



## **EPISODE 148 How Our Childhood Can Impact Our Career Path As Physicians**

**With guest Dr. Pam Pappas**

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PP: “You have to look at both. What is the person dealing with on an interior way, like that they brought with them into medicine, and then what about the environment they're in that is impacting them and the rest of their colleagues?”

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 and welcome back to the Doctor's Crossing Carpe Diem podcast. I'm your host Heather Fork and you are listening to episode number 148. The topic for today, “Could your childhood be making it harder for you to make career changes?” is something I'm very excited to dive into.

We haven't really talked much about this topic of how things that we experience in our childhood and the type of family dynamics we are exposed to can influence how we approach making career changes.

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It is important to me that we address this area because I've seen firsthand how different factors, such as growing up with financial insecurity, having a parent with mental illness, being exposed to abuse or living in an otherwise dysfunctional family can make it more difficult for a physician to make career changes later on in life.

To help me out today, I have a very special expert guest, Dr. Pam Pappas. Dr. Pappas has been practicing psychiatry for 40 years and has been coaching physicians since 2009. Her vast experience in psychiatry has involved working as a consult liaison, seeing private practice patients and teaching medical students and residents. She's trained and board certified in psychiatry as well as integrative and holistic medicine. I'm truly honored to have Dr. Pam Pappas join us on the podcast. Hi, Pam. Welcome.

PP: Thank you, Heather. I'm so excited to be here with you today. I've been looking forward to this.

HF: Likewise. I'm really happy to have you here too, Pam. And this is a topic that I've thought a lot about and I see it happening in physicians that I coach, but it's not something I've been able to talk with an expert such as you about. I'm really excited about how you can help us first be aware that this might be happening in us and what to do about it.

I know it's kind of a big topic, but it might be good if you started us off with just some examples of some of these things I've mentioned in the intro that can happen during childhood and how they then can show up later on and influence us when we're trying to change our career.

PP: Yeah. I listened to those few examples that you gave, and I can think of people that I have dealt with both as a practicing psychiatrist when they come as patients, but then certainly also when they come as coaching clients. And the two are different kinds of work, of course.

But with the financial insecurity situation, what popped in my head is the young child feeling like he or she has got to step up and save the mama and the daddy. Or if daddy's not in the picture, that they have to kind of rise to the occasion. And even if they don't have the financial means themselves, they try to in other ways. "I'm going to save all my allowance or whatever that I would have and I'm going to have a lemonade stand or some kind of business."

HF: Yes.

PP: And I'm going to take care. And so, they often will when they grow up, be the ones, especially when they've immigrated from other countries and they've come to the US for a better life and to be able to send money back to the home country, back to their family.

And so, you find people that are supporting not only their own family, their spouse and their kids, but however many siblings and aunts and uncles and whoever is still back wherever they are. And it's huge. Any decisions that that person might need to make, just a change in job versus a change in a whole career, it stirs up a lot.

And then another one that I thought of, you said growing up with trauma. Sometimes the person will have sequestered that so well, they do not even remember kind of how they were treated or that this had any bearing on how they feel about themselves as either a waste of skin on the planet, I've certainly worked with some people that feel that amount of self-loathing, to the other extreme, "well I have to be extremely perfect in order to merit any love or care at all."

And so, those people can be driven very, very much. And they come into the lectures about say battered child syndrome, and they're watching this on the screen in the lecture hall, and all of a sudden they're having flashbacks of being beaten that they

didn't know consciously what was happening. And the whole way around that they were treated as not worth caring about, not being fed, whatever. All of this kind of comes home to roost and it can feel like an implosion.

HF: I can only imagine.

PP: Yeah. That's one. And then, gosh knows, you mentioned growing up with alcoholic parents. Well, the kid becomes the stable factor in the house. And at the age of four, that can be pretty scary for that little kid. But they know how to open the box of ramen. They may not know how to cook it. They may be eating it like crunchy, like ramen noodles crunchy, but they're the ones that take care of everybody else.

HF: I can't state this statistically, but I have this feeling that a higher percentage of physicians, individuals who go into medicine, potentially had more difficult childhoods than the average person because of that sense of the wounded healer. In my clients, I see so much of the experience of financial insecurity, whether like you mentioned it's an immigrant family or there's an unstable parent who's not able to really provide on a regular basis. And the physician will make a decision at a young age, "I am not going to experience this. This is not going to be my reality, so I'm going to go into medicine because that's a stable career."

And what you said was very true. There's often this feeling of "I'm going to need to be able to provide for my family later on, so I better make sure I can make a fair amount of money."

PP: Yeah. The comment you made about becoming a physician or medicine is a stable career immediately pops in my head. The VUCA - Volatility, uncertainty, chaos and ambiguity that you see so much in corporate medicine today. When you have medical organizations buying each other out and you don't know if you're going to have a job

next week. I've dealt with clients who have been laid off because the buying out organization didn't want that group of people anymore.

And so, we want to have a stable career. And yet the facts are of what's happening in corporate medicine today, it's not so stable. What we thought we were going to get turns out not to be what we got. And it's scary.

HF: The brochure. I know. The brochure is not as glossy as we thought it was going to be. One thing I'm thinking of is that some people may be wondering, "Well, how do I know if my childhood is influencing my ability to make changes at the crossroads?"

And one thing that comes to mind is I know when I'm coaching a client and we're talking about making change, and I get the feeling that they're really stuck, they may really be talking a lot about the financial situation and how that's really worrying them. And that usually triggers me to go and ask about their childhood because I want to see what it was like and what their feelings and thoughts were at that age as a young person. Because often when I do that, we go back and we find real reasons.

But when that's your life and that's what you've lived, you may not think that that makes a difference because that was your lived experience. Do you have any suggestions for physicians to really think about perhaps their childhood and their experience and to see whether it might be limiting them in some way when they are wanting to move forward or go into something that might feel more uncertain?

PP: That's a great question. And I think that this is a tender thing because if you look at the individual physician and their childhood, their experience, that they are in a sense, all of us are as humans metabolizing that in our current life. It's as if we are, unawares to us, kind of reworking whatever hurt before, and we're out in the world in, now, 24/7 unraveling that stuff and trying to disentangle that from what is currently going on. That's the fact for us just as human beings.

But when you look at what's happening in the world of physician meltdown, burnout, moral injury, all of this, we're heavily encouraged to only look at the organizations and the institutions and the systems, which are extremely important in affecting us.

And what I'm trying to say is that you have to look at both what is the person dealing with on an interior way, like that they brought with them into medicine, and then what about the environment they're in that is impacting them and the rest of their colleagues and being sensitive to all of it. So, how would they know if their childhood was affecting them? Well, I'd say, "Are you a human being?"

HF: Right.

PP: I would raise my hand and I'd say, "Well, okay, how is that working now?" And just to assume that it is, and that until you have explored and considered with compassion and clear eyes that if you have not done that, at least with someone that you trust, then it's going to continue to bite you in places that you would rather not have that happen.

I think you working with your coaching clients is beautiful, and your inclination to go back and ask them, "Well, okay, you're worried about losing financial stability now as you consider making this career or job change. What was it like for you growing up and how was money handled and what meaning did money have in your growing up?"

That's the thing. Not as much what happened specifically, but what meaning the person came out with it. And that's the gold right there. And as they talk with you about that, if you're quiet with them and you're coming to them with a compassionate heart and they can feel that, then insights naturally arise. Because that's the beauty of us also as human beings. We are as they say pieces of work, but we can also have insights at any time to go, "Wow, I can see some comparison between now and then. I don't have to do that anymore. I can do this over here now. Woo." But I didn't know it before and it really will happen just like that.

HF: Exactly. Because I think a lot of what you're talking about is before it was more of a subconscious driver, whether it's a driver for financial security or to please our family, that's a really strong driver of just the achievement that gets a lot of positive reward. And that can start from a very, very early age. Whether it's that or wanting to make sure that we are wanting to be a healer. There might've been someone in our family who had a serious illness and so we decided that, consciously or subconsciously, we were going to be a healer.

But once we understand some of these drivers, then we can get a little bit of distance from them and have more choice over whether they're just operating on their own software program and we're just having to react to them. Or we can step back a little bit and say, "Well, okay, that's how it was. What actually is reality here? And what kind of choices and decisions do I want to make as an adult?"

PP: Part of what has to happen is to embrace what did happen and see how, up until now anyway, it has influenced our behavior. Like a programming thing, like you were talking about. And when we are being sort of robotic with such things, not knowing fully in our hearts what it is that we were really trying to do as a kid, then we don't have the agency, the autonomy that we want to have now.

But if we do explore and understand and appreciate that little kid, what the kid was experiencing and what he or she was trying to do, what we're trying to accomplish, then you might take some of that motivation and bring it over to the present and say, "Okay, I wanted to be a healer then in my family when I was little, but whoa, look what I built up and look how sensitive I can be to other people now. And I can use this in this way and not have to be driven for it like I was as a little kid, but I can still embrace the qualities that I developed through whatever turmoil that I was in."

That's not distancing. That is getting a little separation from what you were calling the program and also saying, "Okay, now that I've learned all that, what can I do with it

now? Oh gosh, yeah. We're cooking with gas. Man, I've been so great with finances. Man, I can do a side gig and advise other people with finances, for example, and bring in enough money to pay off my \$400,000 loans that I've got that are freaking me out." I've had people with that.

HF: These are such good reframes, Pam. I really like how you are saying we can look and see what was motivating us as a child and take that and take what's positive about that and see how we're applying it and can even further apply it if we want to. It makes me think of some clients I've spoken with who were in pretty dysfunctional families or might have been abused. There might've been a borderline parent, a narcissistic parent. And that young child developed almost a hyper acute intuition. They're really able to read people well. They're so good. They're almost like a wise young child at a very early age.

And so, then when they go into practice, they're very good at connecting with their patients, being intuitive and helping them feel seen and heard in a way that they might not have been able to if they weren't in that extreme environment. And when they are able to see that these are gifts that came out of that challenging childhood, they can embrace them and they can actually get more value and satisfaction from who they really are as a person and honor it.

PP: Yeah. That's the bottom line right there. Who they really are. We are not just our patterns, we are much more than that. And that much more can be very creative from here on out. It was very creative when we were little kids.

HF: It was, it was very adaptive.

PP: Absolutely. And so, that capacity to create and to be and enjoy and connect is still right there. And when we tune in on that, then a whole lot of other possibilities show up and make sense. I would say that we never do something for nothing and we do what we do



because it makes sense at the time from the level of awareness or consciousness that we are at, either at age three or at 33.

HF: Definitely.

PP: And chances are things are going to look a lot different at 33 than they did when you were at home at three. A wider viewpoint and all of that. And plus a whole lot of other myelination of your brain too. Neuroscientifically, we have some changes there, but that's the thing to realize, that who we really are is not these patterns.

HF: Absolutely. And I know you know the Enneagram and I talk about it on the podcast. Do you see that as a useful tool if someone is trying to better understand their personality and why they may be doing things in a certain way or having trouble making changes?

PP: Yeah, I've been experimenting with that. I've studied the Enneagram I guess for about 10 years or so, and I've been working with it with my clients and kind of looking at a continuum. Either we're in our personality patterns, which as they are, and you know the nine kinds that the Enneagram describes.

But the beauty of the Enneagram differently from some of the other personality assessments that I have seen is that it also looks at what it calls the essence of us, a spiritual essence. And we're spiritual beings in human form. And I don't mean that religiously, I just mean that we are basically the same energy that was there at the big bang. We're the same energy that we share that a lemon tree uses when it makes a lemon, which means that all creativity is possible.

Now, I don't know of any other personality assessment that respects that aspect, but we were just talking about who you really are, where the consciousness that observes all this mess that we're either experiencing in medical school or practice or our families or we're reacting to it and we're really heavily clinging into one of those nine types, those

nine types of marching orders. But what would it be like if we can free ourselves up from that and kind of step back before the programming got in there. The world looks a lot different then.

HF: In concrete terms, some people may not quite understand. It's much about consciousness and essence. But I think with the Enneagram, what I love about it is they have nine levels of health for each of the nine types. And you can see how when we're sort of lower level, we're more reactive because we're running more of these programs from childhood.

And that in a way, each type is trying in their own way to get love and approval. And when that's healthy, you're experiencing and demonstrating more of the gifts. When we're a bit lower down and more reactive, that's when more reactive type behaviors come out such as feeling that even if we have enough money, somehow there's never enough and we're more in fear-based thinking or we feel like we have to keep giving, giving, giving to be loved. So we overgive.

Or we're sort of in our program of I have to achieve and be successful to be loved. So that's when we climb that ladder, but we really never feel good about ourselves, versus achieve and feel that this is heart connected and we get a lot back from it. I feel like the Enneagram does a really good job at showing us how within our type we can keep moving into a very healthy version of who we are.

PP: Absolutely. And then seeing what are our tip off points that, when we are getting, like Morris Gunston, that personality conflict. Russ Hudson talks about, he is one of the Enneagram big teachers. He talks about how two people, if neither of them is needing to cling to their personality style too badly, like higher up on that health scale that you were talking about, they're probably going to get along just fine, even if they are very different numbers.



HF: That's true. That's true.

PP: But if for whatever reason one is like in it and maybe both of them are, there's going to be some fireworks. Count on it.

HF: Right, if you're coming from a more active state. I love talking about the Enneagram and I'd love to go further into this topic, but we're getting close to time here. I'm going to take a quick break to share some resources and then I'll be right back.

All right, my dear listeners, I've been talking a little bit now about these consultations that I offer and I love doing these one hour consultations with physicians who have some questions about making career changes. They can be just a one-off session. If you want to figure out where to go next, have some help with options, determine if leaving medicine is right for you. Or they could also be a way to determine if you would like to do some more coaching with me.

You can find out more about this by going to the Doctor's Crossing website to the Schedule tab. And there is a link there for getting more information about the consult. You can also email us at [team@doctorscrossing.com](mailto:team@doctorscrossing.com).

All right. Now we're coming back here with my lovely guest, Dr. Pam Pappas. Pam, in a very, very little bit of time we have left, do you have any more concrete suggestions about how a physician might be able to make sure that they're not being limited by their past?

PP: That's an excellent question. And you know what? I think that I would suggest taking an Enneagram assessment and going over that with somebody that is skilled with the Enneagram. That's a portal into it. It is a lens to look at it without pathologizing yourself. That is so important, to have clear eyes, but also with compassion as you're looking at

what is going on with you. Because you want to see it for what it is, but you don't want to beat yourself up with it. If you want one suggestion, it would be that.

And to be curious. To be curious about the results that you get and how well they match or you feel that they do not match with what you understand of yourself so that it's not just something you read about, but then you talk with, if it's a coach, if it's a therapist that is familiar with using this in practical ways with people.

And then you might ask some of the people that you trust that are around you, "Hey, look at this, what this describes. What do you think?" And some of them will go, "Oh man, they're describing you." And you're going, "Oh man, I don't want to be that. I'd rather be this other number." That's very natural to have reactions like that. But that's a start. A simple start is what I would lay it out as.

HF: Right. And if someone wasn't interested in the Enneagram per se, but they're wondering if there are things that happened in their childhood that were in some ways affecting what's going on currently, they could consider seeing a therapist, seeing a psychiatrist, talking to a counselor, talking to even a friend.

PP: They could. And a clue, or if this is getting stirred up, is how intensely are you troubled by it? You can't get it off your mind. You're having recurrent thoughts about it like four days later. That's a clue that something's getting stirred up. This is not just your everyday happening. So, that would be a tip off.

HF: You mean if something, some event, like say an argument with someone or something happens at work and you're perseverating over it, it's hard to just drop it.

PP: Yes. Yeah. If you're not glomming onto it, that means that you're able to, maybe it was upsetting or unpleasant as it happened, but you kind of go "Eh" and you go on to the rest of your day. But there are some things that might seem very small, but they really get in

under your skin and you do obsess about it, recurrent, and you think, and you think. And after you go home, you go, "Well, what I should have said to this person was this, that and the other." And you have whole argument conversations. That would be a clue.

HF: That you are getting triggered.

PP: Yeah. And when we are triggered, it generally is something. It's not that you're pathologic and you're weird, it's that this is what's going on.

HF: Yeah.

PP: You have some care and respect for it.

HF: Right, right. That's a very good point. Now, I know that you do coaching. Are you still practicing psychiatry?

PP: Well, it's interesting. I closed my medical practice to new patients several years ago so that I would have more time for the physician coaching clients that I work with. I still have about a small number of patients that haven't quite graduated yet. And so, I'm still working with them, but I'm not seeing new patients. But my coaching practice is what I'm really working in.

HF: I'd love it if you wanted to share anything you'd like about how physicians can get in touch with you if they're interested in coaching with you.

PP: Oh, thank you for asking about that. Yeah. I do offer a complimentary wakeup call that people can connect with me by writing me. It's [drpam@drpampappas.com](mailto:drpam@drpampappas.com) and we can get that set up. That's a complimentary one and we can use that to explore what it is that you are trying to create or to become in your life or things that you feel like that



you're in some kind of puzzlement about and whether we are a fit for additional coaching, if that's something that you're interested in.

HF: Wonderful. Well, I'll make sure to put your website in the show notes. And I want to thank you so much for coming on the podcast to help me talk about this very important topic.

PP: Well, thank you for having me and I've enjoyed it.

HF: Oh, wonderful. Thank you so much. All right, my dear listeners, I appreciate you being here. Please feel free to share this podcast and any of the other episodes. I just wanted to let you know too that you can go onto my website to [doctorscrossing.com](http://doctorscrossing.com) and under the podcast tab there's a search bar and if you want to search on prior episodes, you can put in keywords such as any nonclinical area you're interested in. You could put in "leaving medicine", you could put in "anxiety", "residency." Anything that you want and relevant podcasts will come up.

All right. Well, thank you again for being here. I love helping you out as much as I can. Don't forget to carpe that diem and I'll see you in the next episode. Bye for now.

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Podcast details

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