



Episode 41 - Dealing with shame at the career crossroads

With Dr. Brian Sayers

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BS: “Guilt is ‘I did something bad’ and shame is ‘I am bad’. One is about behavior and the other is about how you see yourself.”

HF: Welcome to The Doctor's Crossing Carpe Diem podcast. If you're questioning your career in medicine, you've come to the right place. I'm Heather Fork, a former dermatologist and founder of The Doctor's Crossing. As a master certified coach, I've helped hundreds of physicians find greater happiness in their career, whether in medicine, a nonclinical job, or something else. I started this podcast to help you discover the career path that's best for you and give you some resources and encouragement to make it happen. You don't need to get stuck at the white coat crossroads. So pull up a chair, my friend, and let's carpe that diem.

Hello, hello and welcome back to the Doctor’s Crossing Carpe Diem podcast. You're listening to episode number 41. We're talking about an incredibly important topic that doesn't get a lot of airplay. You might want to get your headlamp out for this episode, as we're going spelunking into the dark damn cave of shame.

We're addressing the feelings of shame and guilt that come up in medicine. Specifically, around leaving medicine, but we'll also be touching upon these feelings that can occur from making mistakes or having poor outcomes.

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I've been wanting to do this episode for a while, and I'm so fortunate to have one of my former colleagues on the podcast today. His name is Dr. Brian Sayers, and he's a board-certified rheumatologist who's been in practice here in Austin for 35 years. Although you could not tell it by looking at him, he looks so young. We've kept in touch since I left practice. And I've been very impressed with all of his efforts in the area of physician wellness.

As part of his calling to help physicians and others in a deeper way, he pursued a master's in pastoral ministry. He currently chairs the Travis County Medical Society Physician Health and Rehabilitation Committee. And he has also been president of this society. Brian is not the type of person to toot his own horn, but I have to give him a ton of credit for all the time he generously volunteers in service of helping physicians.

I am truly honored to have him join us today and bring light to this topic of shame. We're going to be sharing a four-step process that can be used to address any shame you may be holding onto. Whether it's related to medicine or something else in your life. It is with sincere gratitude and deep respect that I welcome my friend and colleague, Dr. Brian Sayers onto the podcast. Brian, welcome. I am so excited to have you here today. A huge Texas-sized Thank you to you.

BS: Oh, sure. It's great to be here. Thanks for having me.

HF: My pleasure. All right. So, I'd love to start with you telling us a little bit about yourself and how you got into this work of helping physicians.

BS: Great. Well, thanks. Yeah, I've been in practice in Austin for a long time and I love my work. I had not really been involved in physician wellness until I became our county medical society president a few years back and tried to start some programs. And it was just a dismal failure the first time around.



Around that time, I had gone through some things with my partner who unfortunately ended up having to leave medicine and caused a lot of problems within the practice. We had one small kid at home still, and my wife developed a progressive neurological process at the time that has been really difficult over the years. There were just a lot of things that came together at the same time.

That really kind of made me question a lot of things. And my well-being was not very good at the time. And everybody deals with that in different ways. And I had for years driven past difficult scenery on my way to the hospital to make rounds every day. And I pulled in there one day and enrolled and really wasn't exactly sure what I was trying to find. For sure, I was trying to get closer to God, but I had a lot of things in my own life. I was trying to get some direction for them.

I spent five or six years there. I finally graduated with a degree in pastoral ministry. And I tell you that's sort of where the roots of all this were because what I learned there, there were a lot of lessons that I learned. But I really learned vulnerability there. I mean, I really realized that part of the problem I was dealing with in my life is that I didn't really address the things that caused shame and unhappiness because I didn't want to reveal any imperfections to people around me. And that disconnects you from the world around you.

That was sort of the lesson I took away. One of the main lessons I took away from seminary was the lesson of being vulnerable. Letting people see you for who you are and really connecting with people that way, because it does help you do that. From there, I sort of rebooted our medical society wellness program, and we're still trying to get our feet on the ground with what that was going to look like. We wanted to have a counseling program, but the real turning point for me in approaching that, a few years ago as we were starting the program, I had worked a lot with physicians in recovery, as



well as our wellness program. And they honored me by naming me “Physician of the year”.

HF: Nice. Congratulations! That’s lovely.

BS: I was supposed to do a speech. And I was going to do the regular speech where you thank people.

HF: Like your mother!

BS: And all that kind of stuff. But I decided to stand up that night and really tell where some of this was coming from. And that was from my own past. My dad was an alcoholic and he was a high functioning alcoholic for a number of years. But he died of a bad death of alcoholic liver disease when he was 40 and I was 12.

HF: I'm sorry to hear that, Brian.

BS: I don’t think I really realized how much that had affected me. And the point is that, that night I told that story and said, “This is where real help and caring for each other comes from. We all have a story and we all have a story that informs our adulthood in a lot of ways”. And I wanted to show to the group that it was okay to let those things be seen. And from that point forward opened up a dialogue that I had with a lot of folks since then, and helped guide me in how we constructed our wellness program and counseling program.

It struck home almost immediately that night as I was leaving the venue where we had the dinner. I was walking out to the parking lot with somebody who I know pretty well, but we never really were friends and ended up standing there for an hour while they told me about a medical mistake that they had made that had a bad outcome with the patient.

I didn't really feel like it was actually their fault or negligence, but they did. And they had struggled with the shame of that, that they didn't feel like they could really tell anybody about. I can tell you that telling that story at that point was kind of a game-changer for him. I think it really empowered him to be somewhat vulnerable about imperfections. We're all imperfect, but that was such a lesson to me about those interactions. It really changed the way your friendships with people are, your connection with the world around you. And as physicians, we're just kind of programmed to put out this aura of perfection and not let people see beyond that much. And that's what vulnerability is all about, I think.

HF: Well, you bring up so many powerful points here. And this one about vulnerability, which so many people feel on the outset could be a weakness, as Brene Brown talks so much about that it is truly a strength. And that strength that you showed in sharing your story, contrary to what we think it's going to do, which is have people shun us, which we've already done to ourselves by hiding, it actually opens a door for other people to share their own stories. You brought healing to this physician who had been suffering in that cave of shame. And probably was going to continue for who knows, we can carry these burdens of shame to the grave with us.

BS: Right. We worked with a lot of physicians in recovery, and it's really easy to see a lot of times in that venue, as we first start our five years of helping and monitoring. There is a lot of shame that's involved that really is difficult to break through. Folks who are successful with their recovery have to develop a certain amount of vulnerability to recognize and name the things that are paralyzing them with shame.

HF: Exactly. So, you've given a little foreshadowing to the first step, but before we get to that first step Brian, could you help differentiate between guilt and shame?

BS: Right. It's just in a real basic sense. Guilt is “I did something bad”. And shame is “I am bad”. One is about behavior and the other is about how you see yourself. And shame is “I'm not enough, I'm unworthy. There's something that I need to hide from the world around me”. And all of that really disconnects you from the connections that make us whole humans. Guilt is more related to things that you've done wrong, that you need to also name and address. There is almost always benefit to come from addressing guilt and corrections that you can make in your life with guilt. But guilt is much easier to overcome than shame. Shame is a very deep feeling of unworthiness.

HF: You're absolutely right. And I love how you articulated that. The guilt is sort of external to us. It's about a thing. Whereas the shame, it's our core identity. There's a book by Danielle Ofri “What Doctors Feel”. And in that book, she's talking about this exact distinction. And she said, “While guilt often prods a person to make amends, shame induces them to hide”.

BS: Right.

HF: Oh yeah. I see this as how the energy changes and leads us to that cave. So, let's start with this first step, for any kind of shame you may be feeling. Step one is to first acknowledge the feelings of shame and find someone to share that story with. So, you've given us some examples, but do you want to talk a little bit more about this first step and why it's so important?

BS: Yeah. And this is something that I've really found to be and I suspect in your work, you see this too, certainly in counseling, they do. Identifying the source of the shame and telling that story over and over. With physicians who have made medical mistakes or have had made bad mistakes in relationships, telling that story more than once is really important in this process, because each time the story changes a little bit.

And they tell it differently because they're basically exploring all of that as they tell the story. I know in my life, the story that I remember about my father's alcoholism and my reaction to that, I tell the story about my dad differently almost every time I tell it because I'm still processing it. And I think that's a really healthy part of this process. But you have to have somebody to tell it to. You can't just tell it internally. Really sharing it with somebody is a really important part of telling the story.

HF: That's interesting because I think sometimes, we can tell the story and tell it in our head and it becomes a loop. Like it doesn't change. Because I like that you're bringing in that when we tell it, we can tell it differently, because we can get stuck in the story.

BS: Yeah. A great way of describing that is if you're telling it to yourself over and over, it's just like a cow chewing its cud, after a while, there's no nutrition in it at all, but they just keep onto it.

HF: Right, exactly. It's like those cassette tapes. And then the cassette tape breaks after a while. And then where are you? In thinking about telling the story, but actually moving through it and not getting stuck in the story, is there anything, maybe some tips or suggestions you could give to somebody who feels like they go over the same details over and over, but they're not coming to any different conclusions?

BS: Yeah. You just want to ask them to be honest when they tell the story and you have to have a relationship with them or encourage them to find somebody, whether it's a professional therapist or a family member or a friend. But sometimes they really don't want it to be somebody they're too close to for one reason or another. But honesty is the real key there because if they're just telling it like a memorized story, then nothing comes from that. An honest, organic story that they tell differently each time, because somewhere in that, the nugget of where the shame is coming from in that story is going to reveal itself.

HF: And so, we start telling our story with someone we can be vulnerable with. And that brings us to step two, which is to identify how shame is keeping you stuck or trapped.

BS: Yeah. And that's in a way sort of flows from the discovery from the first step. But yeah, it is sort of naming, translating it into how that is affecting your behavior. And sometimes that's easier to see than others. I ended up reading a lot about adult children of alcoholics. And then anyway, the negative truth is in there that's affecting your behavior. It's not always easy to come by. Sometimes it's obvious. Sometimes it's not. And that's why a trusted listening ear can sometimes help you sort through that. It doesn't have to be a therapist. It can be a good friend who's a good listener.

HF: So, I'm thinking about physicians who may be considering leaving medicine. They often get stuck and trapped by these feelings of guilt or shame "I can't do that. I gave this oath. I took up resources to get trained. I don't want to disappoint my patients, my family, my mentor", yada, yada, yada. It becomes the walls of shame and guilt that you build up with these bricks. And it closes you in this edifice where no one can hear you and you can't get out the word to anyone out there.

But I think part of the step of identifying how it's trapping you involves looking at realistically, is this sustainable? Given how you're feeling, can you do this for 15, 20 more years? And if you really can't imagine that, then something needs to change. If it's not working for you, then it's not working. And it doesn't really matter what the reason is because you're not getting to contribute the fullness of who you are and what you really have to offer if you're really trying to force yourself to be in a situation that's not working.

BS: Yeah. You and I may see different sides of that coin. I see the coin where people have already decided that what they're doing is not sustainable and yet they won't do anything about it. They never make it to you. They just stay in this sort of paralyzed



twilight zone where they know that they don't like what they're doing. It's not nourishing to them, but they feel trapped.

And I do think that vulnerability really works into that. There is so much shame involved in leaving clinical medicine for a lot of people that they have to decide that it's okay to show the world that that's not the life for you. That's not an imperfection. That's just you. But it is a courageous thing. And it is a discovery of authenticity that really lets you connect with the world around you when you walk away from something that is just as Brené described the swamp land of the soul. If you're just slugging around in that, then it takes a lot of courage to break free from that. And I'm sure you see that every day in your work.

HF: Yes, I do. And I would also offer this perspective that when we made that decision to go into medicine, medicine did not make any guarantees to us about what it was going to look like when we got out in practice or what our experience was going to be. And that brochure that looked very glossy back then when you're 18 or 20, or whenever you make that decision can look like soiled newsprint now. Like, this is not what I thought it would be. And medicine, as we all know, has changed so much and continues to change in ways that are often abusive to physicians.

The fact that you may be reconsidering a decision that maybe even you made when you were five, now that does not entitle you to guilt or shame. It entitles you to just one thing, which is finding the truth of you. Because when you find the truth of you and what you truly need and want, you're in alignment with who you are.

When you're in alignment with who you are, you give the world the most. You can really be in your zone of genius. You can bring your energy, your vitality, your creativity, your intelligence, all of these things. So, in some ways it's selfish not to honor your truth. Because you're keeping yourself handicapped if the situation truly is compromising you.

BS: Absolutely. But in that, as you said, there is for a lot of people, a sense of failure to walk away from medicine or even walking away from clinical medicine, even if it's just something that's incredibly productive to the world and nourishing for them. There is a certain sense of failure and shame that I think goes along with that change for a lot of people that they have to come to grips with.

HF: Right. And I know I can't fix that perspective. It's a process everyone has to go through, but I think it's also part of accepting that we can only make decisions based on what the reality is at the moment. And it's important to keep taking in new information as it becomes available. Because if you're making decisions based on something from the past, in some ways it's irrelevant information, or it's not helpful for going forward. For example, when people may have been married 20 years and the marriage isn't good, but they're saying, "Well, I've been married 20 years. I don't want to fail at this. So, I'm going to stay in it". Well, you're not making a choice based on reality. It's based on a thought about the past and an amount of time. But that's a decision based on swampland versus a firm foundation of reality.

BS: We all have different phases in our life. The six-year-old version of me watching Dr. Kildare is how I ended up in medicine. And mostly, I think that's good, but some days I think, "Yeah, thanks little Brian". But yeah, we make decisions at one part of our lives that we don't necessarily have to stick with the rest of our lives.

HF: No, we didn't sign a contract that we wouldn't ever change our mind and life didn't sign a contract that it would never change and we'd have our fantasy. All's fair in life and war. All right. Let's go on to step number three, which is to imagine what's possible when you free yourself from shame?

BS: Yeah. I had a conversation with a doctor who was a friend of mine. And he said something that I've always remembered that I'm sure you deal with all the time. We were at the time, both not really happy with our work. I said something about what have

you ever thought about doing something else. And of course, he said, what you hear all the time. Well, this is a brilliant guy. He said, "I really don't have any other marketable skills".

HF: Right. I hear that all the time.

BS: There was that block there where he really could not even imagine a different course to change to. It wasn't that he didn't want to. It's that imagination or sort of connection with underlying passions that were being ignored. He couldn't do that. But that is letting yourself imagine what the ideal life for you would be or what a change would be that would send you in that direction. And as you know it's a lot easier to imagine that then to pull it off.

HF: And to be able to imagine something like that, you often have to let go of fear-based thinking for a little bit. Because fear-based thinking takes us into all the things that could go wrong. Like if you leave medicine, then you're not able to get a job. Or if you fail, you're out on the street, you can't afford to feed your family. So, that imagination needs to come from a place of possibility. So, how do we help get in this more positive frame of mind?

BS: Well, I think part of it is taking inventory of the things that you love that are not part of your daily life. And that can take a lot of forms. But I was listening to a speaker a few weeks ago and he was talking about the intersection of passion and career and how in most people's lives those two things don't really intersect very well.

But I think you have to recognize what is missing. What is missing that is making you unhappy? It's easier to list the things that you don't like about your daily work, but it's harder to really be introspective about what it is that's missing and do something about that.

HF: Yeah. When you really focus on what matters to you and what's important and what you love, you start getting more connected to your values. Really what your priorities are, which can become very skewed when we've sort of shifted our focus on doing what's expected of us.

BS: Yeah. I think that part of the shame in medicine and from people who practice medicine comes from a lot of different sources. But absolutely today, one of them is working in situations that go against your values, where your work is controlled in a way that really goes against the values of how you would interact with staff, with patients, with your family. All of these things that involve a loss of control, often involve an intrusion on your values also. And physicians are ashamed of that.

At our core, we go into medicine for really altruistic reasons. And when those things start getting yanked away from us, especially being able to provide this sort of healing care to patients that we want to. When your schedule or routines that are imposed on you prevent you from doing that, that is a value issue. And I think there's a great deal of shame that can come from that.

HF: Oh, that is huge. I can't tell you how many physicians tell me, "I feel like I'm not making a difference. And I can't practice in the way I want to practice". You can be working all the time, but it doesn't connect at all with your sense of purpose. And that's why I think medicine is becoming so dissatisfying.

BS: Yeah. I think, I kind of laugh at it, the last few years they keep talking about value-based medicine, which is a completely different topic. But what about values-based practice? Those two things sound aligned, but boy are they different.

HF: That's a fantastic point there. So, if we go on to step four, which is take a step towards freeing yourself from shame, what would that look like?

BS: Well, I think when we were listing them before we started taping here, you brought up a great point on that is you start with small steps and you don't completely change your life overnight. But you start figuring out what small steps are that can send you in the direction of a sense of worthiness and wholeness, not just in your work, but that in your life.

And so, I think some people really get overwhelmed when they imagine what that perfect practice situation is or other things that they might rearrange that are huge life changes. If you concentrate on that too much in a way you're sort of paralyzed because it's hard to do that all at once. You have to take baby steps in that direction. And that's really different for everybody. I knew the thing that was missing in my life, just as an example, was I wanted to work with folks who were having difficulty with addiction and recovery issues, colleagues.

And so, I started doing some committee work. I love writing. And I started doing a little writing. I've been able to integrate both of those things in my life, not so much in my medical practice, but in things I do outside of my medical practice. But I had to do those baby steps. In some ways, the years in seminary and working with folks afterwards in small groups really were those first small steps that gave me the tools to do those things in a larger way later. But small steps were important. You have to define what that is and be always heading in the right direction.

HF: I love that you broke that down into just a baby step, because you're right. When we try to think about the end result, like a physician thinking, "How do I actually leave medicine or how do I do something different it shuts them down. It's just too many details. It's too complicated. And then you stay paralyzed.

Action is a great antidote to paralysis from analysis or just overthinking things. So, I love that you broke it down into baby steps. And even just a baby step could be going on the computer and seeing some physicians who are doing something different to seeing a

possibility or even just a baby step of giving yourself 30 minutes in one week to focus on it. Just saying, "I'm going to hardwire this in my calendar. I don't know what I'm going to do during those 30 minutes, but I'm committing to something. I don't have to know what it is, but I'm honoring this time for me to start."

BS: In my own clinical practice, which is kind of a different thing, I've gone through periods where I own the practice, so everything's my fault if it goes wrong, basically. But coming out of the pandemic, I changed my schedule so that I don't see my first patient till 09:00 o'clock. And that gave me an extra half hour at home. We have some caregiving issues with my wife and it just slowed down my morning a lot so that I wasn't just so frazzled and rushed when I got to work. And so, that gave up a little bit of income over time, it is a lot of income, but for that one small change in my schedule has just been a game-changer this last year.

HF: That's a wonderful example. And I think it speaks to something that we sort of do last, which is to give us something that we need. Prioritize a need that we have, because we can always justify why we don't have time or it's going to cost too much money. But that's a beautiful, beautiful example of doing something that you need and it has sort of ramifications downstream of benefits for you.

BS: Right. And if something is not sustainable, what would make it sustainable? It doesn't necessarily have to be a dramatic complete phase. It can be a lot of smaller things that you do to make it sustainable.

HF: Exactly, exactly. So, chunk it down. Well, I'm going to review the four steps. So, we had step number one, which is to acknowledge the feelings of shame. Tell that story. Step two, which is identify how shame is keeping you stuck or trapped. Step three is to imagine what's possible when you free yourself from shame. Step four is take a step, commit to just a baby step towards freeing yourself from the shame and moving forward. So, to wrap up, is there a thought that you'd like to leave us with, Brian?

BS: Yeah, I'd say that the whole point of vulnerability is about connection and being honest about your imperfections, letting yourself be seen, changes everything. And particularly the thing that changes right at the beginning is your relationship with the people around you. I know that the nature of my friendships with people at this point in my life, after these changes is night and day compared to the superficial way I interacted with friends before that. And vulnerability is all about connection with yourself, but also with people around you and reclaiming your sense of worthiness.

HF: That's a perfect note to end on. And it reminds me of what Brené Brown said in her TED talk on shame. She said the two most powerful words when we're in a struggle with shame are "Me too".

BS: Right.

HF: So, we can do a lot in also just helping identify colleagues who may be struggling and say, "Me too. I'm not the only one who made a mistake". Or if you know of a colleague who is in a malpractice suit, they often feel so isolated and shamed. We can help them out by this connection that you're talking about.

BS: Right. At the talk, I heard Brené describe that everybody in this room, this was an auditorium at a high school, has got a story that would make you cry. You look at people from that perspective that you really don't know that much about what's going on with them. But with our colleagues, especially in my work, be aware that people may be struggling in silence and look for clues of that. Look for people who need that generous listening ear.

HF: You could save a soul and it's also healing for us too, because we're all human and we've all made mistakes. Every single one of us. We all have those stories that we play over and over. And if we share those stories, they become a collective fabric that's healing



that tapestry. We can weave our stories together and that can be a blanket that comforts us.

BS: Absolutely. And physicians really have a unique opportunity to do that because in a sense, we are a family.

HF: We are. And nobody else can relate to what it feels like when you make a mistake. No one else who can look from the outside knows that feeling and that burden you carry on in your heart. And so, we owe it to each other to be that connection that heals.

BS: Exactly.

HF: So, my gosh, I could hug you. Thank you so much, Brian, for coming here and devoting your time. I will make sure that people know about you. And so, we can also honor and potentially contribute to this work that you volunteered to do to help physicians to thank you.

BS: Well, thank you so much. And thank you for the work you do. I can't imagine the people who you have helped.

HF: Oh, Gosh. It's my honor and my pleasure. And I love physicians. So, thank you again. All right, take care.

All right, guys. Well, I've been wanting to do this episode for a while, like I said, so I hope it's been helpful for some of you. And I just want to honor wherever you are in your journey, and deal with anything that you need to, bring it to us, bring it to colleagues, friends, and don't hide in that cave. Don't forget, of course, to carpe that diem. Bye for now. See you in the next episode.



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Podcast details

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