**EPISODE 218 Are You A Physician Struggling in Your Relationship Or Marriage? Here’s Help.**

**With guest Sydney Ashland**

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SA: “In this ever-changing landscape of careers and relationships, it's tricky how to navigate the balance of power within the relationship, the financial disparities.”

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.

Hi there, and welcome back to the Doctor's Crossing Carpe Diem podcast. I'm your host, Heather Fork, and you're listening to episode number 218. You are in for a big treat today, so buckle in, we're going for a ride. If you've ever felt like your medical career is putting a strain on your relationship, you're not alone. Long hours, never-ending charting, and emotional demands of medicine can leave little energy or connection.

Maybe your spouse or partner feels neglected, or you're facing challenges that seem impossible to navigate. Perhaps you're considering a career shift and worried about how it will impact your family. Relationships are complex, and when you add in the demands of a medical career, things can get even more challenging.

In today's episode, we're diving deep into real-life scenarios to explore what's really going on beneath the surface, and how you can start making meaningful changes if you're struggling in your significant relationship.

I am so honored to welcome Sydney Ashland to the podcast. Sydney is a highly respected relationship and transformation coach with over 25 years of experience working with physicians, hospital executives, and entrepreneurs. She deeply understands the unique challenges doctors face in their personal lives, especially when it comes to maintaining a strong partnership amid the demands of medicine.

From navigating career shifts and financial stress to dealing with disconnection and difficult conversations, we're going to cover real-life scenarios in a Dear Abby fashion with couples who are struggling to find practical ways to create a stronger, healthier relationship. And if you're a single physician, don't worry. We've got something special for you coming up in one month.

Sydney will be back for episode 220, where we'll be talking all about dating and relationships for single physicians. Whether you're hesitant to get back out there, struggling to meet the right person, or navigating life after divorce, this upcoming episode in one month will offer insights and support just for you.

But first, let's dive into today's topic. Without further ado, I can't wait to invite Sydney Ashland to the podcast. Hi, Sydney. Welcome.

SA: Hi, thank you. I'm really thrilled to be here, Heather.

HF: I am so excited to have you, and I have to tell everyone how I found out about you. I was listening to Amy Porterfield's podcast, and a lot of you won't be familiar with her, but she is big time. She helps people create online digital courses. She's been doing this for over 14 years, and she has a podcast where there are millions and millions of downloads. She's a big deal, needless to say. Well, Sydney is the relationship coach for Amy and her dear husband, Hobie. And she was talking on this episode about coaching them in their relationship, the struggles they've been having. And I said, “Oh my gosh, I have to have her on the podcast.”

And there was an extra bonus because when I went to Sydney's website, she had a whole section about all the coaching that she's done for physicians. She was already an expert in helping physicians. I said, done, done. I just hope that she has time after being on Amy's podcast to come be on our podcast. Well, here she is. So Sydney, welcome.

SA: Thank you. Thank you. It's great to be here.

HF: Yeah, yeah. And Amy, who is very open about her struggles in her relationship, I mean, she's highly successful and you don't think she has any problems in her life. I'd love it if you would just share just for a minute what that issue is that brought them to you, because it's also relevant to physicians as well.

SA: It's very relevant to physicians. And I think in this ever-changing landscape of careers and relationships, women are finding themselves more and more in positions of power, whether they are starting their own business, have their own business, or whether they're working as high-level, top-level experts in medicine as surgeons, as hospital administrators, as family practice physicians that have panels of 2,000 and 3,000 patients.

They have a very dynamic role that they play every day. And it's tricky when it comes to personal relationships and how to navigate the balance of power within the relationship, the financial disparities. And when Amy and Hobie came to me, they were in a transition after Hobie had retired early. She was, of course, going strong in her entrepreneurship. And they were just wanting some help.

Before they got to a place where things were really rocky, when they were still sort of proactively trying to anticipate what issues could come up, they reached out to me and had found out about me, actually, from a physician, which is the ironic part, because I've worked so much with physicians over the years. And so that's how that happened.

HF: Well, I love this because we need help, and physicians are often reluctant to reach out for help. And I know spouses, too, can get very desperate. And we're going to bring some of these scenarios to light. Are you ready to start with the first one?

SA: Yes.

HF: And as I mentioned, we're going to do this in a Dear Abby style, but this is for Dear Sydney. Here's the first one.” Dear Sydney, I'm the primary breadwinner for my family. And while I absolutely love them and they mean the world to me, I'm struggling. After a long day of seeing patients, I come home completely drained. I want to be present with my partner and kids, but my mind is still back at work, worrying about patients and the charts I still have to finish before bed.

Lately, I've been snapping at my partner over small things, and I hate it. I can feel my views getting shorter and shorter, and I know they're running out of patience with me. They keep hearing me say, things will get better soon, I promise. But honestly, it feels like they're only getting worse. I don't want to keep showing up this way for the people I love most. How do I break this cycle? Sincerely, Running On Empty.”

SA: This is really a good one. You know, Dear Running On Empty. I have had this literally, this example shared with me so many times. I can't begin to tell you. The number one thing I would say to begin with is you are not alone. There are many, many, many of your colleagues running on empty as well.

I think the way to approach this is in small pieces. And the first piece I would address is transition time. Often when physicians go from their office or hospital setting home, they're either working, they're responding to voicemails or emails, they're running through case scenarios in their head. And so, they aren't transitioning from the office or hospital to home. And that is absolutely critical because otherwise, you aren't fully present when you walk in the door at home. Your family can feel it. You can feel it. And resentment begins to build for both of you. Not only your family, but for yourself.

Transition time. That means once you leave the office, you decide how you're going to spend that time transitioning forward home. That can be listening to a YouTube video. That can mean listening to music. That can mean just being quiet and refusing to allow your mind to go to the places of work and where you've just been. But it requires you to say to yourself, “I'm unplugging.” And so one of the things I tell people before you get on the bus, before you get into your car, as you're touching the handle of the car, you say to yourself, “I am unplugging.” Once you sit in the car seat, you say, I am unplugged.

And that is a signal to your brain that I am no longer thinking about work. I am leaving work. I have unplugged. Once you do that, when you get home and you are ready to get out of the car or you're ready to leave the bus stop to be able to say, “I can't wait to connect with my family” inside yourself and have some kind of a phrase that you use when you get home that signals to your body because there's such a strong mind-body connection that “Work is done and I'm home. The fun begins.” And that could be something that you said, “Let the fun begin” when you walk in the door, which is a signal to everyone that the stress is not who they're meeting at the door. The anxiety is not who they're meeting at the door. It's the spouse, the partner, the parent who is ready to have some fun.

And then when you are home, if you're going to then sometime later in the evening transition into charting or answering voicemails or something like that, be sure you have that time set aside in a specific room where you do it every time, not on the couch, not in your bed and where you signal to yourself, “Okay, I'm going to do this for this amount of time. There's a beginning, a middle and an end to that time.” And then when you're done, you're done.

HF: I like those suggestions because we often feel the emotions that come from a thought and when the thought is something about work or patients or how's Mrs. Jones doing, or I have all these charts to do, it's going to take you into negative emotions. And then that comes and it's easy for your fuse to be triggered and to react instead of respond how you would like to respond.

I think it's so unfortunate that there's so little time often in the day for exercise because I think that's one of the quickest ways to decompress and sort of shift your energy. Even sometimes doing five minutes before they get on something to ship that energy and get the stress off gas.

SA: Right. For sure. And some people will have the gift of being able to walk home or once you get home, if people know you haven't had an opportunity to transition that it's like when my partner gets home, they go for a run and then once they go for the run, then the fun begins. However, you want to transition that. But yes, a lot of people do integrate exercise or even good nutrition, eating something like a healthy snack, even on the way home because their blood sugars are low, so they don't get in the door and are hangry.

HF: Yeah, I love that term hangry. What about communication? Obviously, as someone saying, “Well, I snap and then I get angry and then maybe my partner shuts down a bit and we can't talk through it.” Obviously, this is a big part of these scenarios that we're going to be talking about. But how would you address the even start talking about this one?

SA: First of all, you have to really get clear about what you're feeling first. I think often physicians who are feeling pressured all day long by staff who are coming to them and asking for them to do something, patients need something from them for a partner to come to you and say, “Just talk to me, communicate with me”, can feel like added pressure. I think to first and foremost, make it a priority to have a sense of where your head is at and what you're feeling. And some of the ways to do that is to make a bullet point list of what you're feeling about work and what you're feeling about home and how you want to communicate that with your partner. So, you have to prepare ahead of time. You can't just jump into these conversations without them becoming arguments or contentious.

I think to know yourself first and then to signal your partner. I'm really big about signaling rather than just jumping in because I think we all need a minute sometimes to adjust and prepare ourselves. So signaling your partner. I realize you've been frustrated. You've said it several times lately. I've made a list of some talking points. “When do you think would be a good time for us to talk about that?” rather than just jumping in and then really having a container that you create, whether that's going to the park or going out to a restaurant where you really intentionally start talking about these things rather than just dumping sessions.

“Quit pressuring me that I hate coming home. All I hear is a list of complaints. You never listened to me. I can't believe you work all day and then you come home and neglect me.” That just creates contention.

HF: Right, because in the moment, we're not our best selves and we need to press pause and say, I'm being triggered here right now. Let's find the time to talk about this when we both can come at it in a different way. All right. Well, there's more, I'm sure, that relates to this as we go to other scenarios too. So, let's go to scenario number two.

“Dear Sidney, I've been a clinician for many years now, and honestly, I've been feeling burned out for quite a while. I've tried changing practice settings, hoping that might help, but the truth is nothing has really made a difference. I'm finally coming to terms with the fact that it's time to explore something new, like an nonclinical job that feels more sustainable. The problem is when I bring this up with my spouse, they say they want me to be happy, but I can see the worry in their eyes. We live very comfortably, and I've worked hard to provide a good life for our family.

Over the years, we've grown used to certain comforts, and I feel this heavy weight of responsibility not to disrupt that. I don't want my family to have to sacrifice just because I'm unhappy in my work. The idea of taking a pay cut feels almost impossible. Part of me wonders if I should just put my head down and power through until retirement. What do you think? Trap by the golden handcuffs.”

SA: Deer Trap, what I would say is, again, this is a scenario I've heard of a lot, and the very first piece I want to bring your attention to is that physicians tend to think in “all or nothing” ways, very black and white. It's part of the training. I think it comes as a result of the rigorous training, the way you're focused on diagnosing, and when you're diagnosing, you're landing on a tangible and then a tangible treatment plan.

Also, the expectations are so high, there's a tendency towards perfectionism and rigidity that fuel that all or nothing thinking. For trapped, yes, you see two scenarios. One is freeing yourself and getting permission from your spouse to free yourself, or stay trapped, keep your head down, and just try to push through. I would say there are risks with either scenario.

The scenario of keeping your head down and just pushing through, because internalized stress that isn't addressed can end up creating illness, mental health issues, depression. It can lead to a number of really sort of scary outcomes if you just try to suppress what you really feel a need.

So, no, I would not suggest just keeping your head down. If you absolutely feel like you are trapped, you can't get out, you have student debt, you have overhead at the work, you have overhead at home, then at least start to open the door to talking about these things with someone. Get a therapist on board or a coach on board or a consultant who can talk to you about the very real pressures you're feeling. Make sure that you have outlets like exercise and socialization so you're not isolated, because when you feel stuck, there's a tendency to isolate, and that can be very dangerous.

Bring into that, “I'm just going to keep my head down, resources.” If you bring resources in, then you will be less likely to stay stuck in the “all or nothing” thinking and just do damage to yourself or your relationship. And then if you want to go the direction of the spouse who's saying, I just want you to be happy, which could mean making decisions that allow you to be free and not so trapped. Again, you need to bring in guidance, you need to communicate with your partner and make sure that you keep pace with each other on what the decisions are, what they might be, what they can be, and so that this story ends positively and not tragically.

HF: That's really excellent advice. And you hit the nail on the head with this black and white thinking. And I often see it show up as these loops, which is like, “I'm really unhappy. I want to make some change. If I leave medicine or make changes, the income is going to go down, the family suffers. I can't do this.” And that's about as far as it gets. But when they can actually lift their head up and look around and say, “Well, maybe I can get some more information. Let me just get some more information.” Then they find out that a lot of these jobs can pay more than they're making and they can diversify and they can have something on the side. And there's so many more options. But when we're in that fear-based thinking, we're not in possibility land. We're more in like problem-based thinking.

SA: Right, right. But medicine is permeated with fear-based thinking.

HF: What is someone has a brain tumor?

SA: Yes. You're not going to get paid. The insurance company isn't going to pay you. You're going to get sued. There's all of these fears so that it's, it's easy to understand.

HF: Right. Yeah. Whenever someone says that, and I say that, I've heard that a lot, like, “Well, should I just put my head down? Suck it up, don't return. Their answer is never yes.”

All right. Excellent. All right. Here's the next. Dear Sydney, I'm not sure if you can help, but I'm feeling really lost. I've been married to my partner for 15 years. We're both physicians, both busy and successful, but I feel like we've grown apart. Over the past few years, I've gotten really interested in personal development and working on myself, but my partner doesn't seem to understand the side of me. And it's no interest in these topics.

When I try to share how I'm feeling, they get defensive and shut down. It's hard to even have a real conversation. I've suggested some counseling, but that didn't go anywhere. The truth is I spend all day with patients that come home to my partner yet. I've never felt more alone. I'm scared to even consider divorce. We have older kids, shared finances, and the idea of starting over at this stage of life feels overwhelming. And they're a good person. I love them. It's just, we're not who we were when we first met. And I just feel stuck. Sincerely, lonely, but still married.

SA: Ah, yes. You're lonely. I think you have every reason to be and feel lonely. Dual physician careers within a relationship are in some ways a really good thing sometimes because you can really relate to each other. There's the expectations are often more consistent and realistic. What's not so great is you're both in pressure cookers. And when you're both in a pressure cooker, each of you are going to relate to that pressure in a different way.

And so, for the person who says, “I'm really interested in personal development. I want to use all of this pressure to go inward and start to explore who I am and what the possibilities are for myself.” And the other person who's in the pressure cooker is just trying to survive and just make it to retirement or when it can stop. It's very hard then to communicate and bridge that divide.

What I suggest often is try not to preach or proselytize to your partner about how wonderful you think personal development is or tell them to read books. That usually creates more resistance. And you don't want to create resistance because then you won't experience the collaboration and oneness that you desire.

What I really suggest first and foremost is schedule more time away together, whether that's long weekends, whether that's mapping out the next six months so that we're for sure mapping out time alone because you have to get on the same wavelength. And if you're trying to talk from inside the prison cell and you're in two different cells, it's not going to work. You need to be able to get out of jail and have a conversation, have some time to relax, de-stress a little bit, have the opportunity to experience each other outside of work and the pressure.

And then once you do that, then you can start to be curious about how the other feels about this time off. Would they like to have more of it, less of it? What might that look like? And then you can start to bring in ideas that might even include a marriage retreat or something down the line if you just create the possibility for the two of you to connect again in an environment that isn't so fraught with pressure and stress. \

And then after that, you can start talking about priorities. Once you move from curiosity and to the idea of what might be possible for us as a couple, what are your priorities? These are my priorities. And to begin to look at those lists, even if they're very different, look at the list with where do we have some commonality?

Yes, you want to go to the tropics and I want to go to the desert. Well, the thing we have in common is we both want to go. We both want to be somewhere else. So how might we compromise? And I think that's a good place to start.

HF: Now, I know this is a huge question and I want to do another scenario. We're getting close to time here, but I do want to ask you, do you have any quick ways to assess if something's really not going to work? Is this marriage really over? Are there certain signs that you look for or telltale things?

SA: I think the number one thing is you both need to want it. Not both be in a space where one person is saying, well, we made a commitment. I'm a person of my word. I made this commitment to you no matter how miserable it is. If it starts to be based on commitment versus choice or if it's choice based, why am I making this choice? Does the choice feel more forced or is it truly volitional? And that is very, very important.

The next thing is, can you both still dream together and talk about the future? If you really can't do that and find any commonality in what you want in the future, that's another big red flag. So, why am I here? What is the choice? Am I here because I want to be?

Can I imagine a future with you? And then where are our points of contention? Actually the relationships that are often most at risk are not the ones with the knockdown, drag out fights. They're the ones where we don't have anything to say to each other anymore. The TV's on. We come home at different times. We're ships passing in the night. We're no longer having sex. We haven't had sex in years or we only have sex on vacation. And so, those are really some really big red flags for me that maybe we've entered the zone where they've moved so far apart. There's no way to come back together because they both don't really want to come back together.

HF: That was amazing, Sydney, packaging all that and those really tangible and concrete ways to assess, “Do we have this? Yes. No.” That was very powerful. So thank you for that.

All right. We have time quickly for one more. “Dear Sydney, I've been hesitating to ask this, but I think it's time. I'm a physician. And a few years ago, after our second child was born, my husband and I made the joint decision for him to step away from his career and stay home with the kids. He's been a stay at home dad for the past three years. And at first, I felt like the arrangement was working well. It really took a lot of stress off me. And I was able to be more present with the kids when I got home from work. He's also a great dad.

But lately, I've noticed my feelings have shifted. I feel like I'm losing my romantic connection with him. I don't know if it's because I'm carrying a full financial load now or if something deeper has changed between us. I love him, but I found myself avoiding intimacy. And I know that's not fair to either of us. I'm scared to bring this up because I don't want to hurt him, but I feel stuck and don't know how to move forward. Sincerely, feeling distant.”

SA: Well, this one really has some overlaps with some of the entrepreneurs I work with, because I think when we move out of the expected roles that we play, even societally, because it's more common to be an employee than to be a business owner or an entrepreneur. And I think it's still more common often for women to work outside of the home, but not necessarily to be the number one breadwinner. Although I have to say in physician households, that is more and more and more the case, because we've sort of flipped gender roles, that we understand the life of a physician and the pressure of being a physician and the demands of the career. We can't both do that and successfully raise a family, if that's our goal, or even have a successful relationship.

And one person makes the choice to sort of step back from their career goals to keep home and hearth going, to keep things going at home. And when that happens, often we just sort of toggle the switch and say, “Okay, now I'm going to be doing this and you're going to be doing that.” But it's not that simple, because men and women are different. And this doesn't necessarily have to be male, female gender roles either. Sometimes it's two men or two women. I want to include that. But it's still very easy when one person is the full-time breadwinner, the one who's carrying the financial responsibility to have a different set of expectations for themselves and their partner. And we often don't talk about that. We don't anticipate that.

And so, what ends up happening is we think it's going to be easy. “Oh, I'm going to work. I'm looking forward to this. And you're going to be a stay at home dad.” Well, we don't anticipate how that can be emasculating or how we can lose interest or become bored when we come home. And we asked, “What did you do today?” And there's not very much of an interesting response. There's just a reciting of the schedule or logistics. And that feels dull and boring. And we want and need more.

I think you have to talk about what this marriage looks like, how can I be the one that's working and you be the one that's staying home. And we anticipate where this could go arrive. How I'm still going to have time for you and the family and where career doesn't become everything, where you still are stimulating your brain and interesting and doing things outside of the home that I find fascinating that we can talk about having financial agreements where we're really clear about what's mine, what's yours, and what's ours.

You'd be shocked, maybe to know that a lot of people don't even have that basic conversation. There are just assumptions made. And when assumptions are made, they are often followed by expectations. And then when those expectations aren't fulfilled, then we feel violated, betrayed, taken advantage of, and we start to create a story. And it's in that story, that the breakdown really takes place.

You really have to have spoken agreements, not unspoken agreements, be careful about assumptions, and really have the conversation before you go into this, so that you're not then later doing damage control, but you're anticipating ahead of time. So you're creating intentionally versus trying to clean up the mess afterwards.

HF: Ah, so much great stuff in there. And it reminds me of this quote I heard a long time ago, which is “Assumptions are the termites of relationships.”

SA: Oh, that's a good one.

HF: It just strikes me, Sydney, so much how we are not taught how to communicate in relationships. We are not taught how to navigate this most important aspect of our life. And as physicians, we love resources. Are there some books that you would recommend?

SA: There absolutely are. The first one that comes to mind for me is Please Understand Me, and that is by David Keirsey. It's based on Myers-Briggs personality type, and is really helpful in terms of the dynamics in relationships. A second one I would recommend is Why Mars and Venus Collide. That's by John Gray. And it's excellent because it really highlights the differences in the genders.

The Seven Principles for Making a Marriage Work, a Practical Guide. That's from the Gottmans, John Gottman. I love them and their work. I use them a lot. The Five Love Languages by Gary Chapman. That's excellent as well to really understand where you're coming from in relationship versus where your partner's coming from. And then finally, Attached, the New Science of Attachment, How It Can Help You Find and Keep Love by Amir Levine and Rachel Heller. That's an excellent book as well. Those are some of the resources I would suggest. And I think you won't be disappointed in any of those choices if you choose to dig a little deeper.

HF: Oh, I love your list. And we'll definitely link to these in the show notes. To wrap up here, I just wanted to have you tell people how they can find out about you. And just to clarify, you do coaching. You're not a therapist, but you really help people with relationships. And you have a lot of experience.

SA: Exactly. One of the ways that I differentiate is therapists really are about deep dive into who you are, and then your relationship and who you are together. And this often includes going back into your childhood, exploring a lot of important milestones in your life. Coaching is much more about getting an overall big picture, but using the current real-time events to strategize, to increase and polish communication styles, to begin to identify the problems, be curious about those, and create strategies to intervene and to proactively develop some tools that you can use so that going forward you have a good relationship.

Coaching is based on those characteristics, whereas therapy is a much deeper dive. And for some people who come to me who I really recognize need therapy because there's PTSD or some really deep, profound traumas that are interfering, I will say something like, I think it's premature to do coaching. You need to do therapy first. So that's really important.

And the way people can get a hold of me is sydneyashland.com. I have a website, or they can listen to one of the podcasts that I've been on. Yes, that's how you can find out more about me, do a little deeper dive into who Sydney is, and reach me at sydneyashland.com.

HF: Yes, we'll definitely have your link for the website and the show notes sydneyashland.com. And hang on, if you're single and you want some advice from dear Sydney, we will be back in one month where we're diving into things that can be helpful for you. And thank you again so much for coming on the podcast, Sydney. It's wonderful to have you here.

SA: Thank you for having me.

HF: All right, my dear listeners, thank you so much for being here. I really appreciate you. I am grateful that you share the podcast, that you listen, that you comment and rate the podcast.

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