITERATURE REVIEW

As undergraduates with mental illness matriculate law school, they bring with them their mental illnesses. If they have not been diagnosed with a mental illness as an undergraduate, they may be diagnosed with one during law school. Mental illness can affect a student's ability to succeed in law school, pass the bar, succeed in their legal career, and live an enjoyable life. As such, it is worthy of research. The state of research into law students with mental illness is limited and dated. No existing research investigates the lived experiences of law students with mental illness.

Little research exists on the mental health of graduate or professional students; however, what research has been done provides a solid undergirding for future research. Existing research falls into three broad categories: graduate students, medical students, and law students. Students in postgraduate education differ by academic pursuit; however, many students in both professional and postgraduate study share some characteristics. Both groups of students have, *inter alia*, completed undergraduate coursework, taken exams to gain admission to their program, and face challenging academic environments while preparing for a career in their field of interest.

The limited research on graduate students and professional students with mental illness does not address mental illness but focuses mostly on stress. Stress can create a mental illness or exacerbate some mental illnesses (APA, 2013). The DSM-V recognizes stress as a potential trigger for anxiety disorders (APA, 2013). Obsessive-Compulsive Disorder, hypomania, and Brief Psychotic Disorder can all be triggered by prolonged stress (APA, 2013). In addition, stress can lead to substance abuse and eating disorders (APA, 2013). Being aware of some of the stressors law students face, and the perceived severity of each of the stressors, we can begin to understand their role in mental illness in law students.

Undergraduates

Considerable research on mental illness has been conducted on undergraduate student populations or entire university populations without further defining results for graduate students. The research conducted on undergraduates remains important because many mental illnesses manifest themselves between the ages of 15 and 25 (Kessler, Foster, Saunders, & Story, 1995) which results in undergraduates bringing their mental illness with them to law school. One study revealed that 60% of students who entered college with a mental illness still had one two years later (Zivin, Eisenberg, Gollust, & Golberstein, 2009). In addition, 24% of students who entered college were diagnosed with a mental illness two years after starting college (Zivin, et al., 2009). Mental illness often does not end at the undergraduate level but continues on through graduate or professional school if students persist through graduation (Hunt & Eisenberg, 2010; Kessler, Foster, Saunders, & Story, 1995).

Mental health affects undergraduate students' academic success. Eisenberg, Golberstein, and Hunt (2009) found a strong relationship between good mental health and good grades. This phenomenon continues through graduate school (Eisenberg, et al., 2009). A qualitative study revealed that some students found that mental illness made it difficult to complete their degree program (Knis-Matthews, 2007).

Society's stigma about mental illness influences an undergraduate's help-seeking for mental illness. Two types of stigma influence students' decisions to seek help: Public stigma and self-stigma. Higher levels of self-stigma were associated with younger students, international students, and students with a higher level of religiosity (Eisenberg, et al., 2009). Faculty perception of mental illness also contributed to stigma. The majority of faculty in one study saw mental health issues influencing academic functioning (Backels & Wheeler, 2001). The same

study revealed that faculty members were less likely to be flexible with students with mental illnesses than those who reported issues with a parent death, rape, or suicidal ideation. At odds with the stigma studies, one study revealed that stigma did not influence help-seeking behavior (Golberstein, Eisenberg, & Gollust, 2009).

Some undergraduates seek help for mental illness and students with greater emotional openness were more likely to seek help than other students (Komiya, 2000). Moreover, students with more severe mental illness were more likely to seek help (O'Neil, Lancee, & Freeman, 1984). Undergraduates who sought and received supported education services were also more likely to complete their degree (Knis-Matthew, 2007). Social support positively affected educational attainment (Hefner & Eisenberg, 2009). In contrast, one study revealed that even when free treatment options were available to students, students often did not take advantage of them (Eisenberg, Golberstein, & Gollust, 2007). Undergraduates are willing to seek help and use supportive services; but, undergraduates' willingness to continue to seek help during graduate or professional school may wane.

Graduate Students

Research on graduate student mental health issues is limited. Existing research does not examine the entire graduate student population across disciplines (O'Neil, et al., 1984; Pledge, Lapan, Heppner, Kivlighan, & Roehlke, 1998; Westefeld & Furr, 1987). Some studies exist on graduate students in specific fields of study, specifically medical or psychology students (Givens & Tjia, 2002; Nelson, et al., 2001; Nogueira-Martins, et al., 2004; Toews, et al., 1997). Because of the limited scope of the sample, these studies do not allow for generalization across the broader spectrum of graduate or professional students.

Graduate students report feeling stress that affects their well-being (Hyun, et al., 2006). Stressors for graduate students included academic pressures, lack of time, fear of failure, financial concerns, and poor relationships with their advisor (Grant-Vallone & Eshner, 2000; Heins, et al., 1984; Hyun, et al., 2006; Johnson, & Huwe, 2002; Nelson, 2001; Nogueira-Martins, et al., 2004; Rocha-Singh, 1994). In addition, one study found that graduate students felt marginalized and isolated from the larger university community (Hyun, et al., 2006) that can cause or exacerbate mental illness. Graduate students in a number of studies report having a mental illness. Depression, anxiety, and adjustment disorders were most often cited in the literature (Goplerud, 1980; Hyun, et al., 2006; Nogueira-Martins, 2004).

The effects of mental illness on graduate students can be serious. Although stress is not a mental illness, stress can trigger anxiety which is considered a mental illness (APA, 2015). One study found that stress prevented graduate students in the humanities from completing their degrees (Benton, et al., 2003). In addition, academically successful psychology graduate students tended to be sick more often because of stress (Nelson, et al., 2001). Students also reported having an emotional or stress-related problem negatively affected academic performance (Hyun, et al., 2006). The same study revealed that nearly 58% of participants in the study knew a colleague who had an emotional or stress-related mental illness in the previous year.

Help-seeking by graduate students for mental health support varies. In contrast to undergraduates, graduate students were more likely to seek help (Hyun, et al., 2006). Over 50% of graduate students in one study reported seeking help; of the 50% who reported a mental illness, one-quarter of them had someone suggest that they seek help (Hyun, et al., 2006). Doctoral students were less likely to report a need for support than other graduate students. Barriers to help-

seeking included not being aware of on-campus services, lack of time, stigma, perceived lack of confidentiality, quality, and cost (Goplerud, 1980; Hyun, et al., 2006).

Graduate students, like undergraduates, report being diagnosed with mental illnesses. They share similar diagnoses with undergraduates, but may be less likely to seek help for their mental illness. Generally speaking, the educational experience of graduate students across disciplines is very similar. As such, studies of graduate students in specific fields can more easily be generalized to all graduate students. The law school experience, however, differs significantly from graduate study. Accordingly, the research on graduate students is not necessarily generalizable to law school students. Because of the differences in graduate education and professional education, further investigation into the lived experiences of law students with mental illnesses is necessary.

Medical Students

Because of the potential impact that medical students have on the public as physicians, they have received greater attention from researchers than other graduate or professional students. Medical students are under significant stress which can exacerbate or trigger mental illnesses. Although incoming medical students had rates of mental illness consistent with the general population before medical school, once in medical school that rate increased (Dyrbye, Thomas, & Shanafelt, 2006; Rosal, et al., 1997; Zoccolillo, Murphy, & Wetzel, 1986). One study found that 15-25% of medical students met the standards to be diagnosed with at least one mental illness (Lloyd & Gartrell, 1984). The National Institute of Mental Health reported that 4.5% of the U.S. population in 2008 had a diagnosable mental illness which was far below that reported by medical students (National Institute of Mental Health, 2012). A later, but much smaller study indicated that medical students had rates of mental illness consistent with the general population (Bramness, Fixdal, & Vaglum, 1991). Medical students who felt more anxious or depressed tended to drop out

more often (Clark & Zeldow, 1988; Clark, Daugherty, Zeldow, Gotterer, & Hedeker, 1988). In addition, lower performance was associated with greater anxiety and depression (Chandavarkar, Azzam, & Matthews, 2007).

Medical students, like graduate students and law students, perceive themselves to be under stress. Several studies inquired about the source of medical student stress. Talking with patients, presenting cases/grand rounds, academic work, constant evaluation, and financial concerns were most often cited as stressors (Dyrbye, 2005; Firth, 1986; Moffat, McConnachie, Ross, & Morrison, 2004; Morra, Regehr, & Ginsburg, 2008; Smith, et al., 2007). Other stressors reported by medical students included academic concerns; mastering new material quickly; dealing with death, human suffering and one's own mortality; and social isolation (Binienda, Schwartz, and Gaspar, 2001; Dyrbye, 2005; Moffat, et al., 2004; Nogueira-Martins, 2003; Smith, et al., 2007; Wear, 2002). Student stress levels were inversely proportional to the student's satisfaction with their medical education (Spiegel, Smolen, & Jonas, 1986).

Stressors can affect mood and may trigger depression. Three studies found that depression in medical students was higher than in the general population (Mosley et al., 1994; Schwenk, et al., 2010; Smith, et al., 2007). Research indicates that for many medical students, depression begins during medical school rather than as an undergraduate; moreover, students with a family history of depression were more likely to be diagnosed with depression in medical school (Zoccolillo, et al., 1986). Studies found rates of depression among medical students between 12% and 24% (Clark & Zeldow, 1988; Givens & Tjia, 2002; Roberts, 2010; Tjia, Givens, & Shea, 2005). In one study, only 3.7% of study participants reported receiving treatment for depression (Tjia, et al., 2005). Consistent with the undergraduate population, medical students exhibited more obsessional symptoms than the general population (Chandavarkar, Azzam, & Matthews, 2007).

Stigma represents a significant barrier to medical students seeking help for mental illness. One study found that medical students with a mental illness expressed feelings of shame and embarrassment and believed that mental illness was a sign of weakness (Chew-Graham, Rogers, & Yassin, 2003). Givens and Tjia (2002) also found that, generally, medical students did not seek help because of stigma. These same students were concerned about having documentation of mental illness on their academic record and feared both unwanted intervention by the medical school and the effect it might have in finding employment after graduation (Givens & Tjia, 2002). Medical students also feared a lack of confidentiality if they sought treatment for mental illness (Schwenk, et al., 2010).

Further exacerbating the self-stigma, stigma from colleagues presents a barrier to help-seeking. Nearly 80% of medical students believed that students with depression would provide inferior medical care; moreover, most medical students reported that they would not want to work with a colleague with depression (Schwenk, et al., 2010). Medical students with depression believed that other students and faculty would view them as unable to handle the rigors of medical school and thought that fellow students would not respect their opinion as much if they knew about their depression. (Schwenk, et al., 2010). The same study found that other medical students viewed medical students with depression as dangerous to patients (Schwenk, et al., 2010).

In addition to stigma, medical students reported other barriers to help-seeking. Medical students reported that having insufficient time to seek help as a key barrier (Tjia, et al., 2005). Medical students feared having a record of counseling in their academic record which inhibited help-seeking (Givens & Tjia, 2002; Tjia, et al., 2005). Finally, some medical students were unaware of available services for mental health concerns and could not seek help (Plaut, Mawell, Seng, O'Brien, & Faircloth, 1993).

A student's mental illness does not end once medical school ends. Medical students with mental illnesses continue to need psychiatric help later in their careers (Tyssen, Vaglum, Grovold, & Ekeberg, 2001). Despite the stigma and associated concerns in school, medical students with a mental illness reported that they were more likely to be supportive of a patient with a mental illness (Roth, Antony, Kerr, & Downie, 2000).

Mental illness is not limited to undergraduates and graduate students; medical students are also diagnosed with mental illnesses. As medical students graduate and enter the profession, they still have their mental illness. As noted above, many medical students are reluctant to seek treatment for mental illness for fear that they will not be licensed to practice medicine. Much like medical students, law students face similar fears. Although research exists on medical students, the research on law students is scant; therefore, a study of the lived experiences of law students with mental illness is necessary.

Law Students

Law students are the least studied group among students with mental illness seeking a postgraduate degree. What research has been done is mostly 25-30 years old and very little of it has undergone scholarly peer review. The majority of what has been peer-reviewed is research on perceived stress on law students. However, several law review articles have appeared discussing mental health disclosure on bar admissions questionnaires.

In numerous studies, law students report either being diagnosed with a mental illness or reported having symptoms of various mental illnesses. Although students entering law school do not generally report having a mental illness one study found that mental illness manifested at some point during law school (Hess, 2002). First-year law students showed significantly higher levels of psychological distress than the general public (Gulati, et al., 2001; Peterson & Peterson, 2009).

Moreover, symptoms of mental illness generally increased during law school (Benjamin, et al., 1986). Two studies revealed that by the third year in law school symptoms of a mental illness decreased (Peterson & Peterson, 2009; Sheldon & Krieger, 2004). Likewise, students' level of happiness declined through the first year of law school (Sheldon & Krieger, 2004). Several studies found that depression was the leading mental illness among law students (Benjamin, et al., 1986; Dickerson, 1987; Kellner, Wiggins, & Pathak, 1986; Sheldon & Krieger, 2007). In fact, one study found that approximately one-third of first year law students reported signs of depression by the end of their first semester of law school (Benjamin, et al., 1986). In a study of Yale Law School students, 70% reported having a mental illness during law school (Yale Law School Mental Health Alliance, 2014).

Research on law students reveals that students report a variety of mental illnesses. The most common mental illness is depression (Benjamin, et al., 1986; Dickerson, 1987; Kellner, et al., 1986; Sheldon & Krieger, 2007). In addition to depression, anxiety represented one of the most reported mental illnesses in law students (Benjamin, et al., 1986; Dickerson, 1987; McCleary & Zucker, 1991). Obsessive-Compulsive Disorder, although manifested at much lower rates than either depression or anxiety, was diagnosed in law students more than in the general population (Benjamin, et al., 1986; Kellner, et al., 1986). Other mental illnesses reported in notable levels include: paranoid ideation (Benjamin, et al., 1986), Generalized Anxiety Disorder (Peterson & Peterson, 2009), phobic anxiety (Benjamin, et al., 1986), borderline personality disorder (Dickerson, 1987), schizotypal personality disorder (Dickerson 1987), assorted adjustment disorders (Dickerson, 1987), and psychoticism (Benjamin, et al., 1986).

Law School Stressors

Law students experience many different stressors in law school. In particular, first-year students felt overwhelmed and stressed (Benjamin, et al., 1986). The most commonly reported stressor for law students is the law school teaching methods. Students reported that the lack of feedback and the Socratic Method being the most significant stressors (Heins, Fahey & Henderson, 1983; Segerstrom, 1996; Silver, 1968). In addition, students who earned higher grades reported higher levels of stress (Sheldon & Krieger, 2004). Unsurprisingly, law students reported that grades were a significant stressor (Heins, Fahey & Henderson, 1983; Silver, 1968). Coupled with concerns about grades, law students reported high levels of fear of failure brought about by high expectations, ineffective study techniques, and the lack of time to master complex material (Heins, et al., 1983).

Law students' stressors are not limited to academic matters. Dickerson (1987) found that intimate relationships caused increased levels of stress. Students also noted that they experienced stress related to school/life balance and financial concerns (Gulati, et al., 2001). These stressors, combined with significant demands on the students' time, resulted in students losing their support networks and in increased stress levels (Iijima, 1998).

Both academic and non-academic stressors resulted in law students feeling helpless (Segerstrom, 1996). Fortunately, stress levels for third-year students were generally less than for first-year students (Soonpaa, 2004). However, third-year students reported worries about future employment as a more significant stressor than did first-year students (Gulati, Sander & Sockloskie, 2001).

Help-Seeking Behaviors

Help-seeking behaviors by law students paint an interesting picture of law school and the legal profession. Law students report higher levels of mental illness than the general population and they are more likely to seek help for their mental health concerns (Heins, et al., 1983).

Dickerson (1987) reported that of those law students who sought help, most were self-referred and first-year students comprised the largest group seeking help.

Despite the fact that law students seek help for mental health concerns more than the general public, barriers still exist. When law students and medical students choose not to seek treatment they do so because of the stigma associated with mental illness (Givens & Tjia, 2002; Yale Law School Mental Health Alliance, 2014). Like medical students, law students fear that their academic record might reflect either treatment for mental illness or visiting the school's counseling office (Jolly-Ryan, 2010). Law students also fear repercussions from other law students, faculty, and the administration if they choose to seek treatment for mental illness (Jolly-Ryan, 2010; Yale Law School Mental Health Alliance, 2016). One study found that law students were likely to believe that students who approached them regarding a mental illness did not truly have a mental illness (Smith, et al., 2007).

Career Related Barriers

In order to practice law in the United States, law students must pass the bar exam. As noted earlier, part of the bar exam is a character and fitness background investigation. As part of this process, applicants must disclose any mental health-related issues. The bar examiners may delay or deny admission to the bar on these grounds. Because being admitted to the bar upon the condition of further investigation into an applicant's mental health raises questions with future employers, law school students with a conditional bar pass are stigmatized in the job search (Hensel, 2008).

As a result, not all law students will seek help for mental illness or may choose to not disclose their mental illness or its treatment on the application (Herr, 1997; Jones, 2007).

Law students cited numerous career-related reasons for not seeking help for mental illnesses besides passing the bar. Since their law school peers will eventually become their peers in practice, either working together or opposing one another, law students avoid disclosing a mental illness both to their school peers and the school itself (Jolly-Ryan, 2010). Legal employers and the legal culture equate any sort of disability with incompetence or even failure (Herr, 1997). In fact, Hensel (2008) noted that lawyers do not like to hire law students with a mental illness. Despite litigation over questions regarding mental health on the bar's character and fitness form, mental illness stigma still deters students from seeking necessary help (Walker, 2004).

Law students, like graduate students and medical students, report having mental illness. Law students face a stressful and competitive environment which may exacerbate existing mental illness. They may be deterred from seeking treatment for a mental illness because they must disclose the diagnosis and treatment of a mental illness on the bar examination's character and fitness application. The limited literature indicates that mental health is a concern, but the existing research is limited and does not examine the lived experiences of law students with mental illness.

Comparison of Law, Medical, and Graduate Students

Law, medical, and graduate students can all face mental health issues during the course of their postgraduate education. All three groups share some common stressors. All three groups of students have cited academics as a source of stress (Firth, 1986; Heins, et al., 1984; Hyun, et al., 2006; Moffat, et al., 2004; Segerstrom, 1996; Silver, 1968; Smith, Peterson, Ginsburg, 2008). Financial concerns were also reported as a stressor (Firth, 1986; Gulati, et al., 2001; Heins, et al., 1984; Hyun, et al., 2006; Nogueira-Martins, 2003; Morra, et al., 2008 Nelson, et al., 2001; Rocha-

Singh, 1994). Likewise, fear of failure contributed to stress in these three groups (Dyrbye, 2005; Heins, et al., 1984; Rocha-Singh 1994; Silver, 1968). Finally, the three groups reported that the various classroom interactions demanded of their education created a source of stress (Firth, 1986; Hein, et al., 1984; Segerstrom, 1996). Medical students and graduate students both reported feelings of isolation as a stressor although law school students did not (Hyun, et al., 2006; Nogueira-Martins, 2003). Medical and law students, unlike graduate students, cited the workload as a significant stressor (Benjamin, et al., 1986; Dyrbye, 2005; Gulati, et al., 2001). All three student groups reported depression and anxiety (Benjamin, et al., 1986; Clark & Zeldow, 1988; Dammeyer & Nunez, 1999; Dickerson, 1987; Givens & Tjia, 2002; Goplerud, 1980; Kellner, et al., 1986; Nogueira-Martins, 2003; Roberts, 2010; Schwenk, et al., 2010; Sheldon & Krieger, 2007; Smith, et al., 2008; Tjia, et al., 2005; Zococollio, et al., 1986)

Although medical students and law students share similarities, marked differences exist between the two groups. Law students tended to report higher levels of mental illness than medical students (Benjamin, et al., 1990; Gulati, et al., 2001). First-year law students generally reported having more anxiety than first-year medical students (Heins, et al., 1983). In addition, law students reported higher levels of obsessive-compulsive disorder, anger, hostility, and depression, than medical students (Kellner, et al., 1986). The authors of the study questioned whether law students are socialized to more hostility and anger because of the adversarial nature of the American legal system (Kellner, et al., 1986). In contrast, medical students were found to be more relaxed and friendly as compared to law students (Kellner, et al., 1986). While medical students and law students fear failure, law students manifest it at higher levels than medical students (Dammeyer & Nunez, 1999, Heins, et al., 1983). Because of the mental health concerns, law students are more likely to consider leaving school than medical students (Heins, et al., 1983). Overall, law students

scored higher on stress related to academic issues, fear of failure, classroom issues, and infrequency of exams as compared to medical students and graduate students (Heins, et al., 1983).

As with medical students, mental health concerns continue through law school and into their careers. Lawyers manifest clinical levels of depression, anxiety, and phobia, as well as interpersonal insensitivity five to 10 times more than the general population (Sheldon & Krieger, 2004). Moreover, lawyers have the highest rate of depression as compared to other occupations (Eaton, et al., 1990).

Graduate students, medical students, and law students all report having mental illness. Each population reports different stressors and how much each stressor affects them. The stressors can contribute to the manifestation of mental illness or can worsen an existing mental illness. As noted above, law students report a higher rate of mental illness than do medical or graduate students. However, the literature on law student mental illness is neither deep nor broad. A phenomenological study of the lived experiences of law students with mental illness will help broaden and deepen our knowledge.

Statutory and Regulatory Issues

Numerous federal laws and regulations surround law schools, law students, and mental illness. How the laws and regulations affect law students' experience with mental illness is unknown; however, it is important to know specifically what laws and regulations are most commonly associated with the law school and mental health environments. Generally, the laws and regulations fall into one of three categories: (a) Privacy and confidentiality, (b) access to educational opportunities, and (c) treatment and insurance. This section outlines relevant laws and regulations surrounding law students and mental illness.

Privacy and Confidentiality Laws

A web of federal legislation surrounds student medical health and educational records. The Family Education Rights and Privacy Act (FERPA) is the primary law that specifically addresses the privacy of a student's educational records. Student medical records generally fall under the Health Insurance Portability and Accountability Act (HIPAA). The FERPA-HIPAA web presents both students and university administrators with challenges.

Family Educational Rights and Privacy Act. One of the most significant pieces of legislation that affects student privacy in education is FERPA. FERPA applies to all institutions of higher education that receive federal funds as well as all campus personnel and protects the privacy of certain educational documents (20 USC §1232g; 34 CFR §99.3). Third-party agents of the school, defined as someone other than the organization or student's parents, are also covered by FERPA (20 USC §1232g; 34 CFR §99.3). The statute defines an educational document broadly as all records that relate directly to a student and that are maintained by or on behalf of the college or university (20 USC §1232g (a)(4); 34 CFR §99.3).

Items considered educational records include: exams, papers, emails, and attendance records (*Trustees of Bates College v. Congregation Beth Abraham*, 2001); accommodations records (LeRoy Rooker Letter, 2004); and, disciplinary complaints and records (LeRoy Rooker letter, 2003). Records pertaining to medical and psychological treatment do not fall into the definition of educational record if they are made, maintained, and used solely in connection with the student's treatment (34 CFR §99.3). However, if schools use medical and psychological treatment records for other purposes, such as disciplinary purposes, the records then become educational documents and subject to FERPA (34 CFR §99.3).

FERPA includes exceptions for releasing educational documents. For example, the institution may release educational documents if the “disclosure is in connection with a health or safety emergency” (34 CFR §99.31(a)(10)). A release pursuant to 34 CFR §99.31(a)(10) can only be done to “protect the health or safety of the student or other individuals” (34 CFR §99.36(1)). In declaring an emergency release, the college or university must determine that the threat is both significant and “articulable” (34 CFR §99.36(c)).

Health Insurance Portability and Accountability Act. The Health Insurance Portability and Accountability Act created national standards to protect certain medical and personal health information (42 USC 1301 et seq.). The question of whether a college or university falls under the aegis of HIPAA is highly complex and very fact specific. HIPAA applies to health plans, health care clearinghouses, and health care providers who transmit certain types of electronic transactions (45 CFR §164.501). The Code of Federal Regulations defines a health care provider as an entity that provides “care, services, or supplies related to the health of an individual” (45 CFR §160.103). Providing counseling, physical assessments, or medical devices or equipment qualifies under the definition of health care service (45 CFR §160.103). Potentially-covered entities must also transmit electronic specifically-defined health information in addition to being a health care provider to be covered under the legislation (45 CFR §160.103).

The HIPAA legislation created two elements especially relevant to colleges and universities. First, HIPAA does not cover health-related documents of student employees (American Council on Education, 2002). Second, the definition of protected health information does not include education records that are covered under FERPA (45 CFR §164.501; 20 USC §1232g; 20 USC §g(a)(4)(B)(iv)).

As noted in previous sections, law students and medical students fear a lack of confidentiality in seeking treatment or accommodations for their mental illness. They fear that they may not be licensed to practice their profession if they are diagnosed with a mental illness. However, there are significant laws in place to help protect the confidentiality of a student's health record, including those relating to mental health. Whether students are aware of the laws is unknown. How these laws influence a law student with mental illness is also unknown. This phenomenological study of law students with mental illness sheds light on their lived experiences with these laws.

Access to Educational Opportunities

Access to educational opportunities is important for law students with mental illness because students' mental illness may interfere with their ability to perform tasks required in law school. When a mental illness prohibits a law student from being able to complete academic work, the mental illness may meet the legal definition of disability. Two significant laws help ensure that qualified law students with disabilities can access educational opportunities. The Rehabilitation Act of 1973 and the Americans with Disabilities Act (along with the Americans with Disabilities Amendments Act) help protect the rights of students with disabilities.

Rehabilitation Act. Section 504 of the Rehabilitation Act applies to public and private law schools. The legislation provides that

no otherwise qualified individual with a disability in the United States...shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance (29 USC § 794(a))

Accordingly, only those law schools that receive some sort of federal financial assistance must comply with the Rehabilitation Act. Under the Rehabilitation Act, a student may be entitled to a reasonable accommodation if he or she has a qualifying disability (29 USC § 12131(2)). A student

who has a mental illness that rises to the level of a disability would then be able to seek accommodations. However, precisely what a qualifying disability and what is considered a reasonable accommodation has been the subject of countless lawsuits that is beyond the scope of this study.

Americans with Disabilities Act. In addition to the Rehabilitation Act, the ADA and Americans with Disabilities Amendment Act (ADAA) help ensure that students with mental illness are not subject to discrimination based on disability. Both of these laws apply to public law schools and bar examiners (*D'Amico v. N.Y. State Board of Law Examiners*, 1993). As such, the ADA and the ADAA offers powerful tools to ensure that law students with disabilities can enter the legal profession despite having a disability.

The ADA and the ADAA define the key elements that qualify a person to be covered under the legislation. A disability under the ADA and ADAA is defined as “(A) a physical or mental impairment that substantially limits one or more of the major life activities of an individual; (B) a record of such impairment; or, (C) being regarded as having such an impairment” (42 USC § 12102(1) (Supp. 2008)). The legislation includes psychiatric disabilities under this definition (US Commission on Civil Rights, 1999). Of particular note for people with mental illness, episodic impairments qualify as a disability (42 USC § 12102). However, a mental impairment must be of a substantial duration to be considered substantially limiting (EEOC, 2011). In addition to the mental illness itself pharmacological interventions can sometimes cause side effects that may interfere with major life activities (Rutman, 1994). Because medication can cause side effects, the ADAA states that mitigating measures such as medication can not be used to deny ADAA rights to an individual (42 USC § 12102(4)(E)).

The ADA was created to help, among others, students. The ADA legislation includes students in college and postgraduate education. Law students with mental illness may qualify for accommodations if their mental illness meets the requirements under the law. Understanding the lived experiences of law students with mental illness would help law schools better address the needs of law students in search of accommodations.

Treatment and insurance. Law students run the demographic gamut with a wide range of ages and diverse financial and social backgrounds. Accordingly, insurance coverage may differ from student to student. Insurance coverage, or lack thereof, may affect a law student's decision to seek help. Additionally, the source of insurance and the insurer's coverage benefits may treat mental health care differently.

Law school health insurance requirement and availability models vary widely. Some law schools require students to have health insurance (e.g., Whittier Law School, Vermont Law School, Villanova Law School). Other law schools do not require health insurance but offer it through a third-party carrier (e.g., Wayne State University Law School, Western Michigan University Thomas M. Cooley Law School). Some law schools offer free limited services through their host school's health center but do not require health insurance (e.g., Gonzaga University Law School, University of Michigan Law School). Yale University Law School offers free limited services but requires students to have more comprehensive hospitalization insurance. Loyola Los Angeles requires students to have health insurance only if they participate in intramural athletics. In addition to law schools making third-party health insurance available for purchase by their students, the ABA-Law Student Division offers health insurance for a fee to law students through a third-party provider.

Over the years, Congress has passed legislation to address mental health care covered by insurance companies and employers. As with the general population, the legislation affects law students. The three most prominent pieces of legislation are the Mental Health Parity Act of 1998, the Mental Health Parity and Addiction Act of 2008, which amended the 1996 law, and the Patient Protection and Affordable Care Act (PPACA). This section briefly describes the salient points of each of these federal laws.

Mental Health Parity Act (MHPA). The Mental Health Parity Act of 1998 (29 USC § 1185a) represented the first step in federal legislation supporting mental health insurance benefits. The law prohibits insurers from setting different annual and lifetime limits on mental health benefits that differ from medical benefits (29 USC § 1185a(a)). The MHPA presented several provisions that allowed small employers to opt out of the requirement (29 USC § 1185a(c)(1)(A)-(B)). The act failed to definitively define mental illness (29 USC § 1185a(3)(3)-(4)) and no mandate for insurers to offer mental health coverage exists (29 USC §1185a).

In 2008, Congress passed the Mental Health Parity and Addiction Act (MHPAA), which amended the MHPA in an attempt to fill the gaps. The MHPAA widened the parity requirements such that group health plans could not impose disparate financial or coverage restrictions on mental health benefits (29 USC §1185a(a)(3)(A)). However, the amendments left open a small employer exemption and left the definition of mental illness to the insurer (29 USC § 1185a(c)(1)).

The Patient Protection and Affordable Care Act (PPACA). The Patient Protection and Affordable Care Act passed in 2010 contain several provisions that are of interest to law school students, and others, with mental illness. Adults up to the age of 26 must be allowed to remain on their parents' health insurance if the parents choose to do so (Bazelon, 2010). Further, health insurers cannot discriminate based on an individual's physical or mental disability, nor may an

insurer deny coverage for a pre-existing condition (Bazelon, 2010). Because law students may or may not be on their parents' health insurance, and because their opportunities to obtain health insurance coverage may change as they move from student to practitioner, these changes may benefit law students.

Access to educational opportunities and treatment affects law students. Recent legislation expanded law students' opportunities to obtain accommodations based upon their mental illness and help them succeed in law school. In addition, Congress recently passed laws that place mental health care on a par with physical health care. Law schools have also made it easier to afford health care and mental health care by requiring insurance, providing insurance, or offering affordable insurance through third-party providers.

University and college counseling services. Colleges and universities are under no statutory compulsion to provide mental health services to their students. Despite the lack of a legal mandate, most colleges offer some form of counseling services. A college's size, culture, financial ability, philosophy, and geography all influence the structure of the institution's mental health services (Bishop, 2006). Accordingly, there no standard model for counseling services exists. However, because of these diverse factors, several different models exist.

Some schools (16%) offered psychiatric services only through the student health center (Barr, Krylowicz, Reetz, Mistler, & Rando, 2011). Thirty-seven percent of the schools offered psychiatric services through a counseling center. Only 8% offered psychiatric services at both the student health center and the counseling center (Barr, Krylowicz, Reetz, Mistler, & Rando, 2011). Other institutions either contracted for psychiatric services off-campus (4%) or referred students to private psychiatrists off-campus (27%) (Barr, et al., 2011). Regardless of school size, respondents reported that counseling centers lacked sufficient capacity to meet the needs of the college

community (Barr, et al. 2011). To help manage the need for services, 51% of the institutions limited the number of sessions. In addition, 50% required some payment from students for services (Barr, et al., 2011).

Stigma

Stigma surrounds persons with mental illness. Persons with serious mental illness sometimes suffer harm from the sense of stigma and self-stigma (Corrigan, Rafacz, & Rüsch, 2011). Society tends to reinforce the myth that persons with serious mental illnesses are dangerously homicidal when, in fact, very few persons with mental illness commit homicide, are childlike, or have a weakness because of their mental health (Corrigan, Morris, Michaels, Rafacz, & Rüsch, 2012). Stigma consists of stereotypes, prejudice and discrimination (Dovidio, Major, & Crocker, 2000). Dovidio, Major, & Crocker (2000) define stereotypes as “harmful beliefs about groups of people and are unavoidably learned when maturing in a culture” (p. 339). Scholars define prejudice as a “generalized attitude toward members of a social group – how someone feels about a group” (Corrigan & Shapiro, 2010, p. 909). Discrimination is “behavior directed toward a group based on prejudice” (Corrigan, & Shapiro, 2010, p. 909). Researchers have found two types of stigma: public stigma and self-stigma (Corrigan, et al., 2012; Corrigan, Rafacz, & Rüsch, 2011; Corrigan & Shapiro, 2010; Corrigan, Watson, & Barr, 2006; Corrigan & Watson, 2002)

Public Stigma

Corrigan & Watson call public stigma “the reaction that the general population has to people with mental illness (2002, p. 16). Research reveals that public stigma is stronger towards persons with mental illness than with persons with a physical illness (Corrigan, River, Lundin et al., 2000). Public perception sometimes combines drug addiction, prostitution, and criminality with mental illness (Albrecht, Walker, & Levy, 1982). Further, the public perceives that persons with

mental illness can control their illness and are responsible for creating the illness (Weiner, Perry, & Magnusson, 1988). Research also revealed that the public is less empathetic towards persons with mental illness than towards people with a physical illness (Weiner, Perry, & Magnusson, 1988). The result from these beliefs is discrimination by the public (Corrigan & Watson, 2002). Public stigma influences opportunities for persons with mental illness. The belief that persons with mental illness are “dangerous” or “scary” sometimes deters employers from hiring or advancing persons with mental illness (Corrigan, Rafacz, & Rüsch, 2011). In law students, stigma towards mental illness may affect their educational and career opportunities.

Self-Stigma

Public stigma fuels self-stigma. Self-stigma, is defined as “the prejudice which people with mental illness turn against themselves” (Corrigan & Watson, 2002, p. 16). It occurs when the stigmatized individual internalizes stereotypes (Corrigan, Watson, & Barr, 20016). Self-stigma results in negative effects on the lives of persons with mental illness (Corrigan, Watson, & Barr, 2006). Negative effects include: diminished self-esteem (Wahl & Harmon, 1989), diminished self-efficacy (Link, Struening, Neese-Todd, Asmussen, & Phelan, 2001), and social integration (Link & Phelan, 2001). As a result, persons with mental illness lose confidence in their future (Holmes & River, 1998). Research also suggests that the fear of rejection and self-stigma inhibits persons with mental illness from pursuing various opportunities in life such as relationships, education, and career advancement (Link, 1987). Other research reveals that some individuals react to stigma differently. Crocker & Major (1989) found that some individuals with mental illness become righteously angry because of their experiences with stigma and prejudice. In turn, persons who act with righteous anger tend to be more empowered and more active in their treatment (Crocker & Major, 1989).

The public stigma surrounding mental illness, coupled with self-stigma, all affect law students with mental illness. Depending on the law student's lived experiences with mental health may determine how they react to stigma. The existing literature on stigma helps understand its role in my research of the lived experiences of law students with mental illness.

Microaggressions

Law students with mental illness face microaggressions in the law school environment. Sue (2010) defined microaggressions as “the everyday verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, which communicate hostile, derogatory, or negative messages to target persons based solely upon their marginalized group membership” (p. 24). Microaggressions have been studied in the context of other marginalized groups but not with persons with a mental illness until a 2016 study by Peters, Schwenk, Ahlstrom, & McIalwain. They used Sue's (2010) structure to analyze the three types of microaggressions experienced by individuals: Microassaults, microinsults, and microinvalidations. Microassaults are explicit verbal attacks with a negative intent. Microinsults are subtle, unintended communications that display an insensitivity to an individual's identity. Microinvalidations are the subtle unintentional actions that nullify the experiences of an individual or group (Sue, 2010).

Microaggressions can affect an individual's psychological well-being. Several studies indicate that microaggressions cause anger, anxiety, and depression (Blume, Lovato, Thyken, & Denny, 2012), isolation and self-doubt (Solorzano, et al., 2000), and feelings of invalidation (Burdsey, 2011). A recent study investigated microaggressions experienced by individuals with mental illness (Peters, Schwenk, Ahlstrom, & McIalwain, 2016). Researchers found three themes surrounding microaggressions: stereotyping individuals with mental illness, invalidations of the experiences of individuals with mental illness, and defining the individual by their diagnosis

(Peters, Schwenk, Ahlstrom, & McIalwain, 2016). Each of these themes contained numerous sub-themes further refining the main themes. The researchers found that the microaggressions exacerbated feelings of anxiety and depression among individuals with mental illness. The work by Peters, Schwenk, Ahlstrom, and McIalwain may help researchers better understand the lived experiences of law students with mental illness.

Theoretical Framework

By its nature, law school is an interactive experience. Law school students interact with many individuals and institutions during their three years of study: classmates, instructors, administrators, local bar associations, and future employers. Each of these interactions comprises part of the student's ecological system. Urie Bronfenbrenner (1979, 1986) recognized the systems found in human development and explained them through his ecological systems theory. The ecological systems theory presents a theoretical lens for understanding the factors influencing the lived experiences of law students with mental illness. Bronfenbrenner, a developmental psychologist, originally posited the ecological systems theory as an attempt to create a unified theory of cognitive development from the works of Kurt Lewin, Lev Vygotsky, and Gordon Allport. Bronfenbrenner's theory originally found application in early childhood development (1979), but was later introduced to higher education (Renn & Arnold, 2003). Renn and Arnold (2003) noted that Bronfenbrenner's theory focused on interactive effects of peer and family influences and not the additive effects. As such, the theory is useful both as a research tool and as a tool to help design educational interventions (Dalton & Petrie, 1997). Using the ecological systems theory for my research explains the lived experiences of law students with mental illness.

Bronfenbrenner's (1979, 1986) ecological systems theory describes the interrelationships between people and their environments and focuses on outcomes and the processes that lead to

those outcomes. The ecological systems theory describes a person's *in situ* behavior within the various environments and recognizes that students' interactions do not occur solely within one setting (Bronfenbrenner, 1979, 1986). These interrelationships influence how the individual develops and grows during the period observed. Bronfenbrenner argued that researchers must understand the person's environment to understand the influences that the environment has on the individual (Bronfenbrenner, 1979, 1983, 1986). The environment used for this study was the contemporary American law school.

Person, Place, Context, and Time

Bronfenbrenner framed his theory upon four ecological elements that influence development. The elements are: the individual's influence (person); an individual's interactions and responses from environmental stimuli (process); the immediate settings in which an individual inhabits (context); and the sociological effects on the developmental process (time). Each of these elements influences an individual's development (Bronfenbrenner, 1979, 1986).

The first two elements, person and process, encompass an individual's experiences and characteristics. Bronfenbrenner's foundational assumption was that "development is an evolving function of person-environment interaction" (Bronfenbrenner, 1993, p. 10) and, as such, provides a strong undergirding for understanding the influences on law students' decisions to seek help for mental illness. Each law student's personal experiences prior to and during law school affect their development. Bronfenbrenner (1993) argued that personal characteristics that cause change in an individual's environment are the characteristics that lead to further development. These characteristics, however, do not determine development; rather, they influence development (Renn, 2003). Experiences and values brought to school include political and social ideologies; mental health; family experiences and values; and concepts of race, gender; and, disability (Renn

& Arnold, 2003). These experiences are, in turn, interpreted through an individual's lived experiences in an effort to make meaning of them.

The third element, context, places the student at the center of the ecological system (Bronfenbrenner, 1979). The ecological systems theory provides an environmental and contextual theory about lifespan development, which helped provide greater insight about law students who have mental illness (Bronfenbrenner, 1979, 1986). Bronfenbrenner (1979) explained that the ecological environment in which an individual exists is comprised of four nested, concentric structures: the microsystem, the mesosystem, the exosystem, the macrosystem, and a fifth non-nested system, called the chronosystem (Figure 1). The five systems comprise the contextual element of Bronfenbrenner's theory and help explain students' social interactions. Each of the five systems is an environment within which a student can engage in increasingly complex interactions that result in continued development (Bronfenbrenner, 1993). The ecological systems theory is applicable to all college students; however, each student's systems are unique (Renn, 2003; Renn & Arnold, 2003). Likewise, the ecological systems theory applies to law school students. Understanding the contextual interactions of law students with mental illness allows for a more thorough analysis of the law students' lived experiences.

Microsystem

The microsystem is comprised of "activities, roles, and interpersonal relations experienced by the developing person." (Bronfenbrenner, 1979, p. 22). The microsystem includes both the physical face-to-face settings and material environments in which the individual exists (Bronfenbrenner, 1979, 1986). Although not contemplated by Bronfenbrenner in 1986, the digital environment in which contemporary society operates can also be included within the microsystem. Bronfenbrenner (1979, 1986) posited that the microsystem also included goal-directed behaviors

and systems-defined roles associated with the individual (Bronfenbrenner, 1979, 1986). The microsystem is the *situs* for faculty and peer interactions (Renn, 2003). According to Renn and Arnold (2003) the microsystem “is the locus of proximal processes of development, and the nature and membership of immediate settings is an important question at this level of analysis” (p. 270). Because each person’s interactions with their microsystems differ, each person’s development at the microsystem level differs. Finally, the microsystem includes the role expectations that the individual experiences in a specific setting (Bronfenbrenner, 1979, 1986). Bronfenbrenner’s (1979, 1986) model can be applied to a variety of college student environments. The model works whether a student lives on or off campus, whether the student is employed or not, or if the student is a 1L or 3L. The law student’s microsystem could include the student’s family, the classroom, student organizations, workplace, co-curricular activities such as law review or moot court, and study group.

Mesosystem

The mesosystem is the second system and it encompasses all of the student’s microsystems (Bronfenbrenner, 1979). Bronfenbrenner (1979) defines the mesosystem as the “interrelations among two or more settings in which the developing person actively participates” (Bronfenbrenner, 1979, p. 25). This structure includes all of the microsystems within which the individual is situated. As with the microsystem, the student may be situated in more than one mesosystem at any given time. Entrance into various microsystems can be analyzed by looking at the mesosystems (Renn & Arnold, 2003). A student’s membership in a microsystem can be determined through either formal or informal methods (Renn & Arnold, 2003). Some students may choose to be part of an organization, group, or group of friends; while some students may be selected to be part of a microsystem. Law students may be selected to the microsystems found in

law review or moot court. Regardless of how an individual becomes part of a microsystem, each microsystem and mesosystem creates opportunities for complex interactions which influence the individual's development. The microsystems within the mesosystem may compete with, be congruent with, or be synergistic with other each other. Students may be given a message from microsystem X, but have a competing message microsystem Y. For example, a law student may be told by a faculty member that he needs to study more, while, at the same time, being influenced by family members to study less. These two microsystems compete with each other within the mesosystem. Interactions within the mesosystem contribute to an individual's development, which also becomes part of their lived experiences.

Exosystem

The next system is the exosystem. Bronfenbrenner (1979, 1986) explained that the exosystem encompasses all of the individual's microsystems and mesosystems. The exosystem represents the settings in which the individual is not an active participant but who is influenced by what happens in those settings (Bronfenbrenner, 1979, p. 25). The exosystems for a law student may include the state bar association, the American Bar Association which accredits law schools, decisions by the law school regarding curriculum, and federal financial aid policies. In each of these situations, the individual does not have control of the influences on the exosystem, but responds to the actions.

Macrosystem

The final ring in the Bronfenbrenner's circles is the macrosystem. The macrosystem is the subculture or the culture as a whole, along with any belief systems or ideology that have been passed down for generations that can affect the other systems (Bronfenbrenner, 1979, 1986). It is also the system most removed from the student. The macrosystem relies on time, place, and culture

for context and includes all other systems except the chronosystem (Renn & Arnold, 2003). The law student's macrosystem could include the cultural expectations of lawyers, law students, persons with mental illness, as well as the stigma associated with mental illness, and the opening of legal education to a more diverse and larger population.

Chronosystem

The fifth element, the chronosystem, refers to the development of the individual over time (Bronfenbrenner, 1995). Bronfenbrenner noted that an individual's development over their entire life is "powerfully shaped by conditions and events occurring during the historical period through which the person lives" (1995, p. 641). Over time, society's values and beliefs change and an individual's microsystems change thus affecting their cognitive development. For example, over the past several decades law schools populations have become more diverse; stigma towards persons with mental illness has changed; and the cultural perceptions of lawyers have changed. Likewise, a law student's perceptions may change or evolve from their time as an undergraduate through the time he or she begins practice as a lawyer.

Summary

Mental illness is part of the student experience, whether as an undergraduate, graduate student, or professional student, and can affect how students navigate their education experience. Public policy has given students tools to help find treatment for their mental illness as well as to seek accommodations to give them an opportunity to succeed in school. Moreover, schools have, over the past century, increasingly provided services to help students cope with mental illness. Yet, law students, similar to medical students, believe that being diagnosed with a mental illness may affect their ability to secure a job or to gain licensure in their profession. This fear may deter them

from seeking help from their mental illness and, thus, remain untreated as they enter the profession.

The environment influences law students' experiences with mental illness. Environmental factors such as peers, family, school, public policy, and the legal profession can all have an effect on how a law student understands their individual law school experience. Research into these environmental factors does not exist at this point. This study of the lived experiences of law students with mental illness provides a better understanding of their experiences.

CHAPTER 3: STUDY DESIGN

As outlined in Chapter 2, law students face multiple stressors during their law school experience that contribute to mental health issues. A law student's environment influences their development and success during law school. Grounding this study in an ecological systems theory guides the phenomenological methods used in this research. Very little research on the mental health needs of graduate students exists and no research on the lived experiences of law students with mental illness exists. In addition, no existing research on law students with mental illness uses the ecological systems theory as a theoretical lens. The ecological systems theory offers a novel way to investigate the lived experiences of law students with mental illness, which may lead to new supports and solutions in the law school environment.

Phenomenology

This study examined the lived experiences of second- and third-year law students and recent law school graduates with mental illness. Investigating lived experiences may be done using qualitative research methods. Phenomenology is one such method. Phenomenology is the description of the lived experience and the meaning of the expressions of the lived experience (van Manen, 1990). According to Patton (2002), phenomenology can be used when exploring the lived experiences of individuals and how they make meaning of those experiences.

Modern philosophical phenomenology found its beginnings in the 19th-century with German philosopher Edmund Husserl. Husserl believed that phenomenology is the study of how people describe and understand their lived experiences (Husserl, 1962). The concept of "life-world" was introduced by Husserl and defined as what individuals experience pre-reflexively and without interpretation (Dilthey, 1985). When people share their experiences they also include, by their nature, an interpretation of that experience (Husserl, 1962). Husserl's goal, then, was to study

how phenomena appear so that an essential understanding of the human consciousness could be distilled (Valle, King, & Halling, 1989).

Phenomenology features four principles: description, reduction, essences, and intentionality (Merleau-Ponty, 1962). Each of these four principles help the researcher interpret the phenomenon being studied. Description is, simply, the appearance of things (Spinelli, 1989). Reduction is the suspension of assumptions or presuppositions of the phenomenon being studied (O'Donoghue & Punch, 2003). Suspending, or bracketing, assumptions about the phenomenon helps ensure that theoretical prejudices are minimized (Merleau-Ponty, 1962). Essence is the distilled meaning of a lived experience (O'Donoghue & Punch, 2003) The definition is further refined noting that it is “the insight into the essence of a phenomenon involves a process of reflectively appropriating, of clarifying, and of making explicit the structure of meaning of the lived experience” (van Manen, 1990, p. 77). Intentionality refers to consciousness an individual has of a phenomenon (Merleau-Ponty, 1962). Each of these four principles was addressed in some manner by Husserl and other early proponents of phenomenology.

Hermeneutics

Several different schools of phenomenological methods exist. This study used a hermeneutic approach. Hermeneutic phenomenology looks for thematic structures and relies on interpretations made by both the researcher and the participant about the participant's lived experiences (van Manen, 1990). Because of the recognition of the researcher's role in a study, hermeneutics allows a researcher to use their own theoretical and personal knowledge to explain participants' experiences (Ajajawi & Higgs, 2007). Unlike Husserl, van Manen (1990) believed that bracketing interferes with research because it ignores what we already know. Indeed, a researcher cannot be detached from their own prejudices and presuppositions (Hammersley, 2000). The

hermeneutic phenomenologist needs to put himself or herself in the place of participant in order to comprehend the situation and the person more fully (Barritt, Beekman, Bleeker, & Mulderij, 1985). As such, hermeneutic phenomenology argues that interpretation cannot be absolutely correct or true and is based on consensual community validation (Barton, Hamilton, and Ivanic, 1999).

van Manen (1990) argued that human awareness is interpretive. Interpretive research reveals the human condition and must then be sensitive and reflective (van Manen, 1990). Because of the nature of this interpretation, reporting the research should be holistic (Meyer-Drawe, 1997). Interpretive research and holistic reporting in hermeneutic phenomenological research draws upon the reader's own life experience, emotions, and sensations; therefore, the reader must be moved by the text when reporting the participants' lived experiences (O'Donoghue & Punch, 2003). To effectively report the experiences, emotions, and sensations van Manen (1990) argued that anecdotes should be used because of their compelling and reflective nature, thus, providing a holistic report.

I asked participants to share their lived experiences of mental illness in law school. Each participant's experiences within their environment were different and interpreted differently based upon their own life experiences. Using the hermeneutic phenomenological method resulted in a set of experiences based upon the reflections and interpretations of the participants and as further interpreted by me. The experiences take place in the individual's environmental systems and can be viewed through the ecological systems theory. Although each participant had a different story, collectively their stories help reveal a broader knowledge of the lived experiences of law students with mental illness.

Sample

Phenomenological studies are not typically generalizable, rather, they seek to produce “insight and in-depth understanding” of a phenomenon (Patton, 2002, p. 230). For this research, the sample included second- and third-year law students and law school graduates within the past two years who were diagnosed with a mental illness and who attended a law school in the United States. At the time of this study there were 199 ABA-accredited law schools in the United States. Of the 199 schools, 118 (60%) were private law schools and 81 (40%) were public law schools (LSAC, 2011) Total nationwide enrollment for JD-level students was 147,487 with an average enrollment of 744 per school (LSAC, 2011).

This study investigated the lived experiences of law students with mental illness using a sample of 2L and 3L students and recent graduates. Second- and third-year law students and recent graduates experienced at least one year of full-time legal education and have experienced the most demanding period in law school. Accordingly, participants provided retrospective and contemporaneous insights on their lived experiences. Participants also offered their personal insight on their law school persistence and success.

Mental illnesses take many different forms. Mental illnesses range from dysthymia and substance abuse issues to Borderline Personality Disorder and schizophrenia, each of which influences a student’s law school experience. Mental illnesses manifest themselves differently and can vary from person to person. Because my study was not limited to anxiety or substance abuse as much previous research has been, researchers can better understand the law school experience from multiple perspectives.

Sample Recruiting

Recruiting participants for this study was challenging. Originally I contacted five law schools in the Midwest and asked them to share a recruiting email with their students. Three law schools honored the request, while two chose not to. When speaking with a law school administrator regarding their assistance with the study, the administrator told me “I don’t want you studying my students while they are studying.” A law school administrator at another law school told me that although they supported the research efforts, they did not feel comfortable with this aspect of student diversity at their school being included in my study. These responses reflect the stigma associated with mental illness and how some law schools unintentionally impede and even actively resist efforts to improve legal education for students with mental illness. Recruiting from the three other schools yielded minimal results. To engage more students, I modified my recruiting by sending emails (Appendices I and J) to state and local bar associations, affinity bar associations, (Appendices F and H) all ABA-accredited law schools (Appendix G), and to any lawyers’ assistance programs in a state asking them to share with law students my request for study participants (Appendix K).

Investigating an individual’s mental health has potential to cause harm to the participant. As such, it was important to minimize the potential harm to participants during the study. To ensure the safety of the participants they had to meet the following criteria: (a) be diagnosed with one or more mental illnesses, and (b) be currently under treatment by either a psychologist or psychiatrist. Prior to the interviews, participants were made aware of mental health resources if they determined that they needed them as a result of participation in my research.

Phenomenological studies, by their nature, do not require the same sample size as a quantitative study. Various researchers contend that different sample sizes are appropriate. The

range of appropriate sample sizes falls between six and 25 participants (Guest, Bunce, & Johnson, 2006; Miller & Salkind, 2002; Teddlie & Tashakkori, 2009;). The goal of this study was to interview 10 to 15 participants in order to attain saturation and sufficiency of data. Seventeen individuals initially volunteered for the study. Three volunteers were ineligible to participate because they were not currently in counseling. Fourteen individuals began the interview process. Two dropped out after the first interview and one dropped out after the second interview. Eleven individuals completed all three interviews.

Data Collection

I interviewed law students with mental illness to learn about the lived experiences. When investigating lived experiences with the goal of finding patterns, interviewing is a valid method to gather these data (Warren, 2002). Phenomenological interviews are “used as a means for exploring and gathering experiential narrative material that may serve as a resource for developing a richer and deeper understanding of a human phenomenon” (van Manen, 1999, p. 66). The interviews also allow the researcher and participant to discuss the meaning of the experience (van Manen, 1999). As such, phenomenological interviews are in-depth, intensive, and iterative (Rossman & Rallis, 2012).

Interview Protocol

I used a semi-structured interview process employing a primary set of questions for each of the three interviews. During each interview, I asked probing or clarifying questions based on participants’ responses. Because of the nature of the interview process, and to ensure that consistent questions were asked, I used an interview protocol (Appendix D). Using the protocol, I probed the participants’ law school experiences. The ecological systems theory interpretive lens helped guide the questions in the protocol. I asked participants about their interactions within their

microsystems (e.g., family, peers, and fellow law students); their mesosystem (e.g., law school, extended family); their exosystem (e.g., the bar exam, the legal profession); and their macrosystem (e.g., ethics, stigma, and policy matters).

Seidman (1998) argues that a series of three interviews per participant be conducted. Each of the interviews in the series has a specific purpose. The first interview was used to learn the participant's life story; the second delved into the experience of the law student; and the third was a reflective and sense-making interview. Although the three-interview process is time-consuming, the method allowed for a richer understanding of the participants' experiences (Seidman, 1998). Each interview lasted between 45 and 90 minutes.

I conducted interviews with participants either in-person or via Skype. Prior to beginning the interview, I presented them with a copy of the consent form (Appendix C). To protect confidentiality, I did not ask participants to sign and return the consent form. Students then provided me with their choice of pseudonym to be used in the study. Before I began questioning the students, I made them aware of mental health resources that they may wish to take advantage of if participation in the study triggered any mental health concerns.

Data Analysis

Analysis of phenomenological interview data is a complex and evolving process (Rossman & Rallis, 2012). Analysis begins when the research question is framed (Rossman & Rallis, 2012). As such, data analysis was continuous throughout the study. Phenomenological studies search for themes that demonstrate the meaning of the participants' lived experiences as expressed through interviews (Rossman & Rallis, 2012). Managing and analyzing the generated data was on-going throughout the investigation.

I digitally recorded and then transcribed each interview. After transcription, I reviewed the recorded interviews to ensure an accurate transcription. I used van Manen's (1990) thematic reflection when reading interview transcripts. After reading the first interview, I generated any necessary clarifying or probing questions to ask in the second interview. After the second interview, I reviewed the transcripts and again generated any necessary follow-up questions. The third interview provided me with an opportunity to ask other questions as well as to give the participant time for sense-making based on the previous interviews. Some participants' ideas changed over the course of the three interviews. In those cases, I asked clarifying questions to determine what they meant. In some situations the participants informed me before the next interview that they misspoke or had a different thought or wished to clarify what they said in a previous interview.

Phenomenological studies use coding to analyze data (Patton, 2002). Coding involves identifying data that share a common idea or concept (Gibbs, 2007). The recurring descriptions are then determined to be themes and labeled accordingly (Braun & Clarke, 2006). During the reading of transcripts many themes emerged. I started the data analysis with very open coding to make meaning and then confirmed that the data aligned very well with Bronfenbrenner's model and my adjunct to the ecological systems theory. I did not pre-code my data with the ecological systems theory in mind. The open-ended protocol guided participants to provide responses that encompassed more than what might fit into the ecological systems theory. Although I did not pre-code data, phenomenological researchers support a priori coding arguing that determining beforehand what counts as data is valid (Crabtree & Miller, 1999; St. Pierre & Jackson, 2014)

I highlighted key phrases and words in the transcripts that fell into different themes. I then used the qualitative software tool MAXQDA to sort the highlighted themes. A review of the sorted

themes allowed me to refine them; some of the categories changed and new ones were added.

Some themes that emerged included: emotional responses to law school, family and friend support systems, previous academic success, and family history of mental illness. Despite the use of qualitative software, the interpretation of the meaning of the data rested solely with me.

Interpretation must remain with the researcher because determining themes allows for sense-making (van Manen, 1990).

Data Management and Security

Due to the sensitive nature of the data being gathered, care was necessary to ensure confidentiality. I asked participants to provide a pseudonym to identify their data without revealing their identity. As part of the consent process, I asked participants to consent to having the interviews recorded digitally. I maintained the digital audio recording on a flash drive used exclusively for this study. After each interview was transcribed, I destroyed the digital audio files as recommended by Michigan State University's Human Research Protection Program. I stored recordings, transcriptions, and any other research-related material with confidential material in a locked fire-safe box. To help ensure confidentiality of personally-identifiable information, only I, my advisor Dr. Kris Renn, and members of the IRB, have access to the raw data. I will keep the data on file for a minimum of three years after the completion of the study.

Participant Profiles

Every law student with a mental illness experiences law school differently. To better understand the lived experiences of the participants in my study it is necessary to have a basic knowledge of each student's background. This background information helps connect participants with the findings in Chapter 4. The profiles briefly introduce each participant with their educational background, age, sex, diagnoses, level in law school, and race.

Alex

Alex, 33, emigrated from Saudi Arabia prior to high school. He attended high school in the southern United States but later moved to the western United States. Alex has been diagnosed with depression, ADHD, and PTSD. He earned a bachelor's degree in psychology from a Southern college. At the time of the interview he was a 3L at an unranked Midwestern law school. Alex is a practicing Muslim and is a gay male. Alex's parents are high school graduates. He has no children.

Alex was diagnosed with depression and ADHD during college. He struggled with academics because he could not focus long enough to study. After speaking with his psychology professor about his struggles, the professor suggested that Alex see someone regarding possible ADHD. Alex eventually sought treatment and, once he did, he was diagnosed with depression as well. Alex believed that his depression stemmed from his questioning his identity as a Muslim, a Saudi, and a gay male. Alex was later diagnosed with PTSD after his father sustained serious injuries after an automobile crash. Alex tended to his father for several years during his father's recovery. The combination led to Alex's diagnosis of PTSD.

Anna

Anna is a 26-year-old White female who was raised in the South. She earned a bachelor's degree in history from a prestigious East Coast college. At the time of the interview, Anna was a 3L at a third-tier Midwestern law school. She is heterosexual and dating with no children. Anna was diagnosed with depression, ADHD, and Generalized Anxiety Disorder. She reports that she does not follow any religion. Anna comes from an upper-middle class household, and her parents have a post-graduate education. Anna noted that there is a family history of depression with the women in her family.

Anna was originally diagnosed with GAD and ADHD during her third year in college. She lost her support system and struggled to finish. Anna had very few jobs after graduation and they only lasted a few months before she was either fired or she quit because of mental health related behaviors. During our second interview Anna said that her support system in law school helped her avoid hospitalization. Between our second and third interview, Anna was hospitalized because of thoughts of hopelessness and suicidal ideation. She was able to understand that she needed help and went to the local emergency department. After an examination at the hospital, she was involuntarily admitted. After meeting with a psychiatrist the next day, she was discharged because the psychiatrist did not think she needed hospitalization. Anna noted that the stress of the hospitalization actually increased Anna's depression.

Bridget

Bridget is a 30-year-old White female from the South. She is heterosexual, married, and has no children. She has been diagnosed with depression and Generalized Anxiety Disorder. Bridget earned her bachelor's degree in psychology from a Southern university. She was a 2L who attended a top 125 law school in the South and was a concurrent degree candidate working towards a Master of Public Administration. Bridget identifies as Christian. Her parents are teachers and college educated.

Bridget's mental disorder manifested itself early in life. At the age of seven she tried to kill herself with her jump rope. Then, at 14, she began crying a lot and banged her head against the wall. Her mother took her to a physician who diagnosed her with depression and prescribed an anti-anxiety medication. She has been medicated on and off since her initial diagnosis.

During high school, Bridget experienced some family difficulties. Her father was hospitalized due to depression and suicidal ideation. Then, at 16 her father died from brain cancer.

Because of the challenges of having a family member with cancer, the family participated in family therapy. Following the death of her father, she told her mother that she was suicidal.

Bridget met with a physician again who prescribed an anti-depressant and talk therapy.

A few years after graduating from college, Bridget was hospitalized for MDD for the first time. She was not medication compliant at the time, and that, combined with her feelings of hopelessness, resulted in her hospitalization. When she was in the hospital, Bridget met a woman who was in law school. They talked extensively and through their discussions she decided to apply to law school. Although Bridget became healthier in the hospital, it was a scary experience that led her to question whether she would be able to get into law school and succeed there.

Deborah

Deborah is a White, heterosexual, single female, age 42. She was a recent graduate from a top 100 Midwestern law school. Deborah earned a bachelor's degree in anthropology and music from an east coast university. She later earned a second bachelor's degree in music production from a Southern school. Deborah has been diagnosed with Bipolar Disorder II and ADHD. She has no children. She was raised as a conservative Jew and her parents' highest educational achievement was high school.

Although she sought treatment in college, Deborah reported that she had a poor treatment experience. The university counselor's lack of compassion and understanding of Deborah's experiences did not help her effectively cope with her mental illness. Deborah observed that no one in either her first or second BA noticed her depressive behavior.

Deborah worked for several years in different fields before returning to school to earn her second BA. Prior to entering school, she had back surgery that resulted in depression, suicidal and

homicidal ideation. Deborah attributes part of her success in her second BA with the relative lack of mental health problems during that time. During her last semester of school Deborah's mental health issues returned. Deborah experienced auditory hallucinations and a marked fear of failure. Her illness remained dormant for several years until she was diagnosed with bipolar disorder II during law school. She realized that her symptoms returned and she decided to seek help. Deborah reports that the medications effectively treat her disease but that the medications also affect her creativity.

Jane

Jane is the 35-year-old daughter of Filipino immigrants from the Midwest. She is single and dating, and has no children. She earned her bachelor's degree in nursing from a Midwestern college. At the time of the interview, Jane was a 2L at a Midwestern law school. Her parents are college graduates. She was raised Roman Catholic but is currently agnostic. She has been diagnosed with dysthymia.

During college, Jane was very unhappy. She Her roommate noticed her down moods and that nothing made her happy. Jane decided to seek help on the urging of her roommate and her sister. Jane's sister also has depression. After graduation, Jane worked as a nurse and found that it was a good distraction from her dysthymia. Although she enjoyed nursing, she wanted to become a lawyer. Jane was not under treatment the first year of law school and did not do well academically. She started developing irrational fears during her 1L year. Jane believed that the irrational fears affected her law school grades. Jane had been not been taking her medications during this period. She told her family that she was having mental health concerns and slept at her parents' home as a way to cope with her irrational fears. When she started medication she began doing better in law school.

Jason

Jason is a Mexican-White male age 26 from the west coast. He is single, heterosexual, and has no children. Jason earned a bachelor's degree in philosophy from an elite west coast university and later attended a top-20 law school on the west coast where he was a 3L at the time of the interview. He follows no religion. Both of his parents are college educated and he reported a history of mental illness in his family. Jason was diagnosed with Bipolar Disorder I. Jason found considerable academic success since high school; he was his high school's valedictorian and earned 5s on five AP exams. His success in high school allowed him to attend a premier university on the west coast where he graduated with a 3.48 GPA.

While at home on a break from college, Jason experienced his first manic phase. It was a violent episode in which he kicked his bedroom door in with no provocation. Jason noted that this was very out of character for him. Both he and his family realized that something was wrong and he needed some sort of treatment. As a result, Jason was involuntarily committed in a psychiatric hospital for 17 days where he was diagnosed with Bipolar Disorder I. Jason dropped out of school until his health improved. Later in college, Jason experienced a second manic episode that again resulted in hospitalization. During Jason's second manic episode he was taking a class on German philosopher Immanuel Kant. He found it particularly disconcerting and noted in the interview that "I was reading a lot of Kant and so it was pretty disorienting going through a manic episode, and reading *Critique of Pure Reason* is not appropriate." Jason reports that diligent treatment has kept his illness fairly well-controlled until he began law school. While in law school, Jason had to return to medication use which also affected his academic ability.

Kennedy

Kennedy is a 30-year-old White female from the Midwest. She is heterosexual, single, and has no children. She has been diagnosed with Bipolar Disorder I. Kennedy earned her bachelor's degree in public administration from a Midwestern university. She was a 3L who attended an unranked Midwestern law school. She is a practicing Roman Catholic. Her parents did not complete high school and she reported an extensive history of mental illness in her family.

Kennedy's mother has bipolar disorder, schizoaffective disorder and anxiety. Her father had a closed-head injury and he died in prison before she got to know him. In addition, her grandfather had schizophrenia. Five of his nine children all had some form of mental illness and had been involuntarily committed at some point in their lives. Because of the mental health concerns in her family, Kennedy was raised by a foster family for much of her life.

Kennedy's first manic episode occurred during college. She had numerous down cycles but no diagnoses and had not sought treatment. While she was in class, Kennedy behaved erratically. She was involuntarily hospitalized for several weeks. During her hospitalization, Kennedy was very angry and physically violent. She was given intramuscular chemical restraints to control her violent behavior. Once her violent behavior dissipated she was given several medications, one of which caused auditory hallucinations. She changed medications and returned to school. The hospitalization negatively affected her grades.

Lily

Lily, 28, is the daughter of Chinese immigrants who settled in the Midwest. She identifies as bisexual, is single, and has no children. Lily has been diagnosed with Bipolar Disorder II and depression. She earned her bachelor's degree in comparative literature from a Midwestern

university. She was a 3L who attended an elite west coast law school. Lily reports following no religion. Her parents are both well-educated having earned doctoral degrees.

Lily dropped out of college her first year because she was having mental health concerns. She later went to a different school to finish her degree. During college she was getting into a lot of arguments with her boyfriend and felt “crazy” and out of control. She said she didn’t feel at peace. At that point Lily started seeing a psychiatrist at the school who prescribed medications for her. During Lily’s sophomore year she was diagnosed with MDD. Received medication, but then stopped taking the medication for a few years. After seeing a psychiatrist again she was diagnosed has having bipolar disorder and was given medication. When she was no being treated Lily made lots of impulsive decisions and engaged in a lot of casual sex. Lily decided to stop taking her medications her second semester of 1L and her school work did not suffer.

Linda

Linda is a 40-year-old White female from the Midwest. She describes herself as queer and is married. Linda has no children. She has been diagnosed with depression and ADHD. Linda earned her bachelor’s degree in interdisciplinary studies from a Midwestern university. She was a recent graduate who attended a top 100 Midwestern law school. Linda was raised Methodist but currently does not report following any religion. Linda’s parents both have graduate degrees.

Linda’s mental illness manifested early in her life when she attempted suicide at age 12. After the attempt she was diagnosed with depression. Her depression continued through to college where she became so debilitated that she went to the counseling center on campus. Couldn’t do homework, was oppositional, and not willing to participate fully in her treatment. Despite the high level of depression, Linda pushed herself through the illness to finish her degree.

For many years Linda had no problems related to her mental health. However, when she started law school her depression returned. It affected her marriage and she entered into couples counseling with her wife because she didn't think she was handling her depression properly. The counseling helped her mental health and her relationship. She returned to using medications to treat depression, but still struggled.

Penny

Penny is a 30-year-old African-American female from the South. She is heterosexual, single, and has no children. She has been diagnosed with OCD, Generalized Anxiety Disorder, ADHD and several learning disorders. Penny earned his bachelor's degree in social work from a Southern university. She was a 2L who attended an unranked law school in the South. Penny does not have a religious faith and parents have a high school education.

Penny was initially diagnosed with several learning disabilities in kindergarten. She continued in a special education from second grade to eighth grade. Before high school, Penny left the special education classroom and excelled in high school. Penny started having anxiety attacks in high school but was able to control them without medication or counseling. Because of her learning disabilities and her desire to not seek accommodations, Penny struggled to graduate from college. After she graduated from college, Penny worked as a social worker. There her GAD returned for which she sought help. Penny received medication for her GAD. When she entered law school she was unable to control her OCD without help. She sought treatment and was prescribed medications for her OCD as well. According to Penny, the medication to treat OCD exacerbates GAD symptoms and the medications used to treat GAD exacerbate OCD symptoms. Penny works around this conundrum by deciding which is the most important to control that day.

Steve

Steve is a 26-year-old White male from New England. He is heterosexual, single but in a relationship, and has no children. He has been diagnosed with depression, anxiety, and Alcohol Use Disorder. Steve earned his bachelor's degree in history from a mid-size college in the East Coast where he played football. He was a 3L who attended an elite law school in the South. He reports no religion and his parents both have graduate degrees.

Steve began abusing alcohol and drugs during high school. As a result of his substance abuse he was arrested for alcohol related crimes. Steve continued his alcohol and drug abuse into college, but to a greater extent because one of his college football teammates was a drug dealer. Halfway through his junior year Steve stopped using cocaine and alcohol. He changed his major which led him to finding faculty mentors who helped guide him through the remaining college years. During his senior year, Steve began to abuse Adderall as a replacement for cocaine. He also became suicidal due to depression. Steve was able to speak to a campus counselor who then referred him to a psychiatrist who put him on an antidepressant. Concurrently, with this treatment, Steve began going to Alcoholics Anonymous. During his third year of college Steve was convicted of reckless driving. Steve worked various jobs after college and decided to attend law school. During law school he experienced bouts of depression, but was able to control them through his support systems, medication, counseling, and Alcoholics Anonymous.

The diversity of students reflects how mental illness crosses racial, ethnic, and religious boundaries. As a qualitative study, this sample does not statistically represent a cross-section of the population. However, it does reflect that regardless of the students' family or educational backgrounds, their mental illness influenced their law school experience. These students' profiles help inform the findings in the next chapter.

Table 1: Participants' Demographics

<u>Name</u>	<u>Race or Ethnicity</u>	<u>Sex</u>	<u>Age</u>	<u>Year</u>	<u>Diagnoses</u>
Alex	Arabic	M	33	3L	MDD, ADHD, PTSD
Anna	White	F	26	3L	MDD, ADHD, GAD
Bridget	White	F	30	2L	MDD, GAD
Deborah	White	F	42	Recent Graduate	Bipolar Disorder II, ADHD
Jane	Filipino	F	35	2L	Dysthymia
Jason	Mexican/White	M	26	3L	Bipolar Disorder I
Kennedy	White	F	30	3L	Bipolar Disorder I
Lily	Chinese	F	28	3L	Bipolar Disorder II, MDD
Linda	White	F	40	Recent Graduate	MDD, ADHD
Penny	African-American	F	30	2L	OCD, GAD, ADHD
Steve	White	M	26	3L	MDD, GAD, Anxiety, Alcoholism

Limitations

Several factors limit the implications of my research. The sample size of 11 participants limits the ability to generalize the results of my study; however, the results do provide enough information to offer a rich view into the lived experiences of law students with mental illness and warrant further investigation. Students from eight different law schools participated in my study. Despite this diversity, these students' experiences cannot be considered representative of every student with mental illness in every law school in the United States. Given the sensitive nature of mental illness, and especially in the legal profession, the participants may have been unwilling to engage in completely open and frank discussions. The possible lack of complete candor could limit the results of my study. Students in my study reported having emotional reactions to their participation. Some students cried during the interviews and others exhibited signs of minor anxiety. However, one of the questions I asked at the end of the final interview was "What did you learn about yourself during this study?" All students reported that it was a positive experience.

Despite their positive experience, their emotional reactions may have inhibited or exaggerated some of their responses.

Phenomenological studies, and more specifically, hermeneutic phenomenological studies, are interpretative. Numerous factors influence how the data are interpreted since the participants and the researcher are subject to the changing sociopolitical and historical influences at the moment of reflection during the interviews (Creswell, 2003). Further, the participants' recollections and sense-making of their lived experiences may evolve over the course of their lifetime. Like the participants, my interpretations of the participants' narratives changed over the course of the study. Participants may also be limited by their ability to effectively communicate their experiences to the researcher (Creswell, 2003). Coupled with the ability to effectively communicate is the difficulty in sharing deep personal mental health issues due to the stigma surrounding psychiatric disorders. Finally, the researcher's individual experiences and prejudices may affect how the data are interpreted (van Manen, 1990).

The theoretical lens used to analyze the data also limits the implications of my research. Bronfenbrenner's (1979, 1993, 1995) ecological systems theory captures only a brief moment in time. Each student's experiences are filtered through their development at the time of the interview. Similar interviews may be done in future years and the students may have different perceptions of their experiences. Bronfenbrenner's (1995) theory includes the chronosystem, which focuses on the long-term development of the individual. However, the chronosystem is used more effectively when exploring "the environments, processes, and outcomes of development than for tracking that development across time (Renn, 2003). This single snapshot, then, limits the findings of the research.

Researcher Positionality

Qualitative research evolves from problems of interest to the researcher (van Manen, 1990). In phenomenological research, the researcher interprets the data through their own lived experiences (van Manen, 1990). Because phenomenology recognizes that the researcher's lived experiences influence the outcome, it is important to understand the researcher's positionality. This section discusses my position in the research.

My life experiences lead to an interest in mental illnesses. Shortly after I earned my Master of Public Administration, I was hired as a village manager. It was there that I encountered my first experience with mental illness. One of my employees was diagnosed with a mental illness that negatively affected her work performance and interactions with others. Understanding the illness and associated behaviors proved to be a challenge for me. I had to rapidly learn effective employee management strategies for the employee to succeed. Having a better understanding of mental illness would have been beneficial.

Several years later a close friend who was a doctoral student committed suicide as a result of Major Depressive Disorder. He was well-published and a rising star in his field; however, his dissertation research was inconclusive. No one is sure if the results of his research triggered a depressive episode or not. His sudden death had a profound and life-long effect on me. I wondered if the stress of graduate school, family, or other environmental factors triggered Major Depressive Disorder or suicide or both. I wondered how his death affected his classmates, peers, and faculty. I questioned if others in his position experienced similar emotions.

When I began law school I saw and experienced the stress that law students face. Within the first three weeks I saw many students leave law school. More dropped out after the midterm exam. Still more dropped out at the end of the year-long class. During the first year I saw how

stress changed my peers' behavior. I saw more and more of my classmates drinking before and after classes. My peers shared with me the challenges they faced with their spouses, family, significant others, and children. A few confided with me their diagnoses of depression. From my perspective at the time, there seemed to be something about law school that affected students' mental health.

After law school I was hired as a law clerk working directly for a judge. I saw many people in both the family and criminal courts with mental illnesses. I saw how their mental illnesses affected their lives, how it changed their marriages, and how it sometimes caused them to spend years in prison. In addition to the litigants, I encountered attorneys struggling with mental health issues. The most common I saw were substance abuse disorders. A few attorneys confided in me their struggles with addiction and mental illness.

Over two decades I saw how mental illnesses affected people. Mental illness touches the lives of employees, graduate students, law students, and working professionals. I was particularly drawn to the experiences of law students with mental illnesses. A student's mental illness will likely be brought with them into their careers as attorneys. Entrance into the profession is guarded by the character and fitness portion of the bar exam and its required mental health disclosures. I have contemplated whether requiring a blanket disclosure is good public policy. Learning more about the lived experiences of third-year law students with mental illness will help build a base for future research.

Summary

Phenomenological research methods examine the lived experiences of study participants. Unlike quantitative empirical studies, the research design is less structured and may change slightly as the study progresses. The design of this study recognizes the methodological limitations

while also using its advantages to best investigate the research question. Because so little research has been done a foundation must be built for future research. Phenomenological studies draw from participants' lived experiences rather than focusing on precise questions. A hermeneutic phenomenological method allowed me to better understand the lived experiences of law students with mental illness. The broad data gathered from this study can then be used to determine future research questions.

CHAPTER 4: FINDINGS

Participants shared their lived experiences of attending law school with a mental illness. Their wide and varied experiences reflect the myriad influences that an individual's ecological systems have on them. Although they had different backgrounds, educational experiences, and diagnoses, the students' interviews revealed similarities that can be analyzed through Bronfenbrenner's (1979, 1993, 1995) ecological systems theory. This section offers an analysis of the data gathered through the student interviews using Bronfenbrenner's (1979, 1993, 1995) Person, Process, Context, and Time (PPCT) structure as an analytical lens (Figure 1).

Person

Individuals come to law school with identifiable and unique characteristics as part of their identity, which include their knowledge, skills, and abilities. In addition to the students' experiences with mental illness, they bring with them their academic and family backgrounds, their self-concept, and their past academic experiences. Students bring with them their level of interaction and level of engagement with, and responses to, environmental influences. According to Bronfenbrenner (1993) "the attributes of the person most likely to shape the course of development, for better or for worse, are those that induce and inhibit dynamic dispositions toward the immediate attributes." These attributes are called "developmentally instigative characteristics." (p. 11). The course of individual development is not completely dependent on developmentally investigative characteristics; rather, they influence all other developmental influences upon an individual.

Findings revealed that some law students came to law school with an understanding of their identity as a person with a mental illness; however, other students had not yet developed that understanding. Two recently-diagnosed participants reported that they exhibited behaviors

associated with mental illness for many years prior to being diagnosed. The participants each came to an understanding and acceptance of their mental illness in different ways. As part of this self-awareness, all students identified themselves as being a person and not a diagnosis. The students, however, recognized that their mental illness did influence their development. Steve reported that he reassessed his desired law school outcomes as he became more aware of his mental health. He stated, “I am my own person and the only way I can really define success is through me.” Anna echoed and expanded on Steve’s comment by saying that she made a concerted effort to minimize any affect her mental illness had on her school work.

Two students noted that they became more self-aware of the influences their mental health had upon them after they entered law school. Steve noted that it was not until law school that he truly understood his depression and was able to manage it cognitively. Others, who came to law school with a strong understanding of their mental illness, were better able to mitigate any negative influences the law school experience had on their mental illness. Jason, who experienced several manic episodes prior to law school, already understood how his mental illness affected him. Because of his experience with mental illness Jason, developed coping strategies as an undergraduate. Alex’s experience differed from Jason. Alex did not develop the coping strategies as an undergraduate, rather he developed them in law school. He noted that “I allowed myself to give myself permission to say, ok, this is affecting you. I then can take appropriate measures to avoid any adverse effects in law school.” These experiences and understandings create the students’ developmentally instigative characteristics leading to the development of the person in Bronfenbrenner’s model (1993).

To succeed in law school, any student must show determination and resilience. However, mental illness creates an additional challenge for those law students with mental illness. Findings

showed that successful law students with mental illness display a significant degree of resilience.

To bolster this resilience, Bridget suggested that prospective law students

recognize that it's going to be difficult, and you're going to learn a whole lot about yourself. That could be tricky if you don't have some kind of an idea of what's going on with you. You have to, in some ways, be ever mindful of your own tendencies.

In addition to the traditional rigors of law school, law students with mental illness must focus on managing their illness. Depending on a student's diagnosis, a student may have to cope with psychosis, severe and debilitating depression, or manic episodes. Students urged prospective students to try to understand the magnitude of the emotional costs of law school. Participants suggested that prospective students learn to separate their ego from their law school experience. Participants also urged prospective students who currently have a mental illness to have it well-controlled prior to matriculating law school. Anna shared, "If I hadn't been on depression medication when I started law school, I don't think I would have done as well." Jason stated that he had to begin taking medications again when he entered law school. In retrospect, Jason thought that he should have returned to his medications prior to law school.

As evidenced by four students in my study, some students need treatment in a psychiatric hospital. Hospitalization for mental illness interrupts law students' learning. Law students with mental illness who succeed in law school develop strategies to manage their illness so as to minimize its impact on their academics. Successful students also develop novel approaches to learning and understanding the material. Many of the students in my study used traditional law school methods such as study groups and outlines but also developed study methods that worked in harmony with the manifestations of their mental illness. The student's resilience is not limited to study tools. Students succeeded in law school because of their drive and desire to be an attorney. One student in the study, Penny, said that she wanted to be a lawyer since she was five years old

and that she would not “let anything stand in the way.” Despite having significant mental illnesses, law students can and do succeed in law school.

Process

Bronfenbrenner (1979, 1993, 1995) defines Process as the developmentally investigative characteristics that influence the process of development. I investigated how developmentally investigative characteristics influenced the development of law students with mental illness. As participants reflected on the mental health and law school experiences they revealed their individual developmentally investigative characteristics. Through the series of interviews, the law students’ responses revealed the answers to my study’s underlying question: “What does it mean to be a law student with mental illness?”

Some law students engaged in criminal behavior before entering law school, which began the journey of their mental illness diagnosis and acceptance. Steve had multiple incidents with the law. In high school he was arrested for two alcohol-related misdemeanors. Later, in college, he was arrested for another alcohol-related crime. Steve later found out that he was an alcoholic and had depression. After a violent outburst and lengthy hospitalization as a result of an involuntary civil commitment Jason was diagnosed with a mental illness in college. After his involuntary commitment Jason began to understand his mental illness and how it was a part of his being. Alex talked about his process of understanding and how difficult it can be by noting “maybe culturally we don’t talk about our problems out loud.”

For some law students, the process is on-going. Kennedy was in her final year of law school when she realized that “I think law school in general, in terms of bipolar, has helped me realize that if I can make it through law school at [her law school] I will be able to be a competent

attorney.” Despite her insight, she still struggles to understand her mental illness and how it affects her. Kennedy noted that it may be difficult to control her emotions when working with clients

I have to regularly make sure that I’m seeking treatment to make sure that I have an outlet to get rid of those emotions, and being able to check myself in the moment so that my emotions don’t override me.

Unlike other participants, Penny’s mental illnesses surfaced during primary school and continue through law school. Her understanding and acceptance of her mental health concerns began in secondary school. Penny’s experience with special education made her realize that despite having some learning disabilities and mental illnesses, she was intelligent and capable of high academic achievement stating, “I knew that I had to work harder than others in law school, but I did well in high school so I knew I could.” These developmentally instigative characteristics noted above influenced the students’ developmental process.

Context

Context, in Bronfenbrenner’s model (1979, 1993, 1995), places the individual student at the center of the various ecological systems in which they develop. As noted above, Bronfenbrenner’s four systems are: the microsystem, the mesosystem, the exosystem, and the macrosystem. Each of these four systems influence an individual’s behavior from something as close to an individual as a face-to-face conversation and something as removed as federal mental health policy. The following sections will address the law students’ experiences within each of the systems.

Microsystem

The multiple face-to-face interactions in an individuals’ daily life reflect Bronfenbrenner’s (1979, 1993, 1995) microsystem. Like other students, law students interact in numerous microsystems, which influence their success in school. Some microsystem interactions students

revealed created positive influences on the student, while others experienced negative influences. The microsystems in the law school environment can lead to feelings of isolation from others. Although all of the students reported feeling isolated at some point in law school, they all were able to eventually overcome it. Some microsystems the students revealed included family, friends, and significant others among others. This section discusses each of the five microsystems revealed in my study and how they affected the students. The following paragraphs will discuss each of these five microsystems: family, significant others, friends, other law students with mental illness, and faculty.

The microsystem of family. All participants reported having a family-based microsystem. Parents and siblings made up the law student's family-based microsystem. A strong support system enhanced law students' ability to successfully navigate their law school experience. Family, friends, and romantic partners who actively supported their law student helped create an environment that allowed the student to succeed. Anna reflected

I keep in touch with my parents a lot. I talk to my mom every week and have as long as I can remember since I've moved home. I really mostly talk to my mom about this stuff and my boyfriend.

Anna also gets support from her sister who also has depression.

In some cases, students' parents were the first to encourage their child to seek help for mental illness. Steve's father encouraged him to seek help and revealed his own mental health concerns to Steve. Through this sharing, Steve was better able to understand his own mental health and knew that he had the support of both parents. Anna and Linda both have family members who were physicians. Their family members observed behaviors in them that could be associated with mental illness and encouraged the students to seek help. Kennedy noted that students need to find family members whom they trust because "it's not safe to reveal a mental illness to everybody" in

law school. When parents and family members encouraged their student to seek treatment, some family members revealed their own mental health diagnoses. Ten of the students had family members who were diagnosed with one or mental illnesses. Knowing this, the students were better able to understand and accept their own mental illness.

Although the students reported that strong family support helped them through law school, the same students also noted that they faced challenges in the family microsystem. Extended family often could not understand the experiences that students had during law school. Bridget's extended family members chastised her for not being more involved in family events. She noted, "my husband's family, it would be a lot different if I were to talk to them about it with them. They wouldn't understand." In addition, Anna noted that "my brother and I are close, but don't talk as much, as, well because he lives in Houston away from my family and his wife's a bitch, so that presents problems as well." Although Steve's father was generally supportive, he occasionally made comments that disappointed Steve. By way of illustration, Steve shared his experience when he told his father about his mental illness:

My dad, he was concerned at first. He certainly was. One thing he doesn't really like and isn't overly supportive of is the AA stuff. Because I think he tried it for a while and he never stuck with it.

Steve reported that his father once said that "it makes me upset that I just can't have a beer with my son." Despite Steve's father's own mental illnesses, he could not understand and empathize with his son's mental illnesses.

The microsystem of romantic partners. The role of a student's romantic partner plays a strong role in their law school success. Students in serious romantic relationships found their partners to be supportive of them attending law school and their mental illness. Lily noted that when she was in a relationship it helped calm her mood and maintain better focus. Anna reported

that she and her boyfriend, who has depression, were able “to reach out to each other if we need it.” Bridget is married to a psychologist. Although her husband was supportive and sympathetic, his knowledge and experience sometimes placed stress on their marriage. Bridget noted “for a while we fought all the time. He understood my depression, but it was hard for him to deal with while I was in law school. I almost left him but I knew it was my mental illness talking.” Several of the students reported that they were in relationships with persons who also had a mental illness and that created a mutual support system. Although romantic relationships in general can be stressful, none of the students reported that these relationships created additional stressors outside of law school or their own mental illness.

The microsystem of friends. In addition to family and significant others, students engaged in a microsystem comprised of law student and non-law student friends. Law school can be a difficult place to make deep and lasting friendships because of fierce competition for desirable jobs after graduation (Hegland, 2005). The students in my study were particularly careful about whom they befriended. Before law school some students in my study did not understand mental illness or would stigmatize mental illness. Students made efforts to ensure they revealed their mental illnesses only with trusted friends. Sharing the knowledge of the student’s mental illness with law school friends was a much more complex dynamic than with non-law student friends. Students were reluctant to reveal their mental illness to most of their law school friends for fear of stigmatization or marginalization. Steve, a strong advocate for mental health reform, was fairly open about his own mental illness but was treated “differently” by his acquaintances after he told them about his health concerns. Steve also made friends with an older law school student who helped guide him through the first year of law school. The two pursued their academics together and also spent recreational time together. For those students able to make friendships strong

enough to tell them about their mental illness, the students expanded their support system and found greater success. However, because it can be difficult to make friends in law school, some students struggled with their mental health, academics, and social lives early in their law school careers. Anna said that “it was too hard for me to make friends when I was down. I didn’t have the energy to leave my apartment. I just didn’t want to deal with everything.” She did share that when she felt well, she was a relatively social person, but still avoided making friendships.

The microsystem of other students with mental illness. Another key microsystem included other students with mental illness. Those students who interacted with other law students with mental illness found people with common experiences and understandings. Although many of them did not develop friendships, they did find peer support that helped them cope with their experiences.

Kennedy and Lily noted that other students noticed their behaviors that could be associated with psychiatric illness and often approached them about their own mental illness to offer support. Kennedy noticed a dichotomy among students at her law school saying:

Most of my friends who have told me that they too suffer from some kind of mental illness are the leaders. It’s never my top 10% friends.³ They don’t ever admit it. Those people will get to be driven, the physical symptoms of a physical shit that’s happening with their body before they’ll ever admit that there’s anything wrong with them. Some of my top 10% friends have now been on anxiety medication while studying for the bar. Of course, they’re telling me because, why wouldn’t you tell?

Kennedy’s observation reflects the stigma associated with mental illness, especially among high achieving law students, but also the willingness of some students to eventually reach out to other students with mental illness. Another student, Jason, found a similar phenomenon when relating his experience regarding an exam.

³ In law school, “top 10%” refers to students ranked in the top ten percent of their class.

I'm sitting there, about to take my final and this guy is saying and he's like.... Then he shares that he has depression and is on antidepressants and that he could go out and get that extra time but he has dignity. It was like this weird conversation and way to divide the mental health community up to those who get the treatment and have dignity and are going to be normal and those who can't hack it or going to go on for a tool that actually does help them. Maybe, they shouldn't. That was a sad moment.

Jason's experience illustrates how peers with mental illness also perpetuate stigma and influence other students with mental illness. This particular microsystem reflects the complex relationship between students with mental illness and their similarly situated peers.

Microaggressions in the microsystem. Participants talked about microaggressions they experienced during law school. Students talked about how faculty interactions sometimes included the use of microaggressions in the classroom by using clinical mental health related words in a pejorative way. More commonly, law students reported how peers said "the weather is bipolar" or refer to someone who acted in a wild manner as "insane." Kennedy shared an experience when talking to a fellow student about a mass shooting. The student said that the shooter must have been "schizo." This microaggression reinforces the false perception that individuals with mental illness are dangerous. When Lily and Linda verbalized that they were feeling depressed, they both reported that some family and friends responded with microinvalidations. Microinvalidations minimize an individual's experience with mental illness. Lily noted that her friends would say "oh, I sometimes get sad, too." Linda's family sometimes responded similarly by saying "you'll be fine. Just get over it." Microinvalidations like these influenced the lived experiences of law students with mental illness.

The faculty microsystem. Students interact with faculty outside of the classroom during law school. This microsystem influences how students with mental illness experience law school. Most students felt comfortable approaching individual faculty members about their mental illness if the illness affected their academic performance. Three students, however, were more

discriminating in their interactions with faculty and would not confide in faculty about their mental illness. Anna noted:

One of my teachers, I would have no problem with them knowing I have depression. Others, I would not want to know, like the more conservative ones or the ones that are not willing to help their students other than teaching and researching.

Whether in the classroom or outside the law school, students remained skeptical about sharing their mental health diagnoses with faculty. Those students who developed relationships with faculty outside of the law school environment were more likely to confide in them. Linda developed a friendship with her “work out buddy” who was an assistant dean of the law school. Students who shared their mental health experiences with faculty thought of them more as peers outside of the classroom. I call this concept “life peers.” Life peers are persons who have similar life experiences as another individual who may or may not be of similar age. Rather, these individuals share common life experiences. In law school, students of the same age and life experience as faculty are not in a peer relationship. However, outside of law school, some students and faculty share many life experiences and are termed “life peers.” Students who were more open with faculty, and saw faculty as life peers, were also more likely to be strong advocates for mental health support.

Mesosystem

In Bronfenbrenner’s model (1979, 1993, 1995), the intersection of microsystems yields mesosystems. As law students navigate law school, their microsystems intersect creating complementary or conflicting mesosystems. For example, a student may receive competing ideas of what it means to be a law student with a mental illness. The student’s friend may see the mental illness as simply being a part of who his friend is, while a faculty member may be wary about the student. I discuss the mesosystems revealed in my study in the following section.

Students reported that the influences among their microsystems complemented one another. The influences from most of their microsystems reflected complementary messages. However, the convergence of other microsystems with the faculty microsystem often resulted in competing messages. As noted earlier, students perceived faculty to have different attitudes towards mental health. Because of diverse faculty perceptions, the faculty microsystem both complemented and competed with messages from the other microsystems. In some situations, students perceived faculty to be unsupportive of the law student while the same student's friends supported them. This reflected the competing messages from two different microsystems. Conversely, some students reported that faculty and family sent complementary messages supportive of their experiences with mental illness while in law school. The remaining microsystems consistently reflected support for the law student and sympathy towards the individual. Student perceptions of faculty attitudes towards mental illness varied among the individual students. As discussed earlier, students reported that some faculty members were supportive of law students with mental illness and others were perceived to have negative views of law students with mental illness. Anna and Lily both reported that faculty members were generally supportive but, according to Anna, "it would depend on the faculty person." Taken in conjunction with the other microsystems, the faculty microsystem influences could compete and complement the other microsystems' influences. Such mixed messages may have an effect on the law students' development and instill a sense of self-stigma.

Exosystem

The exosystem in Bronfenbrenner's theory (1979, 1993, 1995) represents the influences on individuals in which the individual is not *in situ*. Influences in the exosystem are more distal from the influences in the individual's microsystems and mesosystems and the student has little or no influence over them. Specific microsystems can dissolve over time and the individual may no

longer interact with the individuals in those microsystems, but the dissolved microsystems can still influence the individual. When former microsystems continue their influence, they become part of the exosystem. For example, old friends may still have an effect on the individual long after they no longer interact. ABA rules, faculty and administrative decisions, financial aid policies, and state bar association policies represent examples of exosystem influences. This section discusses the exosystem influences revealed in my study.

Isolation and the exosystem. The large amount of reading coupled with a great deal of time dedicated to studying limits how much time a student can spend on other pursuits. The result, as evidenced by the interviews from this study, points to a sense of isolation during law school. Nearly every participant commented on how isolating law school is and how disconnected they felt from others during law school. They reported that they were far less social than they had been prior to law school. Several of the students believed that law school was an isolating environment, but that their mental illness exacerbated their isolation. Jane remarked that

I started to turn down everything. Relationships from high school ended because I didn't return phone calls. I didn't connect with them at all any time they reached out, so those relationships ended.

When Kennedy felt depressed she avoided her classmates, and Jane withdrew from most of her relationships. The lack of social contact affected the students' mental illness and their academic performance. When Bridget was on medication, she isolated herself out of fear of stigma. She went on to note that she "did not really talk to anybody at school a lot." The concept of law school as a lonely place reflected a recurring theme in the participants' feelings. Jane summed up the loneliness stating

The problem with law school is, first of all, you feel you're alone to begin with. You can't, your family and friends cannot understand why you're reading for seven hours a day or why you're freaking out about a trial brief or something.

Jane added that “for people who already have [a mental illness] and for people who may develop it during law school, it’s very stressful. It’s a lonely place, it’s very stressful.” Lily commented that “I just felt a little bit of distance. I felt it was something I was doing, not something I was being.” Accompanying this sense of distance, Penny remarked about her sense of isolation, “I wish there was somebody who was trying to help me.”

Lack of institutional understanding as an exosystem influence. The lack of institutional understanding of mental illness permeates the exosystem. Students reported that, although some individual faculty members are supportive, law schools fail to recognize mental illness as a legitimate factor affecting students’ lives. Jason noted that his highly ranked law school seemed “nervous” regarding mental health issues and minimally supportive of mental health programs. He noted, “I think they don’t necessarily want mentally ill students because they’re worried that they’re going to drop out and not succeed.” Bridget echoed Jason’s comments saying “I am not sure that I would say that my school is best for students with mental disability, just because I don’t think it is supported.” Jane also believed that her law school’s support of students with mental illness is “not really that strong.” Further, Kennedy said regarding her law school, “I don’t think they know what to do with it. I think they’re getting better. I don’t think they have a fucking clue what to do with it.” Conversely, Steve believed that his school took a more progressive approach to mental health. He noted that the law school sponsored an event by the Dave Nee Foundation. The foundation helps raise awareness of mental health concerns in law students. Further, his law school actively encouraged Steve to promote mental health awareness and share resources with other students.

As noted in Chapter 2, some law schools, or their host institutions, offer some form of psychological counseling, but students consistently reported difficulty in finding those resources.

Whether law schools did not effectively market their services or if participants did not retain the information shared cannot be determined in my study. The next section discusses the law students' perceptions about law school mental health services.

Several students pointed out that law schools have facilities to assist students with physical disabilities but are ill-equipped to assist students with mental illness. Penny reflected that "if you have a disability or whatever, it's not like somebody will come in and say, 'Oh, we have resources for you. Come here today.' It's more like find it on your own." Jane also reported that, outside of a 15 minute talk about drug and alcohol abuse on the first day of their 1L year, there was no discussion of mental health resources. She noted that "there are no flyers around school that advertise any sort of counseling, or sort of support services." Penny said that the only support her law school offered students was an email sent during finals encouraging students to "take care of your mental health when you're studying for exams." No direction to resources was given in those emails. This thought was echoed by Deborah who said that her school does not "really push the fact that there's supposedly services. Nothing ever crossed my mind that there were any kind of counseling services available." Some law schools address stress during finals, but do not take into consideration other more chronic illness. Bridget shared an experience in her law school:

I know that it [mental health] is on their mind. I can tell that it is there. I think it was three years ago, they had a student who committed suicide in the middle of finals. I know that it is on their brains, I just don't know that it is the prevalent thing for them. However, during finals this time, I just realized every other finals series I have been through, they have brought in dogs for us to play with. It is part of a "don't stress out during finals, play with a puppy."

Students believe that law school administration sees mental illness only through the lens of exam week stress. As a way to support students experiencing exam week stress, some schools have brought in puppies, offered chair massages or other similar opportunities. Students reported that law schools did not offer substantive psychological services for students experiencing stress during

exams or during the academic year. Kennedy summed up the law school perception of mental illness: “I don’t think they know what to do with it.” Likewise, Bridget noted that her school was not “the best for students with mental disability, just because I don’t think it is supported.”

The law school milieu and the exosystem. Beyond the institutional response to mental illness, the environmental influences within the law school profoundly affect law students with mental illness. The competition, coupled with small group dynamics, create an environment that can negatively affects students. Students experience stress resulting from peer social norms and academic competition. Graduating law students earn numerical rankings based on their academic performance over their law school career. The rankings result in tremendous pressure to excel because higher ranking students receive more prestigious job opportunities.

The pressure to excel further compounds the problems that 1L students face when they experience law school teaching methods. The teaching methods challenge the students’ thought processes and teach them how to “think like a lawyer.” Lily recognized that dynamic when she said:

Just the whole legal culture of suppressing, disregarding your personal feelings and being very disconnected from what’s inside you, having to think in all these really distorted ways. I think that cuts you off from recognizing there’s something going on with you. Then the idea that if you’re feeling overwhelmed and stressed or if you’re having problems that just means that’s normal because you’re in law school. That is par for the course and that doesn’t signal some other issue.

Most students found that the law school dynamic resembled high school with cliques and “drama.” This dynamic often caused greater anxiety and stress to the students with mental illness. Older students found this social dynamic frustrating and taxing on their mental health. They feared that revelation of any mental health concern would be the subject of gossip and would affect their ability to succeed in law school. Despite this apparent disdain for the perceived social dynamic, these same students sought tacit acceptance among their law school peers. Participants noted that

their peers did not understand mental illness and relied solely on popular culture references for understanding. The law students' lack of mental health knowledge contributes to their fear of those with mental illness. Students more open about their mental illness felt stigmatized and marginalized by some of the student body. As Kennedy noted, "you have to be very careful about who you talk to about your mental illness." Conversely, the older students in the study who revealed their mental illness often found peers who were also diagnosed with a mental illness.

Legal pedagogy and the exosystem. Contemporary legal pedagogy differs significantly from undergraduate pedagogy (Hegland, 2008). As noted in previous chapters, first year law school classes have very few exams, often require students to actively participate in class via the Socratic Method, and force students to think much more critically than as undergraduates. As students progress through law school, the Socratic Method gives way to seminar-based classes. Students expressed support and distaste for law school pedagogy. Anna liked the Socratic Method noting "I like the Socratic Method, when there's discussion, not just someone lecturing me. I think the best classes I've had were teachers who really made an effort to interact with their class even beyond their class asking questions." Although Deborah initially did not like the Socratic Method, she later found that it was an effective way for her to learn and also to help her cope with anxiety issues, "After a while I was able to participate like a normal person just fine and it got to the point where I was one of those annoying people that [sic] was participating all the time." Kennedy remarked during one interview that "I actually hate to admit this, but I enjoy the Socratic Method." Not all students approved of the Socratic Method. Bridget noted that it "more than anything, sometimes it prevents me from going to class altogether. It would be more than participating in class. I have a lot of days when I was emotionally exhausted so all I could do is stay home."

Similarly, Jason found that being called on in class created anxiety, which clouded his reasoning.

He noted,

Really, I prefer not to participate in school. I prefer not to participate and I do, I need to. I think it's largely because of anxiety that crops up at the moment it's going to happen. It also affects being on medication and just kind of feeling just a little bit out of it, a little bit tired all the time and suck my ability to, one, want to pay attention, and two, like follow the lecture.

Linda and Jane also reported that cold calling exacerbated their anxiety. Cold calling is when the instructor randomly calls on a student in class to answer questions. Lily, on the other hand, found that being called on in class helped her cope with her anxiety. She noted, "I think that overall I think I've been able to manage my anxiety better."

The law school environment significantly influences law students' mental health. All of the students spoke at length regarding how the law school environment affected them. Each participant found that there were unspoken pressures in the law school environment. Bridget remarked that

we are all high achievers going into a situation where not everybody can come out on top. It is set up that way. I guess it's set up to be stressful. It's set up to get you to a breaking point almost just the way of its nature.

Anna echoed the sentiment that there is "this drive to be everything to everyone. There's so much pressure. I guess it's the overall atmosphere of succeed, succeed, succeed." Moreover, Deborah reflected that "you constantly feel like there's a spotlight on you. You're constantly scared of when you're going to be called on. You better be prepared. You better be ready to stand up." Jane shared her observation regarding the unspoken pressures

I think law school is just one big head game, unfortunately. I think that's the most difficult thing. As I mentioned probably earlier, before, everybody who enters law school prides themselves on their intellect. And when you get into this situation where you're not going to....not everybody's going to be in the top five percent, most of us are going to be in the middle, or just average, God forbid, "average." It plays in your head, because that's a real part of you. I prided myself on my intellect. And now that I'm not the most intelligent person in the room who am I now? What am I now? Am I still a smart person at all?

Lily, who attended a different law school than Jane remarked that law school “was like boot camp or something. You know? This is like the professors are playing a game with you to see what you’re made of. That whole attitude.” Kennedy summed up the participants’ comments by simply stating that “the law school experience is scary.”

The stressors created in the law school environment negatively affected the participants’ mental health. Deborah observed

law school is a breeding ground for problems. You’re taking a lot of caffeine, you’re not getting proper sleep. It’s just like a birthing place for hypomania and mania. And then you fall off that and then you’re in a depression and you can’t get out of bed, you know, with all that stress.

Students reported that law school influenced their own mental health. Jason commented that the law school experience has

constantly been the reason for ups and downs in my life for the past three years. I’ve been off of medication for about two years before I entered law school and within the first two months I had to go back on medication and I think that was the mix of the stress. Always thinking, being sort of in my head as a student and the competition that came with being in law school, you know. It triggered a hypomanic phase for me. It got me back onto medication and requiring medication and intensive, you know, treatment.

The perception that the law school experience exacerbates problems associated with mental illness was a theme throughout the interviews. Jason noted that “I think mental illness is very overwhelming and stressful to begin with, but then if you couple that with law school, the experience of law school, it can make it even worse.” In addition, Kennedy shared

I think it’s challenging on a daily basis for me with mine, to not dwell on things I’ve said in class. Like today I said a wrong answer. For anybody it’s going to be embarrassing, but for somebody with anxiety and depression it’s about ten times worse, I think. I think it’s a struggle on top of law school being a struggle.

Law school can be challenging for any student, but, as noted above, it can be especially challenging for students with a mental illness.

Lawyers in the United States have a higher rate of substance abuse issues than the general public. Research indicates that 6.8% of the population has substance abuse disorders and lawyers have a substance abuse rate of 20.6% (Krill, Johnson, & Albert, 2016). Students attributed the problem, in part, to alcohol use and abuse during law school. Steve, who is an alcoholic, was particularly sensitive to the issue.

I definitely think this [alcohol use by law students] ties mental illness into substance abuse. It bothers me a little bit how supportive law schools, administrations, and faculty are of all the campus networking events. That's a huge thing at [my law school]; we have a keg every Thursday afternoon. There's a lot of events where you can get drunk with faculty.

Both Jason and Steve believed that the law school either tacitly or explicitly supported the alcohol use environment. Jason noted

I think the best way to understand this is to examine the law schools and you see that the law school sanctioning peer socializing that is alcohol-centric. I think that's a big problem and I think it's something that starts from the law schools and the law schools are supporting and it carries on into the profession, and I think that's why, as a profession, we have the highest rate of substance abuse among the professions.

Jason further argued that the common use of alcohol at law school sanctioned events leads to self-medication for students under stress and students with mental illness. In turn, students with a mental illness may not seek help.

The legal profession as part of the exosystem. According to students I interviewed, the legal profession views mental illness negatively. Students believed that the legal profession perceives mental illness as a weakness and an impediment to being an effective lawyer. Jane noted

My perception of how the legal community views mental illness is that it's a weakness. I mean, this is a really strong profession. You have to be assertive, you have to be strong. And if somebody is viewed, a mental illness, if you're depressed, it can be a weak point, something that you can use against your opponent in court, or in negotiations, or whatever. I think people, therefore people hide any sort of mental illness that they might have, because you don't want your opponents to know that you're weak.

Kennedy also believed that the legal profession views mental illness as a weakness noting, “I feel like my being mentally ill is going to be a little, how do you say? Kind of like a ding in the armor to what people think lawyers are.” Anna expressed concern with hiring practices at law firms saying “the legal community is too sensitive, too being scared to actually tell that that’s the reason why you are not getting hired or that’s the reason they don’t want to work with you.”

In contrast, Jason considered the legal profession more accepting of mental illness. During a job interview he shared that he had Bipolar Disorder. After the interview the lawyer told Jason that his mother had bipolar illness. The interaction opened up a dialog between the two which resulted, not only Jason being hired, but helping to draw stigma away from mental illness. Bridget expressed her perception that some smaller law firms might be more accepting of an associate with a mental illness as compared to the larger, more prestigious law firms.

Character and fitness questions as an exosystem influence. Each state requires applicants to the bar to complete a lengthy form to determine the applicant’s good character and fitness to practice law. As noted in the preceding chapters, the application includes questions related to an applicant’s mental health. Applicants are required to disclose their current mental illnesses, treatment practices, and any negative behaviors associated with their mental illness. The reporting requirements concerned the students. Linda, who was in the process of completing the character and fitness portion of the bar application at the time of the interview, remarked

I’m avoiding sending in an answer to the character and fitness people, explaining just actually what my problem is. I felt like I had to disclose, which I would rather not, but you know. I’ve been procrastinating on that for almost three weeks, because I’m not sure exactly how to frame it in a way that makes me feel concerned and forthcoming, yet more or less together.

In a later interview, after she had submitted her application, Linda remained concerned

I’m still living under that constant threat right now because I’m pretty sure they’re not going to approve me. I think I’m going to pass the bar exam with no problem and then

they're going to tell me that's just....that's super but we're going to maybe have a hearing, I don't know. That constant background sense of impending doom is there all the way through law school.

Although Kennedy expressed concern with the character and fitness questions, she saw that they may be an impetus to seeking help by saying

You can't really become a lawyer without dealing with your shit because it is on the bar app. Any bad decision you've ever made in your whole life from financial to behavioral or whatever, you're going to review it and hopefully your life is easier than mine and you didn't make a lot of bad decisions.

Deborah also expressed a similar sentiment noting

whether someone has some type of mental illness or something like that doesn't mean that they're going to go and be a bad lawyer. You can not have a mental illness and still go and be a bad lawyer. That's why we have all these protections in place.

However, in a later interview, she shared concern regarding the character and fitness application noting "the fact that I have to get an attorney to help me get through character and fitness because of this is not cool. It shouldn't be a problem if I can do my job."

As seen from the examples above, law students understand why the character and fitness questions about mental health are asked but question the need for them. In turn, the students are wary of disclosing a mental illness. They also perceive that the questions inhibit law students from seeking help for their mental illness during law school.

Macrosystem

The macrosystem in Bronfenbrenner's model represents those forces most distant from the individual (Bronfenbrenner, 1979, 1993). The macrosystem contains all the other systems in the model and are the "developmentally instigative belief systems, resources, hazards, lifestyles, opportunity structures, life course options, and patterns of interchange that are embedded" in the other systems (Bronfenbrenner, 1993, p. 25). Students did not make specific reference to macrosystem influences, but some of their comments did reflect some of the influences in the

macrosystem. The macrosystem influences included concerns about the cost of mental health care and being involuntarily committed to a psychiatric hospital.

Students' comments revealed a perception that mental illness in the U. S. is not understood, and even more so in law school. The lack of understanding and knowledge about mental illness contributed to the perception that persons with mental illness have a weakness. These perceptions inhibit discussion of mental illness. Alex noted, "culturally, we don't talk about these things." Penny also said that her African-American community in particular, and U.S. society in general, actively avoids discussions surrounding mental illness. She noted, "you know, we just don't talk about that...the Black community. And down here [in the South] we really don't talk about it." The desire to avoid discussing mental illness may affect the micro-, meso-, and exo-systems.

The macrosystem includes government policy and law. The MHPA represents a macrosystem influence that affects law students with mental illness. The MHPA was designed to ensure that mental health benefits offered through insurances are at parity with medical health benefits. Further, group health plans could not impose different financial or coverage restrictions on mental health benefits. For those students with health insurance the MHPA gave them an avenue for treatment for mental health concerns through insurance. However, if students do not have health insurance then the MHPA does not provide change their access to mental health treatment via insurance coverage. Mental health parity may encourage students to seek help if they have health insurance.

Two participants entered a psychiatric hospital through the involuntary commitment process. Involuntary commitment laws, also known as civil commitment laws, can influence law students with mental illness. All 50 states passed legislation regarding involuntary commitment, with each state's law differing slightly, but each state uses harm to self or harm to others as one

standard to involuntarily commit and individual (Mental Illness Policy Org, 2016). If a law student poses a risk to themselves because of suicidal ideation or suicide attempt and wants to seek help, they may be reluctant to obtain that help at a hospital for fear of being involuntarily committed. Because involuntary commitment is a deprivation of liberty, the process is a legal action (Mental Illness Policy Org, 2016). As a legal action, students seeking admission to the bar are required to disclose the involuntary commitment on their character and fitness application. The required disclosure of involuntary commitment may deter students from seeking treatment for a significant mental illness.

Time

An individual's development does not occur in a single moment in time; rather, it unfolds over the individual's "life course" (Bronfenbrenner, 1995, p.641). Bronfenbrenner posited that the individual's sociohistorical experience is a significant factor in development (1995). He recognized this as the chronosystem. The "chronosystem takes into account the cumulative effects of development before college, the course of events during college, and the larger effects of sociohistorical influences on identity and development" (Renn, 2003). Participants' awareness and understanding of their mental illness occurred over several years. This section discusses the law students' development through the chronosystem.

Students' interactions over time reflect changing societal attitudes towards mental illness. Over thousands of years of human existence, society's view of mental illness has changed. Early Greeks viewed mental illness with shame, which stemmed from the demonologic-magical and biological theories common at the time (Simon, 1992). This trend of equating mental illness with evil influences continued in the 1600s in colonial America (Mora, 1992). The prevailing view of mental illness in the 19th century eschewed the ancient idea of demons and loss of biological

control and moved to a more medical perspective (Comer, 1999). By the 1950s, pharmacological interventions became available which entrenched the concept that mental illness was no different than a physical illness (Valenstein & Charney, 2000). As the medical-based concept evolved, the APA developed the DSM to systematically classify mental illnesses. This reinforced the concept of mental illness as a medically-based disease. The growth of psychology as a treatment contributed to society's perception of mental illness. Various schools of thought rose and developed their own perspectives of mental illness thus influencing society's views. Law students in the early 21st century exist in a very different perception space than they would if they were in ancient Greece, the Middle Ages, or colonial America. Their understanding of their own mental illness would be very different than it is under contemporary conditions.

Suggestions from Study Participants

As part of the study, I asked participants for suggestions that they might give to prospective law students, faculty, and the legal profession. The participants' recent or contemporaneous experiences, observations, and suggestions provide a candid and timely method to assess students' beliefs about the legal education system. Their suggestions, incorporated into Chapter 5, help paint a deeper picture of their lived experiences and how students, law schools, and the legal community may be able to better address growing mental health issues.

Summary

The students' responses help scholars better understand the lived experiences of law students with mental illness. Using the lens of Bronfenbrenner's ecological systems theory, I was able to explain how their lived experiences influenced students with mental illness. The influences of proximal and distal forces on a law student with mental illness shape their experience in law school. The students' microsystems centered around family, friends, and significant others. These

systems heavily influenced students in a positive way; while other microsystems influenced them in more negative ways. As reflected in the mesosystem, most of the microsystems' influences complemented each other, while the faculty microsystem had both positive and negative influences.

Students spoke more about the exosystem influences than any other system. As evidenced above, there were numerous influences in the exosystem. Students reported that the law school milieu, the legal community, and the character and fitness portion of the state bar exam strongly influenced their law school development. The exosystem influences likely were more identifiable as influencers than microsystems. Since the exosystem represents a more distal part of the individual's environment, it may give the students greater distance to look more closely at the exosystem influences.

Absent from the students' responses were macrosystem and chronosystem influences. Because these systems are so distant from the individual the students may not be aware of how they influence their development. However, I was able to extrapolate some influences from the participants' responses. Federal and state mental health laws can influence a law student's ability and desire to obtain treatment for their mental illness. Some laws allow for greater access to treatment, while others serve as a deterrent to help-seeking.

CHAPTER 5: DISCUSSION, IMPLICATIONS, AND FUTURE RESEARCH

Researchers have not investigated the lived experiences of law students with mental illness. Most existing literature on law students with mental illness is dated and limited. My qualitative study is the first multi-institutional investigation into the lived experiences of law students with mental illness. Students shared their experiences in law school and discussed what helped them succeed and what challenged them. Chapter 4 presents the findings of the research and this section discusses those findings; presents implications for practice, the bar exam, and theory; and makes suggestions for future research.

Law School Environment and Challenges to Law Students with Mental Illness

Findings demonstrate that the law school environment, due to its competitive nature, presents challenges for students with a mental illness. Students are afraid to be open about their mental illness because they may be thought of as weak or have a potential future adversary unethically use that knowledge to their advantage. Students regard the legal profession as closed and conservative towards mental illness. This perception reinforces the belief that law students with mental illness should not disclose their illness publicly. Findings also indicate that the competitive nature of law school leaves little room for students to show any perceived signs of weakness. Accordingly, the competitive nature of law school exacerbates its challenging nature for law students with mental illness.

The Effects of Stigma

Findings reveal that stigma permeates the experiences of law students with mental illness. The student body, faculty, law school administration, and the legal profession exhibit signs of stigma toward mental illness. Faculty members using inappropriate references to mental illness in the classroom further ingrain stigma. The mental health questions on the character and fitness

application exacerbates pressure to successfully pass the bar exam. Stigma, then, produces tremendous negative impact on law students with mental illness.

Findings revealed that law students with mental illness regularly encounter microaggressions. As noted above, students reported that faculty members used inappropriate mental illness references in class lectures, and fellow students committed microaggressions in the classroom and in the law school. These actions create a hostile environment for the law students with mental illness, causing most of them to not speak openly about their illness. Like microaggressions based on race or gender, microaggressions based on mental illness reflect a sense of stigma and have an influence a law students.

Environmental factors, such as family support, peer support, and community values and perceptions influence how law students with mental illness find success in law school. Students who surround themselves with a strong support network can succeed in law school. This study revealed that effective networks include family, friends, and peers. The diversity of individuals within the student's microsystem gave them differing types of support depending on the type of relationship they have. Conversely, some community values and perceptions inhibit some aspects of success for law students with mental illness. The negative influence of stigma deters law students with mental illness from being open about their illness. Students believed that law schools and the legal profession exhibited a stigma against mental. Successful law students with mental illness recognize the stigmatization of mental illness and avoid disclosing their illness.

Implications for Law School Student Services Practice

Findings from my study suggest four implications for law school student service practitioners. First, the policies and procedures used in law schools should be reviewed to meet the needs of law students with mental illness while also ensuring a rigorous education for all students.

Second, law schools should consider aggressive education efforts regarding mental health and resources for students. Third, law school student services offices can take a leadership role in reducing the stigma of mental illness in law school and the legal profession. Fourth, law schools can help guide students with mental illness through the career placement process more effectively.

Students expressed frustration regarding law school policies and procedures relating to testing accommodations necessary because of mental illness. Some law students' mental illness can have a profound influence on their ability to take tests or complete other assignments. Students may have the intellectual ability to perform well on tests and assignments, but may have cognitive impairments brought about by their mental illness or by treatment for their mental illness that inhibit their ability to do so. Based on the findings, I make recommendations for students to more effectively seek and obtain necessary accommodations.

1. Law schools should develop policies and procedures to make requesting accommodations fast and simple. Procedures should be clear and concise with complete detailed instructions listed. The procedures should be streamlined and should not place undue burden on the student. However, such procedures must comply with the ADA. Students should be made aware of the opportunity to request accommodations, be informed of the process, and expect to have a resolution in a reasonable amount of time.
2. Efforts to inform students of the opportunities should be available at student affairs offices, distributed during orientation, shared with faculty, and posted on the law school's website.
3. Law schools should inform students about the opportunity to request accommodations early in the students' law school career and repeated often.

By modifying policies and procedures related to requesting accommodations, law students with mental illness may have better academic success in law school and in passing the bar exam.

Participants in my study reported significant difficulties in finding information about mental health services at their law school. The students also expressed frustration with a lack of resources at their school. Law schools could educate their students about resources during orientation. I recommend that law schools do the following to help resolve this issue:

1. Introduce students to the resources available early and reinforce the availability of services on an ongoing basis. First year orientation presents an excellent opportunity to begin informing students of services. This will also help remove stigma and offer students better access to mental health treatment.
2. In addition to publicizing services, law schools should consider offering mental health services separately from their host institution. Having a mental health professional housed in or near the law school provides greater access to treatment options than relying solely on the host institution.
3. Law schools should prominently display information about mental health resources on their website.
4. Information regarding mental health resources should be posted on bulletin boards throughout the law school.
5. Faculty should be made aware of mental health services through faculty training or through brochures.

As Kennedy suggested “an ABA accredited law school should not be able to function without a counseling center, a social worker, a licensed psychologist, somebody who’s on staff at the campus.” Mental health professionals who work solely with law students could allow them to

better understand the unique needs of law students. Counselors whose caseload is limited to undergraduates or graduate students, likely would not understand the law school dynamic and unique stressors associated with law school. Providing the services of a mental health professional on campus could encourage students to seek help.

Practitioners could lead efforts to reduce the stigma associated with mental illness.

Practitioners can engage outside organizations and individuals to speak about mental illness among lawyers and law students. To help reduce stigma, I recommend that law schools do the following:

1. Harness the resources of the ABA and their affiliated student bar associations to bring educational programs to the law school.
2. Participate in and encourage students to participate in the ABA Law Student Division's National Mental Health Day.
3. Invite speakers to discuss mental illness, treatment resources, and stigma.
4. Invite peer-based speakers to discuss their experiences with mental illness.
5. Student services offices should encourage top-level law school leadership to make mental health and access to treatment a priority in their law school. Law school leadership should speak publicly about the need for mental health resources, channel funding to initiatives, and provide funding for staffing to meet those goals.
6. Include mental health in the long-term strategic vision of the law school. Law school leadership thus makes the issue visible which also reduces stigma and helps law students succeed.

A common theme throughout the student interviews was that faculty and law school administration should develop a better understanding of mental illness in law students. Students reported that law school administration did not understand mental illness and how it could affect

their students. Students perceived that law schools fail to acknowledge that mental illness exists among law students. As past research reveals, mental illness is a growing concern among law students and lawyers is a growing concern. Students believed that law schools must acknowledge the trend and seek ways to assist students. If law school administration can acknowledge the problem, they can better address the needs and concerns raised by participants in my study.

In order to increase understanding of mental illnesses, students suggested that law schools should develop educational programs directed towards faculty and school leadership. Two students, Bridget and Steve, suggested that training should include how to recognize mental illness and how to work respectfully with law students with mental illness. Reminding law school leadership and faculty of the prevalence of mental illness in law school and the general population would further their understanding of students with a mental illness. By engaging faculty and leadership in mental health education, an ongoing dialogue can begin.

Law schools offer career centers to help all students obtain employment after graduation. Career services offices generally make available a variety of services to students in their search for employment. As law schools become more aware of the needs of law students with mental illness, the career services offices can help guide these students in their career search. Career services offices could craft questions for students that would elicit responses regarding specific personal characteristics without asking about mental illness. Questions could include: In what type of environment do you do your best work? What tasks and assignments do you find stressful? What type of work do you find most exciting? What non-legal skills have you used in law school to help you succeed in law school? Do you work better in small groups or large groups? Do you work best collaboratively or by yourself? What sorts of things stand in your way of doing well? How do you handle stressful situations? Understanding each individual's manifestations of their mental illness

would help career services offices better guide students towards the best career for them. Care would be required to ensure that privacy is maintained and that practitioners do not inadvertently trigger a negative reaction in the student.

Implications for Legal Education

Interviews from the study participants revealed three areas that present implications for legal education: the first-year experience, attendance requirements, and teaching techniques. Each of these concerns reflect the suggestions given by participants. This section discusses these implications.

The rigorous 1L experience challenges new law school students. As noted in Chapter 1, the 1L year is very different than undergraduate education. Students reported that the first year of law school presented the most stressors and negatively influenced their mental health. The heavy workload coupled with limited time represented one of the largest stressors. In addition, students disliked the relative lack of feedback during the 1L year. They reported that they were never sure if they understood the material because of the limited number of assessments.

The ABA requires law schools to adopt a variety of academic standards including policies regarding regular class attendance (ABA, 2016). In 2016, the ABA relaxed the language of the attendance policy. The ABA standard in 2007 stated “A law school shall require regular and punctual class attendance” (ABA, 2007, p. 24). The ABA then changed the language in 2016 to read “a law school class shall adopt, publish, and adhere to sound academic standards, including those for regular class attendance, good standing, academic integrity, graduation, and dismissal” (ABA, 2016, p. 20). Students in my study reported that the attendance policies adopted by their law schools designed to comply with ABA standards made law school difficult for them. The manifestations of mental health and the side effects of medications can interfere with the ability to

attend and participate in class. Given that the ABA has loosened the attendance requirements, law schools may be able to use the information from my study to formulate policies that can take into consideration a student's health concerns. Law schools that adopt more nuanced attendance policies could not only improve the educational outcomes of law students with mental illnesses, but the general law school population. Specifically, law schools should:

1. Convene a committee to investigate how mental and physical illnesses, and their associated treatments, affect attendance.
2. The committee should also investigate any empirical studies related to academic success and class attendance in law school.
3. Based on the committee findings, law schools should devise a policy to ensure a rigorous legal while also that taking into consideration the needs of students with mental illness.
4. Educate faculty about the revised attendance policy and the reasons for the revisions.

As noted in Chapter 1, legal pedagogy has changed little in nearly 150 years. With the advent of more advanced technologies and knowledge of how students learn, the legal education community should reassess contemporary legal pedagogy

Given the findings of my study, law schools should consider developing a curriculum that ensures students receive a rigorous education. By reducing the stress associated with the 1L year, law schools may not only help law students with mental illness, but all law students in their school. Students regularly complain about the lack of feedback regarding their academic performance during the semester. Some students dislike the Socratic Method while others like it. The Socratic Method can cause anxiety in students and especially with students with Social Anxiety Disorder. Some law schools base 1L grades on a single exam per class. Again, this creates significant

anxiety among students and among students with mental illness. With this knowledge in hand, law schools can develop a rigorous curriculum that prepares students for the legal profession while also making legal education more accessible to law students with mental illness.

Based on the findings, I recommend the following for legal education scholars:

1. Create a committee to determine the current status of legal education and its outcomes.
2. Discuss with legal educators and practitioners the desired learning outcomes. To this end several questions should be answered. What areas of study should be covered?

What professional skills should students graduate law school with? Does the current curriculum help students pass the bar exam but do not provide an adequate grounding in contemporary legal practice which is becoming increasingly specialized? How do contemporary teaching methods ensure that the desired learning outcomes are met?

3. Create a curriculum that meets the desired learning outcomes.
4. Investigate how contemporary legal education methods influence students' personalities. Based upon those findings, investigation should continue if those outcomes are desired and how to best develop them, if necessary.

Implications for Lawyer Assistance Programs

Every state in the US has a lawyers and judges assistance program that offers support and resources to individuals in the legal profession who need help with substance abuse or other issues (ABA Commission on Lawyer Assistance Programs, 2016). Generally, these programs focus on substance abuse and depression and rarely on other mental illnesses (ABA Commission on Lawyer Assistance Programs, 2016). Although the assistance programs raise awareness of their services, they generally do not educate the legal community about other mental illnesses and how to get treatment. The assistance programs are available to lawyers and to law students.

Assistance programs could play a key role in bringing understanding of mental illness to the legal profession. By helping acknowledge there are mental health concerns in the legal profession, those with a mental illness may feel less marginalized and willing to seek treatment. Educating the profession about mental illness, students and lawyers who have a mental illness may have better career opportunities and to better represent their clients. Given the information above, I recommend the following:

1. Law schools and lawyer assistance programs should convene meetings and investigate the mental health needs of law students.
2. The investigation should include a review of how mental illness in law school continues into the legal profession.
3. Law schools and lawyer assistance programs should partner to develop effective programs for law students and market aggressively those services.

Students reported that finding resources for mental health at their schools was difficult. A proactive approach by lawyer assistance programs could be beneficial for students while in law school and in their careers.

Implications for Character and Fitness

As noted in Chapter 1, applicants to the bar must complete an application for character and fitness review as part of the process for admission to the bar. The application includes, among other things, questions about past mental health and treatment. Students in my study believed that the questions violated the ADA and deterred them from seeking help for mental illness. In 2014, the Department of Justice Civil Rights Division concluded an investigation into the licensing practices of the State of Louisiana finding that their treatment of applicants with mental illness violated the ADA (Samuels, 2014). The investigation concluded that the questions enquiring about

mental illness on the NCBE character and fitness exam violated the ADA(Samuels, 2014). As students in my study believed, the DOJ also concluded that the process “creates a chilling effect that could deter individuals with disabilities from pursuing the legal profession or seeking treatment” (Samuels, 2014, p. 31). The DOJ’s findings amplify the concerns presented by students in my study. As noted in Chapter 1, the NCBE revised the questions as a result of the settlement agreement between the DOJ and the Supreme Court of Louisiana. No data exists yet on the effects of the revised questions’ on law students with mental illness.

Students in my study reported concern regarding the mental health questions on the bar application. Although all of the students sought treatment, they believed that the questions deterred other students from seeking help. Despite the revisions to Questions 25, 26, and 27, the NCBE should consider how these questions influence law students’ help-seeking behavior. Although the questions now comply with the ADA, without further revision students may choose to not seek treatment or they may choose to not disclose behaviors or diagnoses on the bar resulting in students not acting with full candor with the bar. Students who do not seek help for their mental illness may have more significant mental health concerns or problems later in their career. Although Questions 25, 26, and 27 have been modified, they may still remain problematic for law students with mental illness. To help ensure the fitness of lawyers to practice and to protect law students with mental illness from potential illegal discrimination I suggest the following:

1. The NCBE should investigate the effect of the 2014 changes to Questions 25, 26, and 27. A thorough investigation will help determine whether the questions serve as a deterrent for law students to seek help for the mental illness.
2. The NCBE should actively promote to law schools and law students the reasons for the use of Questions 25, 26, and 27 and how they are used.

3. The NCBE and the state bar associations should investigate the character and fitness review processes as it relates to mental illness. The study should investigate what triggers the reviews, how the reviews and any hearings are conducted, and whether mental health professionals are involved in the review process. Further, the study should investigate the effects of an investigation or conditional pass has on career opportunities. Finally, the investigation should include how reviewers arrive at their decisions.

The role of licensing is to ensure that potential members of the bar are fit to practice law; however, the licensing bodies should also consider other public policy concerns including the treatment of mental illness. Now that empirical data exist, state bar examiners can no longer take a theoretical approach in deciding whether to retain or revise these questions, but may now begin to determine if the questions serve their intended purpose.

Implications for Theory

Theory develops out of research and constantly changes as scholars create new knowledge. As previous research informed the theoretical lens I used, my research reveals further implications for theory. In this section I discuss the further investigation into the concept of life peer.

The Concept of “Life Peer” in Complex Dyadic Relationships

Several students in my study discussed their interactions with faculty members. They reported that when they had a relationship outside of the law school environment or were of a similar age or life experience as the faculty member, they felt more comfortable talking to the faculty member about their mental illness. When individuals with similar contemporaneous life experiences interact they are life peers. I posit that complex dyadic relationships are composed of several different relationship types with differing power dynamics. For example, law students may have several different types of relationships with a faculty member. These types of relationships

could include academic, social, or religious relationships. Each type of relationship strand could have a different power dynamic depending on the role of each individual in the specific relationship type. In the classroom setting the faculty-student relationship places the faculty member in the position of power and experience. When students and faculty share an interaction outside classroom environment, and they share similar life experiences, they have a life peer relationship where the power dynamic is more equal. As revealed in my study, the life peer relationship fosters greater empathy between student and faculty. The life peer concept is not limited to law students with mental illness; rather, life peers may be found in many other settings which could be researched in the fields of sociology, psychology, history, human resources, management, and social work.

Suggestions for Future Research

This study investigated a little-researched line of inquiry. Although few other studies exist, their quantitative nature does not address the lived experiences of law students. Because of the limited research in this area, my study is primarily foundational in nature. Future scholars can use the findings from this study to explore further lines of inquiry. Further research need not be limited to law schools; the study's findings reflect research potential in other areas. Other fields of research could include: psychology, social work, teacher education, and educational policy. Potential future research includes (a) continued research on the lived experiences of law students with mental illness; (b) microaggressions in the context of mental illness; (c) social identity of law students with mental illness; (d) contemporary legal education and its influence on law students with mental illness; (e) mental illness among law faculty and traditional academic faculty; and, (f) persistence of law students with mental illness. This section discusses suggestions for future research.

Continued Research on the Lived Experiences of Law Students with Mental Illness

My study serves as a foundation to create new knowledge regarding law students with mental illness. Since this is the first multi-institutional study examining the lived experiences of law students with mental illness, a similar study could be initiated based on these findings which may confirm my results or yield different ones. Future research could expand the sample size and bring a greater diversity of participants. Expanding the sample size and building upon the knowledge created here may result in an even deeper understanding of the law students' experiences. Although quantitative studies provide important data, and additional quantitative investigations should be pursued, additional qualitative studies on law students with mental illness are necessary. Using different qualitative research methods could expand the current knowledge base. Additional key research questions include: How does a student's past mental illness treatment influence law school success? What are the lived experiences of law students with mental illness who do not finish law school? How do law students with mental illness from marginalized populations navigate the law school experience? Finally, a longitudinal study of law students as they progress through their careers could provide valuable insight on their experiences with mental illness.

Microaggressions in the Context of Mental Illness

Several students reported observing mental illness microaggressions during law school. The microaggressions came from faculty as well as students. Further research in this line of inquiry could include: How do mental illness microaggressions influence law students with mental illness and the law school environment? What are the microinsults, the microassaults, and the microinvalidations law students with mental illness encounter? What are the effects of faculty use of mental illness microaggressions in the classroom? How could education on mental illness

microaggressions reduce stigma in legal education? Understanding how mental illness microaggressions influence the law school environment will help student services practitioners better serve students.

Persistence of Law Students with Mental Illness

This study revealed how mental illnesses affect law students and their educational experience but does not investigate the persistence of students. Persistence of undergraduates has been a topic of scholarly inquiry for decades (see Pascarella & Terenzini, 2016, 2005; Tinto, 1994). Although law student graduation rates are a continuing concern, very little peer-reviewed research exists about the persistence of law students and none about the persistence of law students with mental illness. A qualitative study of using any of the theories posited by Tinto or Pascarella and Terenzini could provide a theoretical perspective on law student persistence. By better understanding the reasons for leaving law school, student services offices can better offer programs to ensure student success.

Social Identity of Law Students with Mental Illness

This study did not delve deeply into students' social identity; however, some students touched upon it briefly. Unlike constructs of race or ethnicity, students did not see themselves (individuals with mental illness) as a group; rather, they identified as individuals. Despite being individuals, law students with a mental illness share commonalities that influence their social identities. Further research into this area could include several questions. What are the characteristics of this group? How do law students define it? How do individuals in this group create positive self-concept? Does in-group favoritism exist? If so, how does it manifest itself? Who is the out-group and how is it identified? How does social identity influence law students with mental illness? What are the interactions between the in-group and the out-groups?

Knowledge of students' social identities can help further the understanding of their lived experiences and, therefore, better inform law school student services units.

Contemporary Legal Education

As noted earlier, students questioned contemporary legal education and its influence on persons with mental illness. Although students had differing opinions on different teaching techniques, they all suggested improvements. Students in my study agreed that legal education is, and should be, rigorous. However, they argued that legal educators should reexamine contemporary legal pedagogy. As a result, further research on teaching techniques in law school could be investigated. First, scholars should determine the expectations and desired learning outcomes of a legal education. Based on those findings, further questions could center on how to reach those expectations. Numerous research questions exist. How can legal education be modified to reduce mental distress for all students, reduce the negative influences on students with mental illness, and maintain a rigorous education preparing law students for legal careers? How does contemporary legal education meet expectations? How well do students learn using existing teaching techniques? A thorough investigation into these questions may result in changes to contemporary legal education, or inform faculty of different teaching techniques that would improve educational outcomes for all students.

Mental Illness in Law School Faculty and Academic Faculty

As discussed in the preceding chapters, law students with mental illness become lawyers and continue to have mental illness. Law faculty members are drawn from the ranks of attorneys and, as a result, some faculty may have a mental illness. A recent article in *The Chronicle of Higher Education* (Brown, 2016) profiled four professors with mental illness, one of whom was a law professor. Each person in the article shared their concerns about mental health stigma and how

it related to their job. They expressed concern about sharing with colleagues, earning tenure, and advancing their careers. The knowledge that law professors can also have a mental illness provides impetus for extending my research beyond law students, through to the legal profession, and to law professors. Several important questions could be investigated. How has mental illness influenced their legal and academic careers? How can their experiences with mental illness be harnessed to educate others and reduce stigma? How can knowledge gained from law faculty with mental illness be used to further understand the lived experiences of law students with mental illness? What are their lived experiences with mental illness as a law student, a lawyer, and as a law school faculty? By investigating these questions and others, scholars can find ways to help law faculty with mental illness as well as shed more light on the experiences of law students with mental illness.

Thought Questions Generated by My Study

Many questions arose from this study that may be worth further thought. Although not yet ripe for empirical research, the questions raised should be contemplated further. Some of the questions that came out of this research include: Given the rise of mental illness in law school, what is the future of legal education? With changing landscape of law schools and the legal profession, what learning outcomes do law schools and the legal profession desire? Since some students in my study used different forms of technology to learn, how does legal education change with the advent of new technologies? How does the current legal pedagogy effectively ensure the desired learning outcomes? Given the generational cohort of the students I interviewed, I wondered what is the influence of the millennials' values on the legal workplace? One participant was Saudi Arabian which led to the question "What is the effect of the globalization of legal work on legal education?" With the increase in students reporting a mental illness, how do bar

associations address the mental health questions on the bar application? These questions represent some of the thoughts I had during the interviews and while completing the analysis of the data.

Summary

My study adds to the limited research in the area of law students with mental illness. In this chapter, I discussed the key implications for practice and theory as well as suggestions for future research. The implications discussed in this chapter serve as an empirical foundation for practitioners, the legal profession, and scholars to further investigate the phenomena associated with law students with mental illness. By examining the data and implications presented here, law schools can seek ways to better provide services to all students and not just to students with mental illness.

Findings offer scholars a better understanding of the lived experiences of law students with mental illness. The complex interactions among peers, family, faculty, the legal community, and societal influences, all shape the individual. Analyzing the lived experiences of the study's participants helps scholars to better understand the phenomena revealed in my study. By sharing their experiences, participants contributed to potential change for the future.

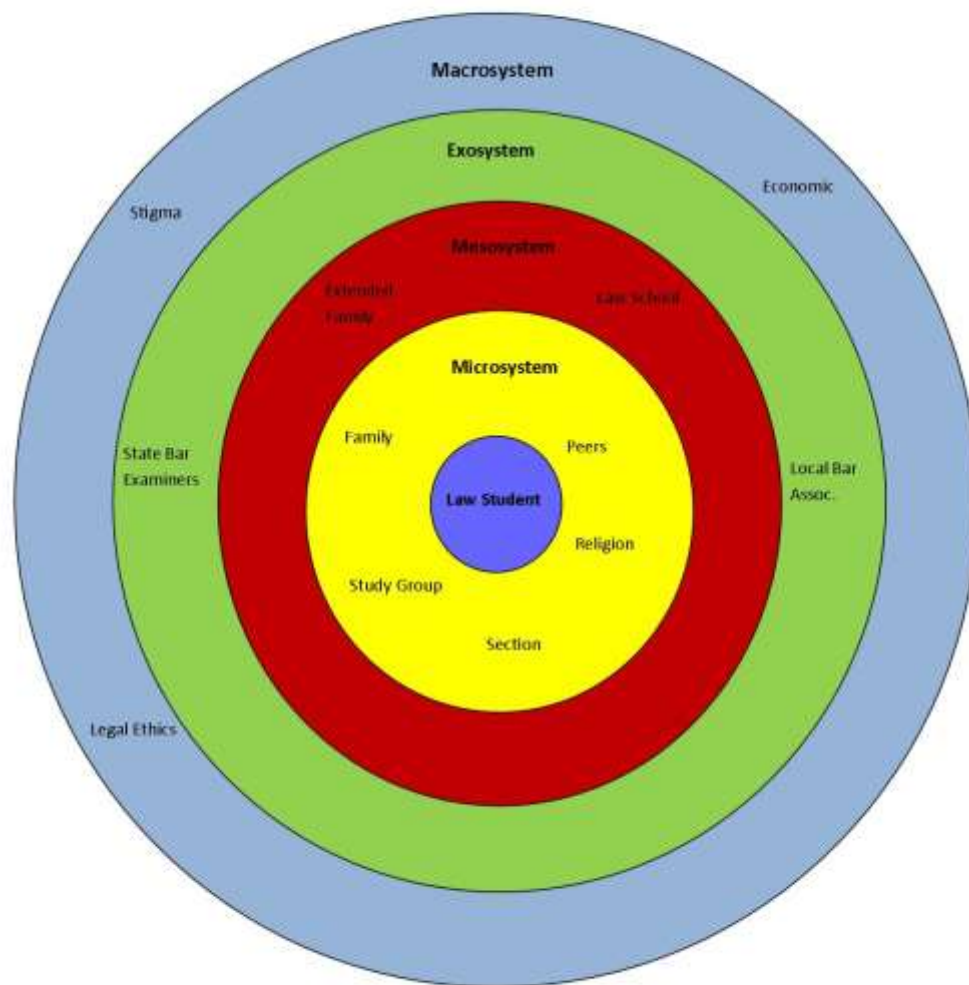
Using Bronfenbrenner's ecological systems theory to analyze the data allowed me to make sense of participants' interviews. The lived experiences of the participants in the microsystem revealed the importance of strong support systems comprised of family, friends, romantic partners, other students with mental illness, and faculty. The students with strong support systems reported that their support systems helped them succeed. Findings also indicated that students had a mixed view of faculty support for students with mental illness. The exosystem influences had a significant effect on law students. Students expressed concerns with stigma associated with the law school environment and the legal community. Stress surrounding the character and fitness

application influenced participants' behaviors and perceptions. Some students expressed significant concerns with disclosing their mental health history on the application.

The implications from this study spread across student affairs practice, legal education, the legal community, and theory. The qualitative nature of my research offers practitioners an insight into students' experiences that enriches existing quantitative research. The empirical data revealed by participants can now inform research into legal pedagogy with a fresh perspective and a perspective from a marginalized group. Although the character and fitness questions have changed, students still voice concerns about revealing their history of mental illness. My research offers the opportunity to review the questions again, this time within a context of actual lived experiences of law students with mental illness. In addition to the implications for law schools and legal pedagogy, implications exist for the legal community. With evidence from law students, the stigma surrounding mental illness may be reduced in the legal profession.

The law students participating in my research shared very personal and emotional experiences with me. Their willingness to tell their stories advances our knowledge of the lived experiences of individuals with mental illness and in particular, law students with mental illness. The students' stories provided me the opportunity to analyze their experiences and make a scholarly contribution to a growing body of knowledge. This new knowledge created from my research can be combined with future studies to enrich our understanding of law students with mental illness.

Figure 1: Bronfenbrenner's Ecological Systems in a Law School Context



APPENDICES

APPENDIX A

IRB Approval Letter

MICHIGAN STATE UNIVERSITY

March 4, 2013

Initial IRB Application Approval

To: Kristen A. Renn
428 Erickson

Re: IRB# 13-169 Category: EXPEDITED 7

Approval Date: March 4, 2013
Expiration Date: March 3, 2014

Title: Navigating the law school experience by second- and third-year law students with mental illness: A hermeneutic phenomenological study

The Institutional Review Board has completed their review of your project. I am pleased to advise you that **your project has been approved**.

The committee has found that your research project is appropriate in design, protects the rights and welfare of human subjects, and meets the requirements of MSU's Federal Wide Assurance and the Federal Guidelines (45 CFR 46 and 21 CFR Part 50). The protection of human subjects in research is a partnership between the IRB and the investigators. We look forward to working with you as we both fulfill our responsibilities.

Renewals: IRB approval is valid until the expiration date listed above. If you are continuing your project, you must submit an *Application for Renewal* application at least one month before expiration. If the project is completed, please submit an *Application for Permanent Closure*.

Revisions: The IRB must review any changes in the project, prior to initiation of the change. Please submit an *Application for Revision* to have your changes reviewed. If changes are made at the time of renewal, please include an *Application for Revision* with the renewal application.

Problems: If issues should arise during the conduct of the research, such as unanticipated problems, adverse events, or any problem that may increase the risk to the human subjects, notify the IRB office promptly. Forms are available to report these issues.

Please use the IRB number listed above on any forms submitted which relate to this project, or on any correspondence with the IRB office.

Good luck in your research. If we can be of further assistance, please contact us at 517-355-2180 or via email at IRB@msu.edu. Thank you for your cooperation.

Sincerely,



Harry McGee, MPH
SIRB Chair

c: Michael McCue



Office of Regulatory Affairs
Human Research
Protection Programs

Biomedical & Health
Institutional Review Board
(BIRB)

Community Research
Institutional Review Board
(CRIRB)

Social Science
Behavioral/Education
Institutional Review Board
(SIRB)

Olds Hall
408 West Circle Drive, #207
East Lansing, MI 48824
(517) 355-2180
Fax: (517) 432-4503
Email: irb@msu.edu
www.humanresearch.msu.edu

MSU is an affirmative-action,
equal-opportunity employer.

APPENDIX B

Research Participant Information and Consent Form

You are being asked to participate in a research study. Researchers are required to provide a consent form to inform you about the research study, to convey that participation is voluntary, to explain risks and benefits of participation, and to empower you to make an informed decision. You should feel free to ask the researchers any questions you may have.

Study Title: A hermeneutic phenomenological study of law students with mental illness

Researcher and Title: Kristen Renn, Professor

Department and Institution: Department of Educational Administration, Michigan State University

Address and Contact Information: (517) 353-5979, renn@msu.edu, 620 Farm Lane, Room 425, Erickson Hall, Michigan State University, East Lansing, MI 48824-1034.

1. PURPOSE OF RESEARCH

You are being asked to participate in a research study of second- and third-year law students with mental illnesses. You have been selected as a possible participant in this study because you are a law student who has been diagnosed with a mental illness and have expressed interest in participating in this study. From this study, the researchers hope to learn about the lived experiences of law students with mental illness. Your participation in this study will take about 60-90 minutes for each of three interviews over the course of a few weeks. You must be at least 18 years of age in order to participate in this study.

2. WHAT YOU WILL DO

You will be asked to participate in three interviews lasting approximately 60-90 minutes each. The interviews will be recorded on digital audio and will then be transcribed. The digital audio recordings will be kept on a flash drive dedicated specifically for the study. Digital audio recordings will be destroyed after they have been transcribed. Digital audio recording of the interview is required to be in the project. During the first interview, you will be asked about your background, your , and any treatments. During the second interview you will be asked to share your experiences with mental illness during law school. You will be asked questions about your interactions with your family, classmates, faculty, and the law school and legal communities. At the third interview, the researcher will ask follow-up questions based on the first two interviews. Some of the questions asked will be very personal and sensitive in nature. Your frank and honest responses are important to the study.

3. POTENTIAL BENEFITS

You will not directly benefit from your participation in this study. However, your participation in this study may contribute to the understanding of the experiences of law students with mental illness.

4. POTENTIAL RISKS

The potential risks of participating in this study are psychological. You will be asked sensitive questions about your experience with mental illness during law school. These questions may cause

you to feel emotional distress or discomfort. The questions may trigger other psychological responses. During the course of the interviews you might reveal illegal or compromising activities to the researcher. You will be given a list of counseling resources if you choose to participate in this study.

5. PRIVACY AND CONFIDENTIALITY

The data for this project will be kept confidential. At the beginning of the first interview, you will be asked to provide a pseudonym that will then be associated with your interview responses. Although we will make every effort to keep your data confidential there are certain times, such as a court order, where we may have to disclose your data. Only the researchers and the Institutional Review Board (IRB) will have access to study data. We are required by law to report child abuse or homicide. We are obligated to report any suspected adult and/or child neglect. We will maintain confidential your responses unless there is a danger to yourself or others. Your instructors will not have access to any identifiable data arising from this study. The results of this study may be published or presented at professional meetings, but the identities of all research participants will remain anonymous. Data generated from this study will be kept for three years after the end of the study.

The researcher is an attorney licensed to practice law in the state of Michigan. The researcher does not represent you and your discussions do not create an attorney-client relationship. No attorney-client privilege is created between you and the researcher.

6. YOUR RIGHTS TO PARTICIPATE, SAY NO, OR WITHDRAW

Participation is voluntary. Refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You may discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled. You have the right to say no. You may change your mind at any time and withdraw. You may choose not to answer specific questions or to stop participating at any time.

7. COSTS AND COMPENSATION FOR BEING IN THIS STUDY

There is no cost to participate in this study. You will not receive money or any other form of compensation for participating in this study.

8. CONTACT INFORMATION

If you have concerns or questions about this study, such as scientific issues, how to do any part of it, or to report an injury, please contact the researcher, Dr. Kristen Renn, Professor in the Department of Educational Administration by phone: (517) 353-5979, email address: renn@msu.edu, or regular mail: 620 Farm Lane, Room 425, Erickson Hall, Michigan State University, East Lansing, MI 48824-1034.

If you have questions or concerns about your role and rights as a research participant, would like to obtain information or offer input, or would like to register a complaint about this study, you may

contact, anonymously if you wish, the Michigan State University's Human Research Protection Program at 517-355-2180, Fax 517-432-4503, or e-mail irb@msu.edu or regular mail at Olds Hall, 408 West Circle Drive #207, MSU, East Lansing, MI 48824.

9. INFORMED CONSENT

In order to further protect confidentiality, you are not required to sign this consent form. You indicate your voluntary agreement to participate in this research study by participating in the audio-recorded interviews. You may keep a copy of this consent if you choose.

APPENDIX C

Counseling Resources

Counseling Resources

Suicide Hotlines

Suicide Prevention Lifeline 800-273-8255
Hopeline Network 800-784-2433
Graduate Student Crisis Line 800-472-3457

Law School Resources

Michigan State University Counseling Center

207 Student Services
East Lansing, Michigan
517-355-8270

University of Michigan Counseling and Psychological Services (CAPS)

515 E. Jefferson
Ann Arbor, Michigan
734-764-8312

University of Detroit-Mercy Personal Counseling

West Quad Residence Hall
Wellness Center W-104 and W-105
McNichols Campus
Detroit, Michigan

Natalie Wicks
313-578-0496

Annamaria Silveri, MA, LPC
313-993-1170

Wayne State University Counseling and Psychological Services (CAPS)

5521 Gullen Mall
Room 552 Student Center Building
Detroit, Michigan
313-577-3398

Western Michigan University Thomas M. Cooley Law School (referrals only) Student Services

2nd Floor, Cooley Center
Lansing, MI
(517) 371-5140

APPENDIX D

Interview Protocol

Interview Protocol

The interview protocol below is a basic foundation for more in-depth follow-up questions to participants' responses.

Interview 1: Focused life history

1. Tell me a little bit about yourself.
 - a. Tell me about your socioeconomic background.
 - b. Tell me about your family.
 - c. How do you identify your gender?
2. How would you describe yourself as a person?
3. What is your diagnosis /es?
4. Tell me why you decided to seek treatment for your mental illness.
 - a. When were you diagnosed?
 - b. Are you currently being treated?
 - c. What type of treatment are you receiving, if any?
5. Tell me about how you realized that you might have a mental illness and how it was diagnosed.
6. Why did you pick your particular undergraduate school and major?
7. For you, how would you define undergraduate success?
8. Tell me about your work experience.
9. Is there anything else you would like to share with me?

Interview 2: Details of the law school experience

1. Tell me about your decision to attend law school.
 - a. Why did you choose this law school?
 - b. Tell me about the time when you were applying to law school.
2. How would you define a successful law school experience for yourself?
3. Tell me about your 1L year.
4. Tell me about your 2L/3L year(s).
5. Did you tell your family, friends and classmates about your ? If so, tell me about their reaction? Tell me about how you decided to tell or not tell others.
6. Have you needed to tell your professors about your ? If so, tell me about how your professors reacted?
7. Tell me about how your mental illness affected your ability to participate in class.
8. Tell me about how your mental illness affected your success in law school.
9. What is your perception of the law school's support of students with mental illness?
10. What is your perception of the faculty's support of students with mental illness?
11. What is your perception of the legal community's support for students with mental illness?
12. In most states, you must disclose if you have been diagnosed or treated for a mental illness. Were you aware of this before you applied to law school? Would it have prevented you from applying?
13. Does your law school have a counseling center? How did you find out about it?

14. Would you feel comfortable telling faculty/classmates/the school that you have a mental illness? Why?
15. What are your thoughts on the issue of law students with mental illness?
16. What are some of the study techniques you found that helped you get through law school?
17. What was the most difficult thing about law school?
18. What was the most satisfying thing about law school?
19. What do you think the law school stressors are?
20. What do you think keeps law students for seeking help?
21. Would you go to law school again? Why?
22. How would you characterize the law school as it relates to law students with mental illness?
23. Do you feel like people could talk about mental illness at your law school?
24. Is there anything else you would like to share with me?

Interview 3: Reflection on the meaning

The questions for this interview will be generated after reviewing the responses from interviews 2 and 3. The questions will be used for clarification and confirmation of my interpretation of participants' responses as well as providing participants with an opportunity to make meaning of their experiences. In general the questions will take the format of:

1. After reading the transcripts from our last meetings, I want to make sure I understand what you said about XXXX.
2. Tell me if I did not understand what you said about XXXX.
3. What teaching style works best for you?
4. What can law schools do to help law students with mental illness?
5. What is it like to go through law school with a mental illness?
6. What would you tell other law students with mental illness about your experience in law school?
7. How as the law school experience affected you?
8. What aspects of law school stand out to you?
9. How do/did you feel about the law school experience?
10. Beyond law school, how do you see mental illness affecting your life, if at all?
11. What have you learned about yourself from the law school experience?
12. What have you learned about yourself from our time together?
13. Is there anything else you would like to share with me?

APPENDIX E

Bar Examinations

The Multistate Bar Exam (MBE)

The MBE was developed by the National Conference of Bar Examiners (NCBE) to assess knowledge of fundamental legal principles (NCBE, 2010a). The exam consists of 200 multiple-choice questions administered over two three-hour sessions; one morning session and one afternoon session (NCBE, 2010a). The questions present complex fact narratives which further test legal reasoning (NCBE, 2010a). The exam consists of questions in Constitutional Law, Contracts, Criminal Law and Procedure, Evidence, Real Property, and Torts (NCBE, 2010a). The NCBE does not set a threshold for passage, rather, individual jurisdictions determine the score to pass in their state.

The Multistate Essay Examination (MEE)

The MEE, not required in all jurisdictions, was developed by the NCBE (ABA, 2011; NCBE, 2010b). This exam presents complex fact patterns in nine 30-minute essay questions (NCBE, 2010b). The questions are designed to assess the test-taker's ability to identify legal issues, determine what information in the fact pattern is relevant, and write a well-reasoned essay that shows an understanding of fundamental legal principals raised in the fact pattern (NCBE, 2010b). Areas of law that may be covered in the MEE include: Business Associations, Conflict of Laws, Constitutional Law, Family Law, Federal Civil Procedure, Trusts and Estates, and the Uniform Commercial Code (NCBE, 2010b). As with the MBE, the NCBE does not set a passing score as this is done by the jurisdiction requiring the exam (NCBE, 2010b).

The Multistate Professional Responsibility Examination (MPRE)

The MPRE was created by the NCBE to assess the test-taker's knowledge and understanding of standards governing professional conduct (NCBE, 2010c). Not all states require the MPRE (ABA, 2010). The exam consists of 60 multiple-choice questions covering the ABA Model Code of Judicial Conduct, the ABA Model Rules of Professional Conduct and other generally accepted rules and common laws regarding the legal profession (NCBE, 2010c). The MPRE is offered three times each year: once in March, once in August, and once in November (NCBE, 2010c). As with the MBE and the MEE, each jurisdiction sets its own passing score (NCBE, 2010c).

The Multistate Performance Test (MPT)

The MPT tests an applicant's ability to use fundamental lawyering skills (e.g., writing a legal memo) given a fact pattern (NCBE, 2010d). Not all states require the MPT (ABA, 2011). The NCBE developed the exam which includes two 90-minute questions and is administered once in February and once in July (NCBE, 2010d). Jurisdictions may select one or both of the questions for applicants to take (NCBE, 2010d). The MPT question presents a real-life situation and several materials from which the examinee is to draw more information. (NCBE, 2010d). Each applicant is given a several materials as part of the question (NCBE, 2010d). The materials include a File and a Library (NCBE, 2010d). The File consists of various legal documents that offer both factual and procedural information (NCBE, 2010d). The Library consists of cases, statutes, regulations or other standards which may or may not be relevant to the question (NCBE, 2010d). From this information, the applicant must present a well-reasoned document exhibiting competent lawyer skills (NCBE, 2010d). The jurisdiction requiring the exam sets the passing score (NCBE, 2010d).

APPENDIX F

State Bar Associations and Lawyers and Judges Assistance Programs Contacted

Alabama State Bar
Alaska Bar Association
State Bar of Arizona
Arkansas Bar Association
The State Bar of California
Colorado Bar Association
Connecticut Bar Association
Delaware State Bar Association
Bar Association of the District of Columbia
The Florida Bar
State Bar of Georgia
Hawaii State Bar Association
Idaho State Bar
Illinois State Bar Association
Indiana State Bar Association
The Iowa State Bar Association
Kansas Bar Association
Kentucky Bar Association
Louisiana State Bar Association
Maine State Bar Association
The Maryland State Bar Association
Massachusetts Bar Association
State Bar of Michigan
Minnesota State Bar Association
The Mississippi Bar
The Missouri Bar

State Bar of Montana
Nebraska State Bar Association
State Bar of Nevada
New Hampshire Bar Association
New Jersey State Bar Association
State Bar of New Mexico
New York State Bar Association
The North Carolina State Bar
State Bar of North Dakota
Ohio State Bar Association
Oklahoma Bar Association
Oregon State Bar
Pennsylvania Bar Association
Rhode Island Bar Association
South Carolina Bar
State Bar of South Dakota
Tennessee Bar Association
State Bar of Texas
Utah State Bar
Vermont Bar Association
Virginia State Bar
Washington State Bar Association
The West Virginia State Bar
State Bar of Wisconsin
Wyoming State Bar

APPENDIX G

ABA-Accredited Law Schools Contacted

Alabama

Cumberland School of Law, Samford University
Thomas Goode Jones School of Law, Faulkner University
University of Alabama School of Law

Arizona

Sandra Day O'Connor College of Law, Arizona State University
James E. Rogers College of Law, University of Arizona
Phoenix School of Law

Arkansas

University of Arkansas School of Law
William H. Bowen School of Law, University of Arkansas at Little Rock

California

Western School of Law
Chapman University School of Law
Golden Gate University School of Law
Loyola Law School, Loyola Marymount University
McGeorge School of Law, University of the Pacific
Pepperdine University School of Law
Santa Clara University School of Law
Southwestern University School of Law
Stanford Law School
Thomas Jefferson School of Law
University of California, Berkeley School of Law (Boalt Hall)
University of California, Davis School of Law (King Hall)
University of California, Hastings College of the Law
University of California, Los Angeles School of Law
University of San Diego School of Law
University of San Francisco School of Law
Gould School of Law, University of Southern California
Western State University College of Law
Whittier Law School

Colorado

University of Colorado School of Law
Sturm College of Law, University of Denver

Connecticut

Quinnipiac University School of Law
University of Connecticut School of Law
Yale Law School

Delaware

Widener University School of Law

District of Columbia

Columbus School of Law, The Catholic University of America
David A. Clarke School of Law, University of the District of Columbia
The George Washington University Law School
Georgetown University Law Center
Howard University School of Law
Washington College of Law, American University

Florida

Barry University School of Law
Florida A&M University College of Law
Florida Coastal School of Law
Florida International University College of Law
Florida State University College of Law
University of Florida Levin College of Law
Shepard Broad Law Center, Nova Southeastern University
St. Thomas University School of Law
Stetson University College of Law
University of Miami School of Law
Ave Maria School of Law

Georgia

Emory University School of Law
Georgia State University College of Law
University of Georgia School of Law
John Marshall Law School
Walter F. George School of Law, Mercer University

Hawaii

William S. Richardson School of Law, University of Hawaii

Idaho

University of Idaho College of Law

Illinois

Chicago-Kent College of Law, Illinois Institute of Technology

DePaul University College of Law

University of Illinois College of Law

John Marshall Law School

Loyola University Chicago School of Law

Northern Illinois University College of Law

Northwestern University School of Law

Southern Illinois University School of Law

University of Chicago Law School

Indiana

Maurer School of Law, Indiana University Bloomington

Indiana University Robert H. McKinney School of Law

Notre Dame Law School

Valparaiso University School of Law

Iowa

Drake University Law School

University of Iowa College of Law

Kansas

University of Kansas School of Law

Washburn University School of Law

Kentucky

Salmon P. Chase College of Law, Northern Kentucky University

Louis D. Brandeis School of Law, University of Louisville

University of Kentucky College of Law

Louisiana

Paul M. Hebert Law Center, Louisiana State University

Loyola University New Orleans College of Law

Southern University Law Center

Tulane University School of Law

Maine

University of Maine School of Law

Maryland

University of Baltimore School of Law

University of Maryland School of Law

Massachusetts

Boston College Law School

Boston University School of Law

Harvard Law School

New England School of Law

Northeastern University School of Law

Suffolk University Law School

Western New England University School of Law

Michigan

Michigan State University College of Law

University of Detroit Mercy School of Law

University of Michigan Law School

Wayne State University Law School

Western Michigan University Thomas M. Cooley Law School

Minnesota

Hamline University School of Law

University of Minnesota Law School

University of St. Thomas School of Law

William Mitchell College of Law

Mississippi

Mississippi College School of Law

University of Mississippi School of Law

Missouri

Saint Louis University School of Law

University of Missouri School of Law

University of Missouri - Kansas City School of Law

Washington University School of Law

Montana

University of Montana School of Law

Nebraska

Creighton University School of Law

University of Nebraska–Lincoln College of Law

Nevada

William S. Boyd School of Law, University of Nevada, Las Vegas

New Hampshire

University of New Hampshire School of Law

New Jersey

Rutgers School of Law–Camden, Rutgers University

Rutgers School of Law–Newark, Rutgers University

Seton Hall University School of Law

New Mexico

University of New Mexico School of Law

New York

Albany Law School, Union University

Benjamin N. Cardozo School of Law, Yeshiva University

Brooklyn Law School

University at Buffalo Law School, SUNY

Columbia University Law School

Cornell Law School

City University of New York School of Law

Fordham University School of Law

Hofstra University School of Law

Touro College Jacob D. Fuchsberg Law Center

New York Law School

New York University School of Law

Pace University School of Law

St. John's University School of Law

Syracuse University College of Law

North Carolina

Charlotte School of Law

Duke University School of Law
Elon University School of Law
North Carolina Central University School of Law
Norman Adrian Wiggins School of Law, Campbell University
University of North Carolina School of Law
Wake Forest University School of Law

North Dakota

University of North Dakota School of Law

Ohio

Cleveland-Marshall College of Law, Cleveland State University
Michael E. Moritz College of Law, Ohio State University
University of Cincinnati College of Law
Case Western Reserve University School of Law
Capital University Law School
University of Dayton School of Law
University of Toledo College of Law
Ohio Northern University, Pettit College of Law
University of Akron School of Law

Oklahoma

Oklahoma City University School of Law
University of Oklahoma College of Law
University of Tulsa College of Law

Oregon

University of Oregon School of Law
Willamette University College of Law
Lewis & Clark Law School

Pennsylvania

Earle Mack School of Law, Drexel University
Duquesne University School of Law
Beasley School of Law, Temple University
Dickinson School of Law, Penn State University
University of Pennsylvania Law School
University of Pittsburgh School of Law
Villanova University School of Law
Widener University School of Law

Rhode Island

Roger Williams University School of Law

South Carolina

Charleston School of Law

University of South Carolina School of Law

South Dakota

University of South Dakota School of Law

Tennessee

Cecil C. Humphreys School of Law, University of Memphis

University of Tennessee College of Law

Vanderbilt University Law School

Texas

Baylor Law School, Baylor University

Dedman School of Law, Southern Methodist University

Thurgood Marshall School of Law, Texas Southern University

Texas Tech University School of Law

University of Houston Law Center

University of Texas School of Law

A&M University School of Law

South Texas College of Law

St. Mary's University School of Law

Utah

J. Reuben Clark Law School, Brigham Young University

S.J. Quinney College of Law, University of Utah

Vermont

Vermont Law School

Virginia

Appalachian School of Law

George Mason University School of Law

Liberty University School of Law

Regent University School of Law

Washington and Lee University School of Law

William & Mary Law School
University of Richmond School of Law
University of Virginia School of Law
The Judge Advocate General's Legal Center and School

Washington

Gonzaga University School of Law
Seattle University School of Law
University of Washington School of Law

West Virginia

West Virginia University College of Law

Wisconsin

Marquette University Law School
University of Wisconsin Law School

Wyoming

University of Wyoming College of Law

APPENDIX H

Michigan Local and Special Purpose Bar Associations Contacted

Local Bar Associations

Detroit Metropolitan Bar Association
Eastern District of Michigan Chapter of the FBA
Federal Bar Association, Eastern District of Michigan
Genesee County Bar Association
Grand Rapids Bar Association
Grand Traverse-Leelanau-Antrim Bar Association
Ingham County Bar Association
Ionia/Montcalm County Bar Association
Jackson County Bar Association
Kalamazoo County Bar Association
Livingston County Bar Association
Livonia Bar Association
Macomb County Bar Association
Mason-Lake Bar Association
Muskegon County Bar Association
Oakland County Bar Association
Ottawa County Bar Association
Rochester Bar Association
Saginaw County Bar Association
Shiawassee Bar Association
Washtenaw County Bar Association

Special Purpose Bars

Albanian American Bar Association of Michigan
Armenian-American Bar Association
Association of Corporate Counsel—Michigan Chapter
Association of Defense Trial Counsel
Catholic Lawyers Guild of the Diocese of Lansing
Catholic Lawyers Society
Criminal Defense Attorneys of Michigan
D. Augustus Straker Bar Association
Davis-Dunnings Bar Association
Hispanic Bar Association of Michigan
Incorporated Society of Irish American Lawyers
Italian American Bar Association of Michigan
Michigan Asian-Pacific American Bar Association
Michigan Association for Justice

Michigan Creditors Bar Association
Michigan Defense Trial Counsel
Michigan District Judges Association
Michigan Intellectual Property Law Association
Michigan Lawyers Alliance
Michigan Probate Judges Association
Michigan State Bar Foundation
Referees Association of Michigan
Stonewall Bar Association
Wolverine Bar Association
Women Lawyers Association of Michigan
Women Lawyers Association of Michigan Western Region
Women's Bar Association—Oakland County Region of WLAM

APPENDIX I

Email to Law Schools

Greetings:

I am a PhD candidate in Michigan State University's Higher, Adult, and Lifelong Education program in the College of Education. I am also an attorney in the state of Michigan. My dissertation research focuses on the lived experiences of law students with mental illness. The goal of the study is to determine how law students with mental illnesses were able to navigate successfully their law school experience. As part of my study, I am interviewing current 2L and 3L students, as well as recently-graduated attorneys, who have been diagnosed with a mental illness.

I am reaching out to law schools throughout the country to help me recruit people for the study. I would sincerely appreciate any help you might be able to provide.

Study participants must:

- 1) Be currently enrolled as a 2L or 3L or have graduated from law school within the last two years;
- 2) Be diagnosed with a mental illness; and,
- 3) Currently receiving treatment.

Participation in the study is confidential and participants will only be identified with a pseudonym. The process consists of three interviews of approximately 1-hour each. The study has been granted IRB approval from Michigan State University.

Would you be willing to send this information to your students or post the attached flyer at your school? Persons wishing to participate in the study should contact me directly at mccuemi@msu.edu or via phone at 517-391-6594.

If you have any questions, please do not hesitate to contact me.

Thank you in advance for your assistance.

Michael J. McCue, JD
PhD Candidate, Higher, Adult, and Lifelong Education
Michigan State University

APPENDIX J

Email to State Bar Associations, Local Bar Associations, and Special Purpose Bar Associations

Greetings:

I am a PhD candidate in Michigan State University's Higher, Adult, and Lifelong Education program in the College of Education. I am also an attorney. My dissertation research focuses on the lived experiences of law students with mental illness. The goal of the study is to determine how law students with mental illnesses were able to navigate successfully their law school experience. As part of my study, I am interviewing current 2L and 3L students, as well as recently-graduated attorneys, who have been diagnosed with a mental illness.

I am reaching out to the various state bar associations, local bar associations, and affinity bar associations to help me recruit people for the study. I would sincerely appreciate any help you might be able to provide.

Study participants must:

- 1) Be currently enrolled as a 2L or 3L or have graduated from law school within the last two years;
- 2) Be diagnosed with a mental illness; and,
- 3) Currently receiving treatment.

Participation in the study is confidential and participants will only be identified with a pseudonym. The process consists of three interviews of approximately 1-hour each. The study has been granted IRB approval from Michigan State University.

Would you be willing to share this information with anyone who might be interested, share it on a list-serve and through any of your various social media outlets? Persons wishing to participate in the study should contact me at mccuemi@msu.edu or via phone at 517-391-6594.

If you have any questions, please do not hesitate to contact me.

Thank you in advance for your assistance.

Michael J. McCue, JD
PhD Candidate, Higher, Adult, and Lifelong Education
Michigan State University

APPENDIX K

Other Organizations Contacted

Dave Nee Foundation
National Alliance on Mental Illness
The Bazelon Center For Mental Health Law
American Bar Association
American Bar Association, Law Student Division
American Bar Association, Michigan – Law Student Division
American Bar Association, Disabilities Listserv
Ingham County Bar Association, Young Lawyers Section
Student Bar Associations from:
 Michigan State University College of Law
 University of Detroit-Mercy Law School
 University of Michigan Law School
 Wayne State University Law School
 Western Michigan University Thomas M. Cooley Law School

APPENDIX L

Summary of DSM-V Diagnoses in this Study

Major Depressive Disorder

To be diagnosed with depression, a person must exhibit at least five of the symptoms listed below including depressed mood or loss of pleasure in usual activities for at least two weeks:

- Depressed mood most of the day, nearly every day;
- Notable diminished interest in most activities most of the day, every day;
- Significant weight loss not associated with dieting or intentional weight gain or due to medications;
- Insomnia or hypersomnia;
- Fatigue;
- Feelings of worthlessness or excessive guilt;
- Psychomotor agitation or retardation

(APA, 2013).

Bipolar Disorders

The DSM-V lists two types of bipolar disorder including Bipolar I Disorder and Bipolar II Disorder (APA 2013). Bipolar I is characterized by at least one manic episode or mixed episode; often an individual will have at least one major depressive episode (APA, 2000). To qualify as Bipolar I, the manic or depressive episodes can not be the result of other medical treatments or the use or abuse of drugs or alcohol (APA, 2013). The DSM-V notes that Bipolar II features at least one major depressive episode and at least one hypomanic episode (APA, 2013). Neither depression nor hypomania may be present as a result of medical treatment or abuse of drugs or alcohol to qualify as Bipolar II. Finally, the episodes cannot be accounted for by other diagnoses such as Schizophreniform Disorder, Delusional Disorder, or Schizoaffective Disorder (APA, 2013).

Mania, mixed episodes, and hypomania have specific meanings within the context of mental disorder. Signs of mania include:

- Inflated self-esteem or grandiosity;
- Significantly decreased need for sleep;
- Noticeably more talkative than usual or pressure to continue talking;
- Flight of ideas;
- Distractibility;
- Increased goal-oriented activity;
- Excessive involvement in pleasurable activities (APA, 2013).

Symptoms of mania must be consistent over a period of at least one week and the symptoms must cause significant impairment in functioning or affect relationships with others (APA, 2013). Manic behaviors may sometimes result in hospitalization to protect the individual and others depending on the type and severity of the manic behavior (APA, 2013).

A mixed episode features both a manic episode and a major depressive episode almost daily for at least one week (APA, 2013). As with mania and Major Depression Disorder, the mood disturbances must cause significant impairment in work or social activities (APA, 2013). In addition, the behavior may result in hospitalization if psychotic features are present (APA, 2000).

Hypomanic episodes differ from manic episodes. Although hypomania includes the same behaviors as mania (e.g., inflated self-esteem, flight of ideas, and distractibility) the manifestations of these behaviors may last at least four days and are not as intense as in a manic episode (APA, 2013). Despite the lower intensity of symptoms, the disturbance in mood and functioning must be noticeable by others (APA, 2013). Psychotic features are not present in hypomania (APA, 2013).

Bipolar II Disorder is similar to Bipolar I Disorder, except that there are more intense and prolonged episodes of depression. The major depressive episodes must meet the elements for MDD. To qualify as Bipolar II Disorder the person must also have hypomanic episodes not otherwise explained by other diagnoses. It should be noted that a hypomanic episode is not the same as a general euthymia.

Generalized Anxiety Disorder (GAD)

GAD is relatively common affecting approximately 5% of the general population (APA, 2000). The symptoms of GAD include:

- Excessive anxiety or worry; and,
- The individual finds it difficult to control; and,
- The anxiety must manifest in three or more of the following:
 - Restlessness or feeling keyed up or on edge;
 - Being easily fatigued;
 - Difficulty concentrating or mind going blank;
 - Irritability;
 - Muscle tension;
 - Sleep disturbance;
- Must impair functioning;
- Cannot be attributable to another mental disorder or physical ailment;
- Not attributed to a medication

(APA, 2013).

Obsessive-Compulsive Disorder

The definition of OCD is multi-part broken down by the elements of obsession and the elements of compulsion. In addition to the obsession and compulsion definitions, the individual must exhibit three additional characteristics. The DSM-V defines an obsession as a) recurrent and persistent thoughts or impulses that are intrusive and inappropriate; and, b) the individual tries to repress those thoughts through some other action (APA, 2013). Compulsion is defined as repetitive behaviors that an individual believes he or she must do in response to an obsession or according to some rigidly applied rule (APA, 2013). The compulsion must also be directed towards preventing or reducing distress or a distressful situation (APA, 2013). Finally, the individual must recognize that their behaviors are either excessive or unreasonable and that the behaviors cause a significant difficulty in day-to-day functioning (APA, 2013). The three additional elements of OCD are:

- The obsessions or compulsions must be time-consuming;
- The obsessive-compulsive symptoms are not attributable to a medical condition or a response to a substance;
- The symptoms are not otherwise explainable by another mental disorder.

(APA, 2013).

Compulsions are typically a response to an obsession with the goal to reduce the stress associated with that obsession (APA, 2013). Depending on how OCD manifests itself, it may present a significant challenge to law students.

Attention Deficit Hyperactivity Disorder

The elements of ADHD are complex. There are six broad elements one of which is further subdivided. The first element is a persistent pattern of inattention or hyperactivity/impulsivity or both (APA, 2013). Inattention is recognized by at least six of the following:

- Failure to give close attention to details;
- Difficulty sustaining attention to activities;
- Does not seem to listen when spoken to;
- Does not follow through on instructions;
- Difficulty organizing tasks;
- Avoids or dislikes activities that require sustained mental effort;
- Often loses things needed for a specific task;
- Easily distracted;
- Forgetful in daily activities

(APA, 2013).

In addition to inattention, hyperactivity and impulsivity is also defined. Six or more of the following symptoms must be present for at least six months:

- Fidgets or squirms in seat;
- Leaves seat in situations where being seated is expected;
- Runs about or climbs where it would be inappropriate;
- Unable to engage quietly in activities;
- Often “on the go;”
- Talks excessively;
- Blurts out or completes other’s sentences;
- Has difficulty wait their turn;
- Often interrupts or intrudes on others.

In addition to inattention and hyperactivity, individuals must meet the following four criteria for a diagnosis of ADHD:

- Inattentive and impulsive behaviors were present before age 12;
- The inattentive and impulsive behaviors occur in two or more settings;
- Clear evidence that the symptoms affect the quality of life
- The symptoms are not otherwise explainable by another medical condition or mental disorder.

(APA, 2013).

Posttraumatic Stress Disorder (PTSD)

PTSD is a highly complex mental disorder that is reflected in the criteria for its diagnosis. There are eight primary elements of PTSD, five of which are further defined. The main elements are:

- The individual must be exposed to death, serious injury, or sexual violence;
- Presence of the symptoms associated with the traumatic events after the event occurred;
- Persistent avoidance of things associated with the traumatic event;
- Alterations in cognition or mood associated with the traumatic event;
- Alterations in behavior associated with the traumatic event;

- Symptoms persist for at least one month;
- Symptoms cause significant distress or impairment;
- Symptoms cannot be attributable to the effects of a substance or other medical condition (APA, 2013).

Alcohol Use Disorder

Alcohol Use Disorder is defined in the DSM-V relatively simply. The individual's alcohol use must be problematic and leading to clinically significant distress as manifested by at least two of 12 behaviors (APA, 2013). These behaviors must have occurred within a 12-month period (APA, 2013). The 12 elements are:

- Alcohol is consumed in larger amounts or over a longer period of time than intended;
 - Either a persistent desire or unsuccessful attempts to reduce or control alcohol use;
 - Significant time is spent obtaining or using alcohol or recovering from its effects;
 - The individual has a strong craving or urge to consume alcohol;
 - The alcohol use causes the individual to fail in their obligations at school, work, or home;
 - The individual continues to use alcohol despite previous social problems associated with alcohol use;
 - Normally pleasurable activities (social, occupational, or recreational) are given up or reduced because of alcohol use;
 - The individual uses alcohol in situations where it is dangerous to do so;
 - The individual continues to use alcohol despite the knowledge of the problems associated with their alcohol use;
 - Increased tolerance for alcohol;
 - Suffers from alcohol withdrawal
- (APA, 2013).

REFERENCES

REFERENCES

- Albrecht, G., Walker, V., & Levy, J. (1982). Social distance from the stigmatized: a test of two theories. *Social Science and Medicine*, 16, 1319-27.
- Ajjawi, R., & Higgs, J. (2007). Using hermeneutic phenomenology to investigate how experienced practitioners learn to communicate clinical reasoning. *The Qualitative Report*, 12(4), 267-297.
- ABA Commission on Lawyer Assistance Programs. (2016). *Directory of Lawyer Assistance Programs*.
http://www.americanbar.org/groups/lawyer_assistance/resources/lap_programs_by_state.html accessed September 15, 2016.
- American Bar Association. (2016). *ABA Standards and Rules of Procedure for Approval of Law Schools 2016-2017*. Chicago.
- American Bar Association. (2015). *The Law School Accreditation Process*. Chicago.
- American Bar Association. (2014).
www.americanbar.org/groups/legal_education/resources/statistics.html downloaded September 14, 2015.
- American Bar Association. (2007). *ABA Standards and Rules of Procedure for Approval of Law Schools 2007-2008*. Chicago.
- American Bar Association and National Conference of Bar Examiners. (2011). *Comprehensive Guide to Bar Admission Requirements 2011*. (2011). Chicago. Moeser, E. & Huismann, C., eds.
- American Council on Education. (2002). *HIPAA Privacy Rule Primer for the College or University Administrator*. Washington, D.C.: Woods, G.W.
- American College Health Association. (2008). *American College Health Association-National College Health Assessment: Reference group data report*. American College Health Association: Baltimore.
- American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders*, 5th Ed. American Psychiatric Association: Arlington, Va.
- Americans with Disabilities Act of 1990, Pub. L. No. 101-336, 104 Stat. 327 (1990).
- Americans with Disabilities Amendments Act of 2008, Pub. L. No. 110-325.
- Backels, K., & Wheeler, I. (2001). Faculty perceptions of mental health issues among college students. *Journal of College Student Development*, 42(2), 173-176.
- Barr, V., Krylowicz, B., Reetz, D., Mistler, B., & Rando, R. (2011). *The Association for University and College Counseling Center Directors Annual Survey*.

- Barritt, L., Beekman, T., Bleeker, H., & Mulderij, K. (1985). *Researching Educational Practice*. North Dakota Study Group on Evaluation. Grand Forks: North Dakota University.
- Barton, D., Hamilton, M., & Ivanic, R. (1999). *Situated Literacies: Reading and writing in context*. New York: Routledge.
- Bazelon Center for Mental Health Law. (2010, January). *Will health reform help people with mental disorders?* Washington, D.C.
- Becker, M., Martin, L., Waleeh, E., Ward, J., & Shern, D. (2002). Students with mental disorder in a university setting: Faculty and student attitudes, beliefs, knowledge, and experiences. *Psychiatric Rehabilitation Journal*, 25(4), 359-368.
- Benjamin, G. A. H., Darling, E. J., & Sales, B. (1990). The prevalence of depression, alcohol abuse, and cocaine abuse among United States lawyers. *International Journal of Law and Psychiatry*, 13, 233-246.
- Benjamin, G. A. H., Kaszniak, A., Sales, B., & Shanfield, S. B. (1986). The role of legal education in producing psychological distress among law students and lawyers. *American Bar Foundation Research Journal*, 225-252.
- Benton, S. A., Robertson, J., Tseng, W., Newton, F., & Benton, S. (2003). Changes in counseling client problems across 13 years. *Professional Psychology: Research and Practice*, 34(1), 68-72.
- Berger, M. (2001). Why the *U.S. News and World Report* law school rankings are both useful and important. *Journal of Legal Education*, 51, 487-502.
- Bernstein, A. (2008). Lawyers with Disabilities: L'handicape c'est nous. *University of Pittsburg Law Review*, 389, 391-392.
- Binienda, J., Schwartz, K., & Gaspar, D. (2001). Training in end-of-life care through interaction with dying patients. *Academic Medicine*, 76, 517-522.
- Bishop, J. B. (2006). College and university counseling centers: Questions in search of answers. *Journal of College Counseling*, 9(1), 6-19.
- Blacklock, B., Benson, B., & Johnson, D. (2003). Needs assessment project: Exploring barriers and opportunities for college students with psychiatric disabilities. Unpublished manuscript, University of Minnesota.
- Blanco, C., Okuda, M., Wright, C., Hasin, D. S., Grant, B. F., Lui S., & Olsfson, M. (2008). Mental health of college students and their non-college-attending peers: Results from the national epidemiologic study on alcohol and related conditions. *Archives of General Psychiatry*, 65, 1429-1437.
- Blume, A. W., Lovato, L. V., Thyken, B.N., & Denny, N. (2012). The relationship of microaggressions with alcohol use and anxiety among ethnic minority college students in a historically White institution. *Cultural Diversity and Ethnic Minority Psychology*, 18, 45-54.

- Brackney, B. & Karabenick, S. (1995). Psychopathology and academic performance: The role of motivation and learning strategies. *Journal of Counseling Psychology*, 42(2), 456-465.
- Bramness, J. G., Fixdal, T. C., Vaglum, P. (1991). Effect of medical school stress on the mental health of medical students in early and late clinical curriculum. *Acta Psychiatrica Scandinavica*, 84, 340-345.
- Braun, V., & Clark, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101.
- Bronfenbrenner, U. (1979). *The Ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard College Press.
- Bronfenbrenner, U. (1986). Ecology of the family as a context for human development: A research perspective. *Developmental Psychology*, 22, 723-742.
- Bronfenbrenner, U. (1993). The ecology of cognitive development: Research models and fugitive findings. In R. H. Wozniak & K. W. Fischer (Eds.), *Development in context: Acting and thinking in specific environments* (pp. 3-44). Hillsdale NJ: Erlbaum.
- Bronfenbrenner, U., & Crouter, A.C. (1983). The evolution of environmental models in developmental research. In W. Kesson (ed.), *History, theory, and methods*. Volume I of P. H. Mussen (Ed.), *Handbook of child psychology* (4th ed., pp. 357-414). New York: Wiley.
- Brown, S. (2016, September 18). How 4 Professors Built Careers Despite Mental-Health Struggles, *The Chronicle of Higher Education*. Download September 21, 2016. http://www.chronicle.com/article/How-4-Professors-Built-Careers/237791/?key=3E28u5V_kVLLINFdIng14JVbxFjaJLSof_diM4nhkZYYbs02bIMJAKx0dL4-sDUZWVNUGRDWHILMVNJTWszeGVwZ1RCQ2JIMDZRQVF1TDdOZFNWaoxEZW03TQ
- Burdsey, D. (2011). That joke isn't funny anymore: Racial microaggressions, color-blind ideology and the mitigation of racism in English men's first-class cricket. *Sociology of Sport Journal*, 28, 261-283.
- Cass, R. A. (1995). The how and why of law school accreditation. *Journal of Legal Education*, 45:3, 418-425.
- Center for Psychiatric Rehabilitation. *How does mental disorder interfere with school performance?* Downloaded September 9, 2010 at <http://www.bu.edu/cpr/reasaccom/educa-func.html>
- Chandavarkar, U., Azzam, A., Mathews, C. A. (2007). Anxiety symptoms and perceived performance in medical students. *Depression and Anxiety*, 24, 103-111.
- Chew-Graham, A., Rogers, A., & Yassin, N. (2003). 'I wouldn't want it on my CV or their records': Medical students' experiences of help-seeking for mental health problems. *Medical Education*, 37, 873-880.

- Chmielewski, M. (2002). Serving students with psychiatric disabilities through the disability support services office. In Mowbray, C.T., Strauch Brown, K., Furlong-Norman, K. & Sullivan Soydan, A. (Eds.), *Supported education and psychiatric rehabilitation: Models and methods* (pp. 253-262). Linthicum, MD; International Association of Psychological Rehabilitation Services.
- Clark, D. C. & Zeldow, P.B. (1988a) Vicissitudes of depressed mood during four years of medical school. *JAMA*, 260(17), 2521-2528.
- Clark, D. C., Daugherty, S. R., Zeldow, P. B., Gotterer, G. S., & Hedeker, D. (1988b). The relationship between academic performance and severity of depressed mood during medical school. *Comprehensive Psychiatry*, 29(4), 409-420.
- Collins, K. D. (2000). Coordination of rehabilitation services in higher education for students with psychiatric disabilities. *Journal of Applied Rehabilitation Counseling*, 31(4), 36-39.
- Collins, K. D. (2001). Coordination of rehabilitation services in higher education for students with psychiatric disabilities. *Journal of Applied Rehabilitation Counseling*, 31, 36-39.
- Collins, M. E. & Mowbray, C. T. (2005). Higher education and psychiatric disabilities: National survey of campus disability services. *American Journal of Orthopsychiatry*, 75(2), 304-315.
- Comer, R. J. (1999). *Foundations of abnormal psychology* (2nd ed.) New York: Worth/Freeman.
- Corrigan, P. W., Morris, S. B., Michaels, P. J., Rafacz, J. D., & Rüsch, N. (2012). Challenging the public stigma of mental illness: a meta-analysis of outcome studies. *Psychiatric Services*, 63(10), pp. 963-973.
- Corrigan, P. W., Rafacz, J., & Rüsch, N. (2011). Examining a progressive model of self-stigma and its impact on people with serious mental illness. *Psychiatry Research*, 189 (pp. 339-343).
- Corrigan, P. W., River, L. P., Lundin, R. K., et al. (2000). Stigmatizing attributions about mental illness. *Journal of Community Psychology*, 28, 91-103.
- Corrigan, P. W., & Shapiro, J. R. (2010). Measuring the impact of programs that challenge the public stigma of mental illness. *Clinical Psychology Review*, 30 (pp. 907-922).
- Corrigan, P. W., & Watson, A. C. (2002). Understanding the impact of stigma on people with mental illness. *World Psychiatry* 1 (pp. 16-20).
- Corrigan, P. W., Watson, A. C., & Barr, L. (2006). The self-stigma of mental illness: implications for self-esteem and self-efficacy. *Journal of Social and Clinical Psychology*, 25(9), pp. 875-884.

- Crabtree, B. & Miller, W. (1999). A template approach to text analysis: Developing and using codebooks. In B. Crabtree & W. Miller (Eds.), *Doing qualitative research* (pp. 163-177). Newbury Park, CA: Sage.
- Creswell, J. W. (1998). *Qualitative inquiry and research design: A guide for educators of adults*. San Francisco, CA: Jossey-Bass.
- Creswell, J. W. (2003). *Research design: Qualitative, quantitative, and mixed methods approaches* (2nd ed.). Thousand Oaks, CA: Sage.
- Crocker, J., & Major, B. (2003). The self-protective properties of stigma: evolution of a modern classic. *Psychological Inquiry*, 14, 232-237.
- D'Amico v. N.Y. State Board of Law Examiners, 813 F. Supp. 217, 220-21 (W.D.N.Y. 1993).
- Dalton, J. C. & Petrie, A. M. (1997). The power of peer culture. *Educational Record*, 78(3-4), 18-24.
- Dammeyer, M. & Nunez, N. (1999). Anxiety and depression among law students: Current knowledge and future directions. *Law and Human Behavior*, 55(61), 55-73.
- Dickerson, F. (1987). Psychological counseling for law students: One law school's experience. *Journal of Legal Education*, 37, 82-90.
- Dilthey, W. (1985). Poetry and experience. *Selected works*, vol. V. Princeton University Press: Princeton, NJ.
- Dovidio, J. F., Major, B., Crocker, J. (2000). Stigma: introduction and overview. In Heatherton, T. F., Kleck, R. M., Hebl, M. R., & Hull, J. D. (Eds.) *The Social Psychology of Stigma* (pp. 1-30). New York: The Guilford Press.
- Dyrbye, L. N., Thomas, M. R., Shanafelt, T. D. (2005). Medical student distress: Causes, consequences, and proposed solutions. *Mayo Clinic Proceedings*, 80(12), 1613-1622.
- Dyrbye, L. N., Thomas, M. R., Shanafelt, T. D. (2006). Systematic review of depression, anxiety, and other indicators of psychological distress among U.S. and Canadian medical students. *Academic Medicine*, 81(4), 354-373.
- Eaton, W. W., Anthony, J. C., Mandel, W., & Garrison, R. (1990). Occupations and the prevalence of major depressive disorder. *Journal of Occupational Medicine*, 32(11), 1079-1087.
- Eisenberg, D., Golberstein, E., & Hunt, J. B. (2009). Mental health and academic success in college. *The B.E. Journal of Economic Analysis & Policy*, 9(1), 1-35.
- Eisenberg, D., Golberstein, E., & Gollust, S. E. (2007). Help-seeking and access to mental health care in a university student population. *Medical Care*, 45(7), 594-601.

- Eisenberg, D., Hunt, J., Speer, N., & Zivin, K. (2011). Mental health service utilization among college students in the United States. *The Journal of Nervous and Mental Disease*, 199: 5, 301-308.
- Equal Employment Opportunity Commission. (1997). Enforcement guidance on the Americans With Disabilities Act and psychiatric disabilities. Retrieved November 3, 2009, from <http://www.eeoc.gov/policy/docs/psych.html>
- Eudaly, J. (2003). A rising tide: Students with psychiatric disabilities seek services in record numbers. *Information from Health*, 1-4.
- Family Educational Rights and Privacy Act of 1974, Pub. L. No. 93-380 (1974).
- Firth, J. (1986). Levels and sources of stress in medical students. *British Medical Journal (Clinical Research Edition)*, 292(6529), 1177-1180.
- Gallagher, R. (2004). National survey of counseling directors. Alexandria, VA: International Association of Counseling Services.
- Gibbs, G. (2007). *Analyzing qualitative data*. Los Angeles, CA: Sage.
- Givens, J. L., & Tjia, J. (2002). Depressed medical students' use of mental health services and barriers to use. *Academic Medicine*, 77(9), 918-921.
- Glesner, B. A. (1991). Fear and loathing in the law schools. *Connecticut Law Review*, 23, 627-668.
- Golberstein, E., Eisenberg, D., & Gollust, S. E. (2009). Perceived stigma and help-seeking behavior: longitudinal evidence from the Healthy Minds Study. *Psychiatric Services*, Sept. 60(9); 1254-6.
- Goplerud, E. N. (1980). Social support and stress during the first year of graduate school. *Professional Psychology*, April, 283-290.
- Grant-Vallone, E. J. & Ensher, E. A. (2000). Effects of peer mentoring in types of mentor support, program satisfaction and graduate student stress: A dyadic perspective. *Journal of College Student Development*, 41(6), 637-642.
- Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field Methods*, 18(1), 59-82.
- Gulati, M., Sander, R., & Sockloskie, R. (2001). The happy charade: An empirical examination of the third year of law school. *Journal of Legal Education*, 51(2), 235-266.
- Hammersley, M. (2000). *Taking sides in social research*. London: Routledge.
- Harrison, H. (1983). Is there work after law school? *Student Lawyer*, 12, 10-23.

- Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-199, 110 Stat. 1936 (1996).
- Hefner, J. & Eisenberg, D. (2009). Social support and mental health among college students. *American Journal of Orthopsychiatry*, 79(4), 491-499.
- Hegland, K. (2008). *Introduction to the Study and Practice of Law 5th ed.* St. Paul, Minn.: West.
- Heins, M., Fahey, S. N., & Henderson, R. C. (1983). Law students and medical students: A comparison of perceived stress. *Journal of Legal Education*, 33, 511-525.
- Heins, M., Fahey, S. N., & Leiden, L. I. (1984). Perceived stress in medical, law, and graduate students. *Journal of Medical Education*, 59, 169-179.
- Hensel, W. F. (2008). The disability dilemma: A skeptical bench & bar. *University of Pittsburgh Law Review*, 69, 637-656.
- Herr, S. S. (1997). Questioning the questionnaires: Bar admissions and candidates with disabilities. *Villanova Law Review*, 42, 635-687.
- Hess, G. F. (2002). Heads and hearts: The teaching and learning environment in law school. *Journal of Legal Education*, 52, 75-111.
- Holmes, P. E., River, L. P. (1998). Individual strategies for coping with the stigma of severe mental illness. *Cognitive Behavioral Practice*, 5, 231-239.
- Hunt, J. & Eisenberg, D. (2010). Mental health problems and help-seeking behavior among college students. *Journal of Adolescent Health*, 46, 3-10.
- Husserl, E. (1962). *Ideas*. New York: Collier.
- Hyun, J. K., Quinn, B. C., Madon, T. & Lustig, S. (2006). Graduate student mental health: Needs assessment and utilization of counseling services. *Journal of College Student Development*, 47, 247-266.
- Iijima, A. L. (1998). Lessons learned: Legal education and law student dysfunction. *Journal of Legal Education*, 48, 524-538.
- Johnson, W. B. & Huwe, J. M. (2002). Toward a typology of mentorship dysfunction in graduate school. *Psychotherapy: Theory/Research/Practice/Training*, 39(1), 44-55.
- Jolly-Ryan, J. (2010). The last taboo: Breaking law students with mental disorder and disabilities out of the stigma straightjacket. *UMKC Law Review*, 79, 123-161.
- Jones, J. T. R. (2007). Walking the tightrope of bipolar disorder: The secret life of a law professor. *Journal of Legal Education*, 57, 349-374.
- Kellner, R., Wiggins, R. J., & Pathak, D. (1986). Distress in medical and law students. *Comprehensive Psychiatry*, 27(3), 220-223.

- Kenny, C. (1916). The Case-Method of teaching law. *Journal of Society of Comparative Legislation*, 16, 182-194.
- Kessler, R. C., Foster, C. L., Saunders, W. B., & Stang, P. E. (1995). Social consequences of psychiatric disorders, I: Educational Attainment. *The American Journal of Psychiatry*, 152(7), 1026-1032.
- Kitzrow, M. A. (2003). The mental health needs of today's college students: Challenges and recommendations. *NASPA Journal*, 41 (1), 165-179.
- Knis-Matthews, L., Bokara, J., DeMeo, L., Lepore, N., & Mavus, L. (2007). The meaning of higher education for people diagnosed with a mental disorder: Four students share their experiences. *Psychiatric Rehabilitation Journal*, 31(2), 107-114.
- Komiya, N., Good, G. E., & Sherrod, N. B. (2000). Emotional openness as a predictor of college students' attitudes toward seeking psychological help. *Journal of Counseling Psychology*, 47(1), 138-143.
- Krieger, L. S. (2002). Institutional Denial about the dark side of law school, and fresh empirical guidance for constructively breaking the silence. *Journal of Legal Education*, 52, 112-129.
- Krill, P. R., Johnson, R., & Albert, L. (2016). The prevalence of substance use and other mental health concerns among American attorneys. *Journal of Addiction Medicine*, 10(1), 46-52.
- Law School Admissions Council. (2015).
http://www.americanbar.org/groups/legal_education/resources/aba_approved_law_schools/official-guide-to-aba-approved-law-schools.html
- Law School Admissions Council.
<https://officialguide.lsac.org/Release/SchoolsABADData/enrollment.aspx?schoolinfo=enrollment>
 ment downloaded June 15, 2011.
- Link, B. G. (1987). Understanding labeling effects in the area of mental disorders: an assessment of the effects of expectations of rejection. *American Sociological Review*, 52, 96-112.
- Link, B. G., & Phelan, J. C. (2001). Conceptualizing stigma. *Annual Review of Sociology*, 27, 363-385.
- Link, B. G., Struening, E., Neese-Todd, S., Asmussen, S., & Phelan, J. (2001). Stigma as a barrier to recovery: The consequences of stigma for the self-esteem of people with mental illnesses. *Psychiatric Services*, 52, 1621-1626.
- Lloyd, C., & Gartrell, N. K. (1984). Psychiatric symptoms in medical students. *Comprehensive Psychiatry*, 25(6), 552-565.
- McCleary, R. & Zucker, E. L. (1991). Higher trait and state-anxiety in female law students than male law students. *Psychological Reports*, 68, 1075-1078.
- McKinney, R. A. (2003). Depression and anxiety in law students: Are we part of the problem and can we be part of the solution? *The Journal of the Legal Writing Institute*, 1-25.

- Mental Health Parity Act of 1996, Pub. L. No. 104-204 (1996).
- Mental Health Parity and Addiction Equity Act of 2008, Pub. L. No. 110-343 (2008).
- Mental Illness Policy Org (2016). *State-by-State Standards for Involuntary Commitment*.
<http://mentalillnesspolicy.org/studies/state-standards-involuntary-treatment.html> Last
 accessed September 28, 2016.
- Merleau-Ponty, M. (1962). *The phenomenology of perception*. London: Routledge and Kegan Paul.
- Meyer-Drawe, K. (1997). Education. In Embree, L. (Ed.) *Encyclopedia of Phenomenology*.
 Dordrecht: Kluwer Academic Publishers.
- Miller, D. C., & Salkind, N. J. (2002). *Handbook of research design and social measurement* (6th
 ed.). Thousand Oaks, CA; Sage.
- Moffat, K. J., McConnachie, A., Ross, S., & Morrison, J. M. (2004). First year medical student
 stress and coping in a problem-based learning medical curriculum. *Medical Education*, 38,
 482-491.
- Mora, G. (1992). Stigma during the medieval and Renaissance periods. In Fink, P.J. & Tasman A.
 (eds.), *Stigma and mental illness* (pp. 41-57). Washington, D.C.: American Psychiatric
 Press.
- Morra, D. J., Regehr, G., & Ginsburg, S. (2008). Anticipated debt and financial stress in medical
 students. *Medical Teacher*, 30, 313-315.
- Mosley, T. H., Perrin, S. G., Neral, S. M., Dubbert, P. M., Grothues, C. A., Pinto, B. M. (1994).
 Stress, coping, and well-being among third-year medical students. *Academic Medicine*
 69(9), 765-767.
- Mowbray, C. T., Bybee, D., & Collins, M. E. (2001). Follow-up client satisfaction in a supported
 education program. *Psychiatric Rehabilitation Journal*, 24, 237-247.
- Moxley, D. P., Mowbray, C. T., & Brown, K. S. (1993). Supported education. In Flexer, R., &
 Solomon, P. (Eds.), *Psychiatric Rehabilitation in Practice*. New York: Butterworth.
- National Conference of Bar Examiners. (2016a, March). *The Bar Examiner*.
- National Conference of Bar Examiners. (2016b). *Comprehensive Guide to Bar Admission
 Requirements 2016*. Madison, Wisc.
- National Conference of Bar Examiners, 2016c, February). *Request for Preparation of a Character
 Report*. Madison, Wisc.
- National Conference of Bar Examiners. (2015, March). *The Bar Examiner*.
- National Conference of Bar Examiners. (June 11, 2012). Standard NCBE.

- National Conference of Bar Examiners. (2010a). *The MBE Multistate Bar Exam: 2011 Information Booklet*. Madison, Wisc.
- National Conference of Bar Examiners. (2010b). *The MEE Multistate Essay Examination: 2011 Information Booklet*. Madison, Wisc.
- National Conference of Bar Examiners. (2010c). *The MPRE Multistate Professional Responsibility Examination: 2011 Information Booklet*. Madison, Wisc.
- National Conference of Bar Examiners. (2010d). *The MPT Multistate Performance Test: 2011 Information Booklet*. Madison, Wisc.
- National Institute of Mental Health. *Prevalence of Serious Mental disorder Among U.S. Adults by Age, Sex, and Race*. www.nihm.gov/statistics/SMI_AASR.shtml downloaded October 9, 2012.
- Nelson, N. G., Dell'Oliver, C., Koch, C., & Buckler, R. (2001). Stress, coping, and success among graduate students in clinical psychology. *Psychology Reports*, 88(3), 759-767.
- Nogueira-Martins, L. A. (2003). Saúde mental dos profissionais de saúde. *Rev. Bras. Med. Trab., Belo Horizonte*, 1(1), 56-68.
- Nogueira-Martins, L., Fagnani Neto, R., Macedo, P., Citero, V., & Mari, J. (2004). The mental health of graduate students at the federal university of Sao Paulo: A preliminary report. *Brazilian Journal of Medical and Biological Research*, 37, 1519-1524.
- O'Donoghue, T. and Punch, K. (2003). *Qualitative Education Research in Action: Doing and Reflecting*. New York: RoutledgeFalmer.
- O'Neil, M. K., Lancee, W. J., & Freeman, S. J. (1984). Help-seeking behavior of depressed students. *Social Science & Medicine*, 18(6), 511-514.
- Patient Protection and Affordable Care Act of 2009, Pub. L. No. 111-148, 124 Stat. 119 through 124 Stat. 1025 (2009).
- Patton, M. Q. (2002). *Qualitative research and evaluation methods (3rd ed.)*. Thousand Oaks, CA: Sage.
- Peters, H. J., Schwenk, H. N., Ahlstrom, Z. R., & McIlwain, L. N. (2016). Microaggressions: The experience of individuals with mental illness. *Counselling Psychology Quarterly, Fall*, 1-27.
- Peterson, T. D. & Peterson, E. W. (2009). Stemming the tide of law student depression: What law schools need to learn from the science of positive psychology. *Yale Journal of Health Policy, Law, and Ethics*, 9, 357-434.
- Pledge, D. S., Lapan, R. T., Heppner, P. P., Kivlighan, D., & Roehlke, H. J. (1998). Stability and severity of presenting problems at a university counseling center: A 6-year analysis. *Professional Psychology: Research and Practice*, 29(4), 386-389.

- Pluat, S. M., Mawell, S. A., Seng, L., O'Brien, J. J., & Faircloth, G. F. (1993). Mental health services for medical students: Perceptions of students, student affairs deans, and mental health providers. *Academic Medicine*, 68(5), 360-365.
- Reetz, D. R., Krylowicz, B., Bershad, C., Lawrence, J. M & Mistler, B. (2016). The Association for University and College Counseling Center Directors Annual Survey.
- Rehabilitation Act of 1973, Pub. L. No. 93-112, 87 Stat. 355 (1973).
- Renn, K. A. (2003). Understanding the identities of mixed-race college students through a developmental ecology lens. *Journal of College Student Development*, 44(3), 383-403.
- Renn, K. A., & Arnold, K. D. (2003). Reconceptualizing research on college student peer culture. *The Journal of Higher Education*, 74(3), 261-291.
- Rickerson, N., Suoma, A., & Burgstahler, S. (2004). *Psychiatric disabilities in postsecondary education: Universal design accommodations and supported education*. Retrieved August 3, 2009 from University of Hawaii at Manoa, National Center on Secondary Education and Transition web site
http://ncset.hawaii.edu/institutes/mar2004/papers/pdf/suoma_revised.pdf
- Roberts, L. W. (2010). Understanding Depression and distress among medical students. *JAMA*, 304(11), 1231-1233.
- Rocha-Singh, I. A. (1994). Perceived stress among graduate students: Development and validation of the graduate stress inventory. *Educational and Psychological Measurement*, 54, 714-727.
- Rogers, H. W. (1903). Legal Education in the United States. *The American Law School Review*, 1, 13-16.
- Letter from LeRoy S. Rooker, Director, Family Policy Compliance Office, US Department of Education, to Attorney for School District (October 31, 2003).
- Letter from LeRoy S. Rooker, Director, Family Policy Compliance Office, US Department of Education, to David Cope, Assistant Professor, University of North Alabama (November 2, 2004).
- Rosal, M. C., Ockene, I. S., Ockene, J. K., Barrett, S. V., Ma, Y., & Hebert, J. R. (1997). A longitudinal study of students' depression at one medical school. *Academic Medicine*, 72(6), 542-546.
- Rossman, G. B., & Rallis, S. F. (2012). *Learning in the field: an introduction to qualitative research* (3rd ed.). Los Angeles, CA: Sage.
- Roth, D., Antony, M. M., Kerr, K. L., & Downie, F. (2000). Attitudes toward mental disorder in medical students: Does personal and professional experience with mental disorder make a difference? *Medical Education*, 34, 234-236.

- Rutman, I. D. (1994). How psychiatric disability expresses itself as a barrier to employment. *Psychosocial Rehabilitation Journal*, 17, 15-35.
- Samuels, J. (2014, February 5). The United States' Investigation of the Louisiana Attorney Licensure System Pursuant to the Americans with Disabilities Act (DJ No. 204-32M-60, 204-32-88, 204-32-89). [Letter to Bernette Johnson, Elizabeth Schell, and Charles Plattsmier]
- Schwenk, T. L., Davis, L., Wimsatt, L. A. (2010). Depression, stigma, and suicidal ideation in medical students. *JAMA*, 304(11), 1181-1190.
- Segerstrom, S. C. (1996). Perceptions of stress and control in the first semester of law school. *Willamette Law Review*, 32, 593-608.
- Seidman, I. E. (1998). *Interviewing as qualitative research: A guide for researchers in education and the social sciences* (2nd ed.). New York: Teachers College Press.
- Shanfield, S. B. & Benjamin, G. A. H. (1985). Psychiatric distress in law students. *Journal of Legal Education*, 35, 65-69.
- Shapiro, A. J. (2009). Comment: Defining the rights of law students with mental disabilities. *University of Miami Law Review*, 58, 923-928.
- Sharpe, M. N., Bruininks, B. D., Blacklock, B. A., Benson, B., & Johnson, D. M. (2004). The emergence of psychiatric disabilities in postsecondary education. Examining Current Challenges in Secondary Education and Transition, 3(1). Retrieved February 2, 2009, from <http://www.ncset.org/publications/viewdesc.asp?id=1688>
- Sheldon, K. M. & Krieger, L. S. (2007). Understanding the negative effects of legal education on law students: A longitudinal test of self-determination theory. *Personality and Social Psychology Bulletin*, 33, 883-897.
- Sheldon, K. M. & Krieger, L. S. (2004). Does legal education have undermining effects on law students? Evaluating changes in motivation, values, and well-being. *Behavioral Sciences and the Law*, 22, 261-286.
- Simon, B. (1992). Shame, stigma, and mental illness in ancient Greece. In Fink, P.J. & Tasman, A. (Eds.), *Stigma and mental illness* (pp. 29-39). Washington, D.C.: American Psychiatric Press.
- Smith, K. H. (1999). Disabilities, law schools, and law students: A proactive and holistic approach. *Akron Law Review*, 32, 30-31.
- Silver, L. (1968). Anxiety and the first semester of law school. *Wisconsin Law Review*, 1968, 1201-1218.
- Smith, C. K., Peterson, D. F., Degenhardt, B. F., & Johnson, J. C. (2007). Depression, anxiety, and perceived hassles among entering medical students. *Psychology, Health & Medicine*, 12(1), 31-39.

- Solorzano, D., Ceja, M., & Yosso, T. (2000). Critical race theory, racial microaggressions, and campus racial climate: The experiences of African American college students. *Journal of Negro Education*, 69, 60-73.
- Soonpaa, N. J. (2004). Stress in Law Students: A comparative study of first-year, second-year, and third-year students. *Connecticut Law Review*, 36, 353-384.
- Spiegel, D. A., Smolen, R. C., Jonas, C. K. (1986). An examination of the relationships among interpersonal stress morale and academic performance in male and female medical students. *Social Science Medicine*, 23(11), 1157-1161.
- Spinelli, E. (1989). *The Interpreted World: An introduction to Phenomenological Psychology*. London: Sage.
- Stone, D. H. (2009). The disabled lawyers have arrived: Have they been welcomed with open arms into the profession? An empirical study of the disabled lawyers. *Journal of Law and Inequality*, 27, 93.
- St. Pierre, W. A. & Jackson, A. Y. (2014). Qualitative data analysis after coding. *Qualitative Inquiry*, 20(6), 715-719.
- Sue, D. W. (2010). *Microaggressions in everyday life: Race, gender and sexual orientation*. Hoboken, NJ: Wiley.
- Teddlie, C., & Tashakkori, A. (2009). *Foundations of mixed methods research: Integrating quantitative and qualitative approaches in the social and behavioral sciences*. Los Angeles, CA: Sage.
- Tjia, J., Givens, J. L., & Shea, J. A. (2005). Factors associated with undertreatment of medical student depression. *Journal of American College Health*, 53(5), 219-224.
- Toews, J., Lockyer, J., Dobson, D., Simpson, E., Brownell, A., Brenneis, F., et al. (1997). Analysis of stress levels among medical students, residents, and graduate students at four Canadian schools of medicine. *Academic Medicine*, 72(11), 997-1002.
- Trustees of Bates College v. Congregation Beth Abraham, 2001 WL 1671588 (Me. Super. Ct. Feb. 13, 2001).
- Twenge, J. M., Gentile, B., DeWall, C. N., Ma, D, Lacefield, K., Schurtz, D. R. (2010). Birth cohort increases in psychopathology among young Americans, 1938-2007: A cross-temporal meta-analysis of the MMPI. *Clinical Psychology Review*, 30, 145-154.
- Tyssen, R., Vaglum, P., Grovold, N. T., & Ekeberg, O. (2001). Factors in medical school that predict postgraduate mental health problems in need of treatment. A nationwide and longitudinal study. *Medical Education*, 35, 110-120.
- Unger, K. (1993). Creating supported education programs utilizing existing community resources. *Psychosocial Rehabilitation Journal*, 17(1), 11-23.

- Unger, K. (1998). *Handbook on supported education: Providing services for students with psychiatric disabilities*. Baltimore: Brookes.
- U. S. Commission on Civil Rights. (1999). *Sharing the dream: Is the ADA accommodating all?* <http://www.usccr.gov/pubs/ada/ch3.htm> downloaded 9/2/2011
- U. S. Department of Education. (2015). *The Condition of Education 2015*. Washington, DC: U.S. Department of Education.
- U. S. Department of Justice. (Aug. 13, 2014). *Settlement Agreement between the United States of America and the Louisiana Supreme Court under the Americans with Disabilities Act*. https://www.ada.gov/louisiana-supreme-court_sa.htm
- U. S. News and World Report. (2011). Law School Rankings Methodology. <http://www.usnews.com/education/best-graduate-schools/articles/2011/03/14/law-school-rankings-methodology-2012>, downloaded 9/2/2011
- Valenstein, E., & Charnley, D. (2000). Are we “blaming” brain chemistry for mental illness? *Cerebrum: The Dana Forum on Brain Science*, 2, 87-114.
- Valle, R. S., King, M., & Halling, S. (1989). An introduction to existential-phenomenological thought in psychology. In Valle, R.S. & Halling, S. (Eds.) *Existentialist-phenomenological perspectives in psychology: Exploring the breadth of human experience*. New York: Plenum Press.
- van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy*. Albany, NY: State University of New York Press.
- Wahl, O. F., & Harmon, C. R. (1989). Family views of stigma. *Schizophrenia Bulletin*, 15, 131-139.
- Walker, Y. N. (2004). Protecting the public: The impact of the Americans with Disabilities Act on licensure considerations involving mentally impaired medical and legal professionals. *Journal of Legal Medicine*, 25, 441-468.
- Warren, C. A. B. (2002). Qualitative Interviewing. In J.F. Gubrium & J.A. Holstein (Eds.), *Handbook of interview research: Context and method* (pp. 83-102). Thousand Oaks, CA: Sage.
- Wear, D. P. (2002). “Face-to-face with it”: Medical students’ narratives about their end-of-life education. *Academic Medicine*, 77, 271-277.
- Weiner, B., Perry, R. P., Magnusson, J. (1988). An attributional analysis of reactions to stigmas. *Journal of Personality and Social Psychology*, 55, 738-748.
- Weiner, E., & Wiener, J. (1996). Concerns and needs of university students with psychiatric disabilities. *Journal of Postsecondary Education and Disability*, 12(1), 2-9.
- Weiss, D. C. (2007). Lawyer depression comes out of the closet. *ABA Journal*, retrieved from http://abajournal.com/news/lawyer_depression_comes_out_of_the_closet.

- Westefeld, J. S., & Furr, S. R. (1987). Suicide and depression among college students. *Professional Psychology: Research & Practice*, 18(2), 119-123.
- Wizner, S. (2002). The law school clinic: Legal education in the interests of justice. *Faculty Scholarship Series, Paper 1843* http://digitalcommons.law.yale.edu/fss_papers/1843 downloaded 12/2/2011.
- Yale Law School Mental Health Alliance. (2014). *Falling through the cracks: A report on mental health at Yale Law School*. New Haven, Conn., Krill, P.R., Johnson, R., & Albert, L.
- Zemans, F. K., & Rosenblum, V. G. (1981). *The Making of a Public Profession*. Chicago: American Bar Foundation.
- Zivin, K., Eisenberg, D., Gollust, S. E., & Golberstein, E. (2009). Persistence of mental health problems and needs in a college student population. *Journal of Affective Disorders*, 117, 180-185.
- Zoccolillo, M., Murphy, G. E., & Wetzel, R. D. (1986). Depression among medical students. *Journal of Affective Disorders*, 11, 91-96.