

HEADSTRONG AND HELPLESS

A recovery program for hardheaded healers

By Sydney Ashland and Pamela Wible, M.D.

“I’m here because I need help,” said Matt. “Everything is a mess. My office manager is out on maternity leave. My nurse and I have never gotten along because I hired her as a favor to a friend. I hate my EMR. My wife has just about had it with me and my stressed-out life. She says I bring it on myself. I came to you two as a last resort. HELP!” The last word whispered so softly, it was hard to hear.

Having worked alongside distressed physicians for years, we’ve heard similar complaints at our physician retreats and in countless individual sessions. We were eager to help Matt reclaim his life and practice.

We began by approaching the immediate situation. How long would the office manager remain on leave? Matt needed a short-term plan to deal with staffing. We were met with his vague despondent answers. “Supposedly another three weeks, but who knows in these situations? With my luck,” Matt replied, “my manager might decide to stay home and never come back!”

We needed a quick win—something we could agree upon—so we pivoted to office systems and his EMR. Matt told us that none of the systems worked. They had all been implemented for the convenience of office staff, not the physician. Payments from insurance companies were slow. Matt had no confidence that visits were even being billed correctly. “But what can I do? Those insurance companies have me over a barrel! I thought having my own practice would give me the freedom to be a doctor again, but instead I’m back on the assembly line working for everyone else.”

Matt was resistant to everything we suggested. He remained desperate for help, while trying to convince us no help was possible. It was an exercise in futility. He was the epitome of headstrong and helpless.

INTERNALIZED HELPLESSNESS—The Set Up

The problem for many physicians is that medical training and subsequent work experiences foster internalized helplessness. You are told in medical school that you aren't that smart—maybe even that you are stupid! You are expected to work harder than you've ever worked in your life. You believe that story and extend yourself beyond what you even knew you could do. You show up proud of your studying and focus, only to be told that it isn't enough. You are shocked. You're used to getting good grades in school. You've always felt competent at worst, intelligent at best. Yet now all your efforts seem diminished and ridiculed. You begin to doubt yourself for the first time in your life.

You've been perfectly groomed to give all your power away—to administration; to insurance companies; to office staff; and yes, even to inanimate software platforms. You have no power left. You have so deftly internalized the messages of insufficiency that you are helpless. You're unable to help yourself and have no confidence in your next decision.

We've heard variations of this story too many times. Doctors like Matt flee the “toxic system” only to discover they've created their own little cesspool of stress and dysfunction. It's a common mistake and one that can be **reversed!** All is not lost. It can be fixed.

You probably already know the solution. The following four questions can help you explore the best way forward:

1. What was my first mistake?
2. Did I do what I wanted to do, or did I feel pressured to do something someone else wanted?
3. If I could do it over again what would I do differently?
4. Who might help me return to where I started and implement new strategies? **(REMEMBER: This can usually be done quickly and cheaply!)**

Sometimes it's a matter of modifying what you've done in small ways. Many times we hear from physicians who run into some minor (or even major issue) in their practice only to hire an expensive consulting company. After paying tens of thousands of dollars looking for answers, they discover they knew the answers all along! Don't hire the most expensive team out there and increase your financial worry. Just because something isn't working, doesn't mean you've failed. It can be scary to face a less-than-perfect outcome, yet it can also be empowering to discover the problem and implement the solution yourself. We love to help physicians find solutions—quickly and inexpensively.

COPING STRATEGIES

INTERNALIZED ARROGANCE AND DEFENSIVENESS

So, what do you do to cope with your lack of confidence? You take on a persona. It's not really "YOU," but it's all you've got. You've been on the receiving end of arrogance and defensiveness at school, in residency, at work. You grab the cloak and wear the mantle. You have no choice at this point.

You join the abusers merely to survive. When asked a question you bark out the answer or grunt. When your opinion is solicited, you shrug. When someone else around you makes a mistake, you ridicule and shame them out of fear that their mistake might be seen as a reflection on you. You are tough as nails on the outside—and a quivering mass of insecurity and fear on the inside. You begin to fantasize your escape, packing up in the dead of the night and just disappearing. Every fantasy gives you momentary relief from the bone-crushing pressure.

There are times you watch your defended self from afar and feel confusion. How did you get here? You used to be the hero, the one looking out for the little guy. After all, that's why you went to medical school! You planned to inspire and heal your patients. You were an idealist with brains. You had great hopes for what you might accomplish. So how the heck *did* you end up in this god-forsaken place? You are suffering and you feel there is no one interested in alleviating your pain. You feel trapped with responsibilities, obligations, expectations to live up to. You have debt to discharge, mouths to feed, a reputation to protect.

INTERNALIZED HOPELESSNESS—It Must Be ME!

The practice of medicine is all about finding the diagnosis. Thousands of hours are spent memorizing minutiae as preparation for diagnosing and treating patients. In a training system that is often toxic, it is not uncommon to be on the receiving end of pathologizing behaviors by administration and superiors. If you are exhausted and unfocused, you are told you should consider ADD. If bullying creates hypervigilance and fear, perhaps you have an anxiety disorder. You begin to wonder if it's *just* you. Maybe you *should* see someone and get this disorder treated.

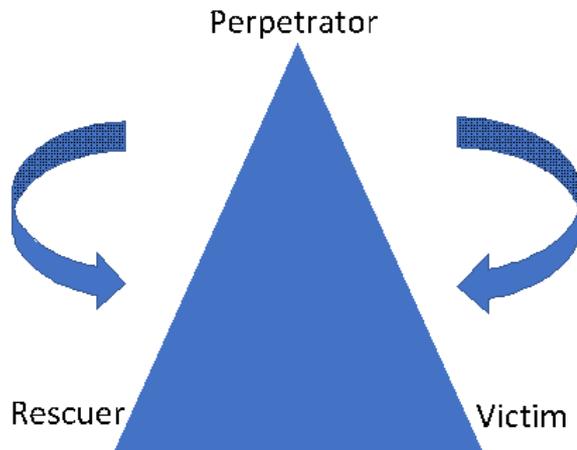
75% of medical students are on anti-depressants, stimulants or both. When we pathologize ourselves and each other, we risk medicating the natural and appropriate experience of “feeling.” Sleep deprivation, chronic stress, sustained hunger and vicarious trauma should elicit an emotional response. The absence of an emotional response is abnormal! It is not you. Depression, anxiety, anger, OCD and lack of focus could just be your body, mind and soul’s protective response under the circumstances. Maybe the system needs to change, not you. Consider this when answering the truth-telling section that follows.

FINDING ANSWERS—Escaping Drama

The only way the system survives is when we fuel it. Plants without oxygen, sunlight and water, die. So do toxic work environments, HMOs, EMRs and RVUs. The only way the power play works is if we agree to play the powerless role. Karpman’s Drama Triangle demonstrates how the cycle works.¹ Someone plays the perpetrator, another the victim. All seems lost. Finally, out of the blue, the rescuer arrives. You might be tempted to believe the day has been saved, only to begin the toxic cycle again.

This is no way to live, let alone practice medicine. The only way to exit this drama is to rescue yourself! Refuse to engage the external perpetrator or rescuers at work. Put your internalized victim on notice. It is a NEW DAY! Truth to power. Read that slowly. T-R-U-T-H T-O P-O-W-E-R. No more indulging self-doubt. No more acquiescing and accommodating those who would disempower you. You decide

what you want for yourself and then you begin to create it. Practice medicine your way.



The Karpman Drama Triangle

Angie was too afraid to even entertain the thought that she could ever have her own medical clinic. Everyone told her it was impossible. She joined our retreat because she was depressed and struggling at home. She knew she needed a break and some time to recover her mental health. Beyond that, she felt helpless to change anything. She kept mostly to herself and wept silently throughout the retreat. By Sunday night she began to understand she was living her life as victim. She couldn't believe it! By Monday morning she was starting to feel her rage. How had she gotten here? This was bullshit. She didn't want to be a victim anymore, but she wasn't sure she still liked medicine. The idea of going back to locum tenens work felt out of the question. She knew she was going home a changed woman, but wasn't sure how her personal life would survive this change. At this point she hardly cared. She truly wanted help even though she was afraid of what that might mean.

The good news is that Angie went home and was embraced by her family and supported by her friends. Turns out everyone was THRILLED that she was ready to leave the insanity of her current job and reclaim that which was truly healing. She decided she was ready to receive help and create a plan of action. These are the steps she took.

Pamela Wible, M.D., and Sydney Ashland lead Live Your Dream Retreats—a series of progressive intensives designed to help doctors launch their own private practice or non-clinical enterprise. Retreats offered [biannually](#) and [monthly](#).

STEP 1

Identify which role you assume most often in your professional life:

If you are a perpetrator, ask yourself who modeled this behavior and perpetrated harm against you. Next, list names and circumstances when *you played the role of perpetrator* below:

If you are most *often a victim*, list names and circumstances of victimization here:

If you are most *often a rescuer*, list the names and circumstances in which you rescue others here:

Sit with this knowledge for 30 minutes. Don't rush through the process of identifying your patterns. This is important! Only when you

have conducted an honest moral inventory can you move from your place of discontent and pain to freedom.

STEP 2

Perpetrators are freed by acknowledging the insecurity that fuels their behavior of lashing out. What are you *most afraid of*? Make a list of your top five fears.

- 1.
- 2.
- 3.
- 4.
- 5.

Perpetrators are not bad people. Given the right stress-filled circumstances, almost anyone of us can find this angry vindictive archetype inside ourselves. This part of ourselves most likely is connected to an internalized abuse pattern. Pausing always helps. Taking time to acknowledge the anger, then staying with the anger long enough to identify the underlying fear, helps you disrupt the pattern.

If you knew you were truly safe, how might you choose to live? What would you do with your life if you knew you could not fail?”

Victimhood is fueled by fear of speaking the truth. If you could speak the truth at work, knowing that no one would fire you or report you to the powers that be, or ruin your life forever, ***what would you say?*** Playing it safe doesn't work. It only creates more victims afraid to speak up and speak out.

List ***your*** five most important truths:

- 1.
- 2.
- 3.
- 4.
- 5.

Rescuers are “other focused” to the exclusion of their own needs. “I’m just fine,” the rescuer says while hemorrhaging on the floor. “Let me help you with your hangnail!” Rescuing energy allows you to avoid your own pain and distract yourself from the truth of your condition. It protects you from acknowledging the very real danger to yourself and allows you to focus on your neighbor to the detriment of yourself. The rescuer will usually focus on other’s needs at their own expense.

If you were rescuing yourself, what would you be ***rescuing yourself from?***

- 1.
- 2.
- 3.

4.

5.

CONFIDENT AND EMPOWERED—Living Your Dream!

When polled at retreats, physician report lack of confidence is the number one barrier to their success. Having identified (above) the internalized characteristics that fuel low self-confidence, we can understand exactly how we got here. But now we ask ourselves how we turn the tide.

Here's what YOU can do now:

1. **Let go of fear.** You can't know it all. No one can. You have studied for years to get to where you are today. It *is* enough. You are enough. Let go of your fear and embrace what you know.
2. **Give up perfectionism.** Accept your humanity. It is what endears yourself to your patients and those closest to you. Trying to be perfect or get it perfect will only fuel lack of confidence in the long run. Be your most human self.
3. **Acknowledge the trauma of your training or work life.** Your medical education and work life has likely contributed to your low self-confidence. You are not your abusers. Read books about trauma; go see a confidential therapist or reach out to us; confront any perpetrators in your life with the truth. Free yourself from your PTSD and trauma.
4. **Refuse to accept stress as a lifestyle.** You and you alone, know what you need to live a happy life. Call out the lies that others use to manipulate and control you. Live from the inside out. Live in YOUR TRUTH.

5. **Reflect on how you got here.** Where did you begin? What got you into medicine in the first place? Remember that idealist who wanted nothing more than to serve humanity. Breathe life into the spiritless dreams from the past. Resurrect the truth of who you are.

Having read these words and answered these questions, do you know more about yourself than when we began this discussion? What resonates the most? Could you benefit from a deeper conversation, exploring these issues more fully? If so schedule a private one-on-one strategy session with Sydney Ashland: [Schedule Here](#).

Or maybe you want to attend an upcoming retreat. Wondering what would be perfect for you? Please answer these 3 questions:

- 1) Would you value a personal one-on-one retreat in beautiful Eugene, Oregon?

- 2) Would you prefer a small group retreat with 5-10 people?

- 3) What is your timeline for making a change in your personal life and/or career?

Sydney can help you discover whether individual or small group retreats fit your unique needs. Topics include: recovery from the stress and PTSD of medical training or practice, developing a healthy personal life and still practice medicine (couples retreat), best strategies for leaving your assembly-line job; creating your low overhead private practice; pivoting to non-clinical practice; discovering and developing your entrepreneurial self; intermediate and advanced business strategies; solar retreats for those directly affected by suicide.

Next steps: [contact Sydney Ashland](#) to create your personalized action plan.

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