



WEIGHT LOSS FOR BUSY PHYSICIANS

— with Katrina Ubell, MD —

Katrina Ubell: Hey friend, how are you? Welcome back to the podcast. I have another great coaching call for you today. I get so much great feedback from you guys that this is so helpful for you, so so excited to be able to offer this one for you. I know it's going to help so many of you. Enjoy.

Katrina Ubell: All right, Mary, thank you so much for coming on the podcast. I really appreciate it.

Mary: Thanks for having me.

Katrina Ubell: All right, so tell me what you'd like coaching on today.

Mary: I would like coaching today on stress eating or emotional eating at work particularly.

Katrina Ubell: Yes. Okay.

Mary: I do okay on my days off, but when I'm at work and especially when I get home from work, I really just want to shove carbs into my face.

Katrina Ubell: Yes. Okay. So tell me more about that. Tell me more about what's going on for you at work, how you're feeling when you come home, all that.

Mary: So I live in Tallahassee, but I work in a rural ER, so I drive an hour to work when I work. I leave at about 5:30 in the morning, and then I don't get home at night until between 8:00 and 9:00 p.m. It's a very long day on the days that I work. Since it is a rural ER, we don't have a lot of resources, so it is stressful. You see things and you're just like ... you know, I don't always have everything that I would like to have, and obviously there's always just sort of just stressors at work anyways. So I find that I just, you know, even on the days where I pack my lunch and I bring it, it's like by the time lunchtime hits, I'm just sort of like, "Whatever." I just bail on my plan, and that's really frustrating for me. Obviously, I have like willpower and drive because I made it through medical school and all that, and so I know that I can accomplish things, but I cannot stick to that dang plan.

Katrina Ubell: Yeah.

Mary: You know, we have this fabulous cafeteria lady who makes fantastic fried chicken and that happens to be my favorite...

Katrina Ubell: She's the problem. You need to get her fired.

Mary: Yeah, it's totally, it's her. She brings it to me. It's free. I can't turn her down. So, yeah.

Katrina Ubell: That's hilarious, right? We're like, "No, for real it's fried chicken."

Mary: Yeah, there's always excuses. Yeah. Her banana pudding is so good, I just can't ... Every week I have to have it or else.

Katrina Ubell: Oh my god, that's so funny. Okay, so then you leave work, and what's happening on your drive home?

Mary: I listen to podcasts and I try to decompress some, but I get home. I'm a single mom, and so I get home and my son is usually awake and I'm trying to do that kind of stuff, and I just find myself either sometimes I'll just snack on things I shouldn't really be snacking on, but there are times where I'm just too exhausted and I just go straight to bed. But I've also like not done a great job with my eating plan at work that day either.

Katrina Ubell: Yeah, okay. And then you were saying when you get home a lot of times you just want to eat all of the carbs.

Mary: Right. Yes.

Katrina Ubell: Yeah, tell me what is going on for you, like what you're actually feeling when that's happening.

Mary: I think it's a cross between just sheer exhaustion and anxiety, especially if I have to work again the next day because it's a pretty short turnaround. If I don't have to work the next day, sometimes it's just sheer exhaustion and I can usually just sort of meander my way to bed, but if I'm anxious about like, "Well, I got to get up early again tomorrow and I got to get this done and I got to get that done," then I find myself snacking a lot more.

Katrina Ubell: Okay. So let's just fill in the rest of that model. So the circumstance is that you were working two days in a row and you're in between those shifts, and so the thought we're going to find, but your feeling is exhausted and anxious, and your action then is you eat a bunch of carbs, and the result is that you don't follow ... basically, you're not in integrity with yourself with what you said you're going to do.

Mary: Right.

Katrina Ubell: And you gain weight.

Mary: Right, and then I get frustrated or I think like, "Well, why can't I lose this weight?" It's like that fear of failure, if that makes sense.

Katrina Ubell: Yeah. Isn't that so interesting, because it's like I don't want to fail so let me just fail right now.

Mary: Right.

Katrina Ubell: Failing feels so bad, so let me just, I'll just take care of it.

Mary: Cut to the chase and just ... Yeah.

Katrina Ubell: Right. Let's just ... yeah. It's like the worst case scenario is what's already happening. So interesting. So what is your thought about working two days in a row, after you've done one shift, anticipating the next, that makes you specifically feel anxious so that you end up eating carbs to feel better.

Mary: And I don't know if it's so much the eating at night that ... I think it's the eating at work during the day where I just feel really anxious and exhausted. I mean, I guess at the most basic level the thought is, "This food is going to make me feel better. If I eat the salad that I brought, I'm still going to feel tired or hungry." Does that make sense? You know, like a sugar burner like I'm going to feel like shaky or dizzy or whatever, whereas if I sit here and I eat this Mexican or whatever high calorie, I won't feel that way and I'll make it through the afternoon.

Katrina Ubell: Okay. So before that even happens though, what are your thoughts about the two days of work in a row then that are making you feel anxious?

Mary: It's just tiring. I think that's what ... Usually I'll work Katrina Ubell: I mean, it could ... Oh, go ahead.

Mary: ... like two to three days in a row. It's just sort of exhausting because you leave at 5:30 in the morning, you don't get home until nine o'clock at night, you're trying to take care of all the house stuff.

Katrina Ubell: Yeah. So is it really like, "This is exhausting"? I mean, it might just be as simple as that?

Mary: Fair. It's exhausting.

Katrina Ubell: Yeah. Okay. Yeah.

Mary: I feel bad because I don't get to interact with my son much on those days. I am a single mom. I'm the only parent he has, and so there is some guilt there. I just feel like I'm sort of disconnected from him on those days.

Katrina Ubell: Yeah. Okay. Yeah. Do you think that creates some anxiety for you?

Mary: Yes, yeah. And guilt. Just, you know, you feel like ... It's one of those mom things. You feel like, "I'm a bad parent."

Katrina Ubell: Right. Okay. Okay. And then that probably drives you to eat as well, right? Like just wanting some comfort food?

Mary: Right.

Katrina Ubell: Right. Okay. Exactly. And then that result is you're not any more connected with him or anything or any less anxious but just gaining weight, right? Okay, still disconnected. Okay, so I just want to go through that with you a little bit because that's actually ... this is good. This is how we like dig in, right? Because it's like, you know, things are exhausting and you work a few days in a row and you can do all of that, but I think that it's your thoughts more about your son and being away that are more of an issue, because you can feel tired, that's fine. That's like been your whole adult life.

Mary: Yeah. Right.

Katrina Ubell: Right?

Mary: Yeah.

Katrina Ubell: Pretty much, to one extent or another. But the circumstance is that you're a single mom to a son, and so that's a neutral fact. Like everyone would agree. Yep.

Mary: Right, everyone knows that.

Katrina Ubell: Exactly.

Mary: I'm it. This is it.

Katrina Ubell: You're it. Okay. Then your thought is, "I'm disconnected from him on the days I work," and then your feeling is guilt and some anxiety, and then your action is to eat food to comfort yourself, and then the result is that you gain weight. You're still disconnected from him. You're not any closer to him, and, you know, you feel worse, basically.

Mary: Right, and I'm still tired because I'm overweight, so it's not helping.

Katrina Ubell: Still tired, right. Yeah, yeah. Right, yeah. So physically you might even feel worse. So what's so interesting about that is when you say, "I'm disconnected from him on those days that I work," it really is, it's sort of like, "I'm just letting you know, like this is how it is. Like this is how I feel." Right?

Mary: Right.

Katrina Ubell: But that is actually optional to think about that. That is a choice to think about it that being away from him is being disconnected from him. So this is one of those things where it's like we start to see it a little intellectually, but deep down we're like, "No. I'm not connected with him." But what's really interesting is: What makes you connected to somebody?

Mary: I mean, I guess with him it's interactions I feel like. He does have autism, so it's not like I can call and have a meaningful conversation with him while I'm at work, so with him it is interacting and doing activities with him.

Katrina Ubell: Okay. So what I want to suggest though is that connection is a feeling and actions don't create our feelings. Actions like interacting with him, being around him, being physically present around him is an action, and that actually doesn't create our feelings. It's our thoughts

Mary: No, it's my thought about it, yeah.

Katrina Ubell: ... that create our feelings. So you could be very far away from somebody yet still feel very connected to them because of the thoughts that you think about them. That connection, that feeling of connection is only created for us by the thoughts that we think. So when you have a thought that I need to be physically present with him in order to feel connected with him and when I'm not with him then I'm disconnected from him, which makes you feel bad, right? We're like, "No, but this is how it is." We don't really realize that is like this sort of belief construct that you've created for yourself that makes you feel really pretty awful. Right?

Mary: Yeah. Yeah.

Katrina Ubell: And it doesn't have to be true. I think it feels really true for you, but it's like it's really just like: What if you could be totally connected with him and not be physically present with him? How would that change things?

Mary: I don't think I would feel so anxious and guilty.

Katrina Ubell: Yeah. Yeah. Right. Well, okay. So you wouldn't feel as guilty or as anxious. How do you think you would feel if you felt super connected to him but you were at work and you knew you wouldn't see him for the next couple of days really for anything meaningful?

Mary: I mean, I just think I would feel okay. It wouldn't be something that I would be sitting there worried about.

Katrina Ubell: So maybe more like content. Would that be

Mary: Yeah.

Katrina Ubell: ... maybe more of a word? Yeah. And then if you were content, what would you do?

Mary: I mean, I would just keep working. Like I wouldn't do anything really.

Katrina Ubell: Yeah, so you wouldn't eat

Mary: No.

Katrina Ubell: ... probably, or maybe eat the food that you brought instead of the comfort food.

Mary: Right.

Katrina Ubell: Right. And overall, like that result is deeper connection with your son, no matter where you are.

Mary: Right.

Katrina Ubell: Which I think feels good for you, right?

Mary: Yeah.

Katrina Ubell: For sure you benefit from that thought.

Mary: Right, yes.

Katrina Ubell: I want to just suggest that it's possible that he could benefit from that thought too because if you're always connected with him, then the way you show up with him is going to be different than if you're trying to make up for this perceived disconnection when you've been gone.

Mary: Yes, because I do try to do that and I know it's not good.

Katrina Ubell: Yeah. So it's interesting, right? Because it's really just like, "No, I'm just disconnected from him," but it's like,-

Mary: No.

Katrina Ubell: ... "What if you were connected?"

Mary: I'm just at work.

Katrina Ubell: That would be so cool, right?

Mary: Yeah.

Katrina Ubell: This is when it's like so good to just question everything we believe. Like, "What if the opposite of what I believe is true?" Like, "That would be cool. That would be amazing." So then we have to play around with the idea of like, "Well, if I'm creating my feelings with my thoughts, what's a thought that feels true and believable to me about not being around him for a couple of days that truly makes me feel content and connected?" Can you think of something?

Mary: I mean, I know that he's happy when I'm at work that ... He's either at school or he has a really good nanny, so it's not like he's every wondering where I am or like having any sort of negative effects from me being at work. I mean, I am always connected to him because he's my kid. We have a close relationship. Obviously, I know logically that my being gone for 15 hours like really isn't going to change any of that.

Katrina Ubell: Yeah, yeah. But it's like you were saying though, right? We know it logically. At a superficial level we're like, "Yeah, yeah, yeah. I'm sure he's fine," but it's like, "Why do I still feel so much guilt and anxiety?" You know what I mean?

Mary: Right.

Katrina Ubell: It's like deep in your core there's still that idea of like, "Things should be different than they are."

Mary: Right.

Katrina Ubell: This situation is not good. There would be a better situation, that's if I was with him all the time. Do you think that would be better if you were with him all the time?

Mary: No. I don't think that would probably be very healthy.

Katrina Ubell: Yeah. It's interesting to just even question that though, just realize like, "Actually, what if this scenario is the best possible scenario for him? He gets me, he gets his amazing nanny, and he gets school."

Mary: Yeah, he gets ...

Katrina Ubell: He's got so many amazing, loving, supportive people in his life.

Mary: Yeah. Yeah. I mean, it is because he does, and he gets multiple interactions, whereas if it was just me all the time, I mean, where would his...

Katrina Ubell: Yeah, it probably helps him with his development to be around different people, different situations, different scenarios. Right, right. So coming back to that. I mean, I know you're not at work thinking like, "I'm really disconnected from my son right now." That's not like probably a thought you're thinking on a regular basis, but what's going to happen is when you're at work, your brain is so efficient at thinking this, it's so like down regulated into the very efficient parts of your brain that are like, "No, this is just how we perceive our lives, you know, this is what we do," that this is going to come up for you again. This feeling, that sort of like guilt and anxiety thinking about him, and so what I think would be helpful is for you to have a thought that you can go back to where you're like, "Ooh, I'm in touch with this. I can feel this and I know what it's from. That's not how I want to think about it anymore. This is instead how I want to think about it."

Mary: I don't know what that thought would be.

Katrina Ubell: Yeah, okay. So I'll offer you some. You might seriously be like, "I'm not sure." I call that trying it on and like going into the wild so to speak, right? You got to be in the situation to see like, "This wouldn't work for me," right? So one might be that me being here provides an amazing life for my son.

Mary: That's true.

Katrina Ubell: So I think that's true, right?

Mary: Yes.

Katrina Ubell: Because, I mean, you go and you do this great job so you can make money so you can have this amazing life right? I mean, for real.

Mary: Yes, yeah.

Katrina Ubell: You are incredibly connected to him when you are providing value to other people. You get paid adequately for that so you can provide him with all...

Mary: Yeah, that's the whole reason why I do this job.

Katrina Ubell: Yeah, right. Exactly, exactly. So you can feel very connected to him while you're working in this ER knowing that what you're doing there is a fundamental part of you being an amazing mother to him.

Mary: Right.

Katrina Ubell: Do you think that's true?

Mary: I do think that's true. I mean, and that's the whole reason why I chose this job is so that I can provide a really nice life for him and not have to worry.

Katrina Ubell: So I think that when you dissociate connection with physical presence, then you can connect through different avenues, right? Like, "I'm connected with him because I'm bringing home the money that's required to live his life, his amazing life, get him all the help that he needs or support or education or whatever." So that's one that you could try. You could say, like one might be the, "One of the best ways I know to be connected with my son is just to think about him." Like, "I am connected with him. I can think about him anytime I want to in my head. I can be stitching somebody up and feel amazingly connected to my son, because I can be thinking about him. I can be talking about him. I can be loving him even when he's not with me. I can feel very, very connected to him."

So I think things like that will be helpful, or might be, you'll have to try it out, in terms of you just being like, "No, I am there with him in my head," but that's what's important. When you're there with him physically, you're also there with him in your head, because you can be physically in his presence and be completely mentally checked out.

Mary: Yes, I can.

Katrina Ubell: Right?

Mary: Yes.

Katrina Ubell: So it's like we think like, "We need this physical presence." No, you really don't at all. Think about people whose spouses are in the military and are deployed. They can feel very connected and they don't see each other for many, many months, sometimes more than a year.

Mary: Years.

Katrina Ubell: So it's just interesting to think about that, that idea. So, yeah. So it's like we think it's all about the fried chicken, but really it's like mom guilt. It's just so interesting, right? It's so interesting. So what do you think about that? Do you think that's something that you can take with you?

Mary: Yeah, I think so, because those are valid thoughts that are true, so I think I can try that.

Katrina Ubell: Yeah. What's interesting is we will sometimes have thoughts and we're like, "But no, they're really true," but if that thought creates pain for you in some way, some sort of negative emotion in some way, it's worth questioning. Does thinking about it that way, even though it's true, actually serve me? Is there another true way of thinking about this that might have more of an upside for me? And working through that. Then you're like, "Okay, the way I tell myself this story now of me going to work for a couple of days in a row, which are really long days, is now this story." Not the story of like angst and like, you know, like my stomach is in knots and then I overeat a ton because I can't control myself. You know what I mean?

Mary: Yep.

Katrina Ubell: Right. It's like a whole new story of like, "This is the most amazing job because I get to have a whole bunch of days off where I get to be with my son, and on the days when I go to work, I batch it all so I just get my work done and bring home the bacon so that he has everything he needs, and while I'm gone he is super well cared for and there's nothing more that I could do to be more connected with him." That also can be true, right? And that is now the story that you tell yourself about your life and your son.

Mary: Yep.

Katrina Ubell: It feels so much better, doesn't it?

Mary: It does.

Katrina Ubell: It really does.

Mary: It does.

Katrina Ubell: Great. It does. One other thing I wanted to go back to is when you were talking about working in the ER, in the rural ER where you don't always have all the things that you'd like to have. And so I kind of was jotting down a model as you were telling me things, and so I had that thought. I was like the circumstance is rural ER. The thought was, "I don't have everything I'd like to have." I think your feeling was stressed is what you told me.

Mary: Yes, because there are patients that come in and they're like critically ill and we know that we need to get them somewhere else, but we don't always have the means in a timely manner to do so, and that is incredibly anxiety provoking.

Katrina Ubell: Yeah, yeah. Yeah. You know, this is what's so interesting because first you told me in the beginning you said stressed and now anxiety, and you think about those emotions, like stressed is kind of like sometimes kind of a little more surface level. It's like we use that and we're like, "Oh, I'm just really stressed right now." But even anxiety, like anxiety is worry, like intense worry, and what you're worried about, it creates fear, right?

Mary: Right.

Katrina Ubell: There's really just fear. So tell me things that you're sometimes fearful of when somebody comes in who's critically ill?

Mary: That they won't make it until the next hospital. We're trying the best that we can to keep them alive, but an ambulance or a helicopter may not make it in time, and that's incredibly fear provoking.

Katrina Ubell: Yeah. Yeah. Totally, right?

Mary: Yeah.

Katrina Ubell: So then you think about that, you feel so anxious. Whatever the outcome is, whether they were okay or not, there was so much fear and so much anxiety created by that thinking that of course you're eating. Like what you told me was you bail on your plan, right? Because you're like, "I just went through that. A salad is not going to cut it."

Mary: Yeah, right?

Katrina Ubell: Like, "Banana pudding all the way."

Mary: Yeah. That's exactly what happens.

Katrina Ubell: Right, exactly. So where I think sometimes it gets a little tricky is like, "Am I just supposed to not care that this person might die?" But what you have to remember is that fear is not what's going to save them, right?

Mary: No.

Katrina Ubell: Right? For sure that's not going to save them. It's certainly not going to get more resources in your ear. It's certainly not going to get any other hospital or transport there faster or sooner or anything like that, but it feels very useful in the moment. Like, "I should be worrying about them, because there's something to be worried about here." Almost like

Mary: Because if I'm not, I'm kind of a jerk.

Katrina Ubell: It's almost like we think it kind of fuels us to be really on top of everything and not miss anything, do everything that we possibly can within the realm of the resources that you have, right?

Mary: Yeah.

Katrina Ubell: But what's so interesting to think about is: What if you just felt confident that they were going to make it? How would that change your experience? The scenario is the same, same resources, not sure if the helicopter is going to get there, but you're like, "They're totally going to make it."

Mary: Honestly, I don't know, because it's really hard for me to imagine ever feeling that confident about it, because I do really worry about these people.

Katrina Ubell: Yeah. So this is what's interesting. You tell me if I'm ... This is my hunch of what you're thinking. You're like, "I can't feel confident because I don't know because they still might die and they still might not make it."

Mary: Right.

Katrina Ubell: But what I want to offer is that confidence is just a feeling. To be confident doesn't mean you have to know for sure what the outcome is going to be. There's lots of times where we think it's going to be a certain way and it turns out a different way. So rather than feeling confident, which feels a lot better, and then feeling sad that it didn't work out, which is a bigger kind of gradient, it's a bigger difference between those emotions, we're like, "You know what? I'm just going to feel like crap right now and be like really scared, and that way if they don't make it, then I'm already feeling bad."

Mary: Yeah, yeah.

Katrina Ubell: "I've already kind of like been disappointed

Mary: Yeah, I've already laid that groundwork.

Katrina Ubell: ... ahead of time." Yeah, exactly. So we think that it's so useful. This becomes such a habit way of approaching this that it's just like you're not thinking about it. You're like, "No, no, no. I'm really worried about this person." This frenetic energy kind of, you know, that worry and that fear feels very useful, but if you think about like if someone ...

Say you were in an ER that had everything you could possibly need, like level one trauma center, everything, like the works. The OR is ready, everything is ready, and someone is coming in and you're coding them. Might you feel different?

Mary: I think I would feel calmer in the fact that I would know that I could get what I needed, yes.

Katrina Ubell: Yeah. But it's not even necessarily always what you need. What you need is your brainpower, your problem-solving skills, right?

Mary: Right.

Katrina Ubell: Not necessarily more equipment or specialists or a certain whatever thing happens to be missing. Connecting to the part of you that can't be replaced, which is your incredible human brain, and being able to help that person, like I think you'd feel more confident that you could really help them because of all the resources, but then your thoughts would be different because your thoughts would be creating the confidence, but you'd think it's because of all the resources you have, but it's not your resources. It's not the resources, because you could have all these resources and if nobody knows how to use them

Mary: Yeah, it's not working.

Katrina Ubell: Right? Resources don't equate to people living or getting good outcomes, you know? For sure people who work in level one trauma centers would be able to tell us that, right?

Mary: Yeah.

Katrina Ubell: People come in all the time and they have everything and they still don't make it, right?

Mary: Right.

Katrina Ubell: All I'm offering to you is it's just a suggestion to kind of play with in your brain this idea of: What might it be like if I just decided confidently they were going to make it? And that doesn't mean that you're like, "Okay, they're tucked in. I'm off to the next patient. It doesn't mean that, right?"

Mary: Right.

Katrina Ubell: It doesn't mean that you stop thinking about them or offering them what they need or helping them in the best ways that you can, but it's instead just creating an experience of helping them that might actually ... well, for sure would feel better for you, at least for a good chunk of the time. Even if they don't make it, you'd feel bad at the end, but you wouldn't have felt bad the whole entire time, and it might be interesting to just experiment with the idea of maybe you actually are able to come up with more creative solutions to hold them over if you're not coming from a place of fear.

Mary: Right. That's true.

Katrina Ubell: And, a lot of times they are saved and they are okay, and you're like, "I knew it. We're amazing. Look at us. Total badassess. We don't even have anything and we saved this person's life. Bring me my salad. Thank you." Right?

Mary: Right.

Katrina Ubell: But playing with that idea of: What might it be like? "Well, here's this person coming in," like the next time you have a shift, like, "Here's this person coming in. They're going to make it. I'm just deciding right now they're going to make it." Because you might be like, "But that's delusional. Look how sick they are." But it's also delusional to think that you know they're going to die. You don't know. So it's like if you really don't know, then why choose the one that

Mary: Is negative.

Katrina Ubell: ... makes you feel like ass?

Mary: Yeah. It's true.

Katrina Ubell: And then you end up eating. It's so interesting. This is what I always say, feels like petting a cat backwards because it's so just weird and awkward and like, "Huh?" because for sure I would guess, for sure since at least residency, this has sort of been your pattern, maybe even before that. I mean, I think that the minute we step foot on the wards as medical students is when we start picking up on the culture and, oh, this is how we think about things, this resident or this attending they say this or think this, and we start kind of figuring that out for ourselves. So it's going to take some undoing because it's very automatic. That fear and stress and anxiety is just going to be there immediately, and then, again, it's the same thing with that disconnection, feeling guilty. It's going like, "Oh, okay. I'm really feeling ... I feel that fear right now. Maybe I can change that into something else."

One thing that you can change fear into because it feels very similar is excitement. Some people say that excitement is fear plus breathing, because think about when you're fearful. You're holding your breath. You're like ... But all those kinds of butterfly feelings and stuff is similar to how you feel when you're really excited.

Mary: Yeah. I mean, sure.

Katrina Ubell: So when I feel afraid, sometimes I remember that and I actually make myself breathe. I'm like, "Okay. Okay, we're breathing." But I think it would be interesting to try that as a way to bring yourself out. Like, "This is exciting. This is why I'm in the ER, to help people who are trying to die get what they need. How exciting."

Mary: Yeah. I mean, that is one of the reasons why I like the ER is, yes.

Katrina Ubell: Yeah, right? So it's like, "Who better than me? I'm confident. I've got this. That's why I work here. If I needed all the resources, I would just go work in a ER that had them all. Instead, I'm in this place and providing incredible value to this rural community that really needs my help. I am the best person to be helping them right now." And keep breathing.

Mary: Yeah, right.

Katrina Ubell: Right? It would be so interesting how that might change your whole experience of it, and then the aftermath and seeing how that might be different, going like, "Well, that was fun. We just saved someone's life."

Mary: Yeah.

Katrina Ubell: Right? Instead of like, "Oh my god. I need to come down from that incredible, stressful event that just happened. Why is the system broken that we don't have more resources?"

Mary: Yeah.

Katrina Ubell: Right?

Mary: Yeah.

Katrina Ubell: Instead of going like, "Yeah, even with no resources, we are amazing."

Mary: We did okay, yeah.

Katrina Ubell: Yeah. Because, I mean, would you say ... What percentage of the time do people in that kind of a scenario end up with a good outcome? At least that you know of, like they make it to a transport.

Mary: Most of the time.

Katrina Ubell: Yeah.

Mary: Yeah, majority of the time.

Katrina Ubell: So probably 90%?

Mary: There are scenarios where they don't, but, yeah, 90% of the time.

Katrina Ubell: Yeah. Yeah, so imagine if 90% of the time you got to feel confident and amazing and excited through that whole process, rather than anxiety, worry, stress, fear. That would be pretty cool. And then you know what?

10% of the time you were super confident they were going to make it and then they didn't make it, and that sucks, and then you just have to be willing to feel that and go like, "You know, our best wasn't good enough today," and that's really sad, and letting yourself feel that, instead of going, "I'll just feel it right away. I'm just going to predict that they're not going to make it so I can protect myself because this person might die and I feel like I need to brace myself for that possible bad outcome," knowing that that, most of the time, doesn't happen.

I mean, I think one good thought to try if the person does die is, "You know what? I didn't know it when I came in today, but today was a day when someone was going to die. Turns out today was a day where someone was going to die. Okay. Today is a day where I get to feel this human emotion of sadness that this person lived where they lived so they couldn't get the support that they needed." But you still then know you did your best from your best place, from your absolute best place of thinking and problem solving and action. You know?

Mary: Right. Yeah.

Katrina Ubell: So what do you think about that?

Mary: I think that's fair.

Katrina Ubell: Think it's something that is worth trying? Mary: Yes.

Katrina Ubell: Yeah. Yeah.

Katrina Ubell: You totally have to tell me how this goes. I'm so ... right now. Like, "This is going to change your life."

Mary: Yeah, because I always do pack my lunch. I just never quite eat it, and I spend a lot of time packing that sucker, too.

Katrina Ubell: Today is the day...

Mary: I did all this meal prepping and then I never eat it. It's terrible.

Katrina Ubell: Right. So now we just have to get to the point where your emotions while you're there don't make you feel so bad that you end up needing something else. That's really what it comes down to, and it's so crazy when you really start to realize like you are literally the one creating this experience of your day for you. It's not what comes in the door. It's not the support that you have or how short staffed you are or how you don't have support or resources or whatever. It's none of that is what's creating your experience.

Think about people who go to like third-world countries and disaster areas, and they have like literally nothing, and they're just like, "Oh my god, we helped so many people. It was like the most amazing experience I've ever had in my life." You don't need the resources. It's your thinking.

Those people can also go and go, "That was the most stressful thing I've ever done. It was so depressing. We could have helped people so much more." That's probably also true, but why choose to think about it that way? Because it doesn't change anything. It just makes you feel horrible.

Mary: Yeah, it just makes you feel bad. Yeah.

Katrina Ubell: Yeah. Yeah. This is that stuff that really starts to change your whole experience of your life, because you're like, "Now I'm excited to go to work."

Mary: Right, and I am tired of like anxiety dictating my reactions to everything. It sort of just sort of permeates around...

Katrina Ubell: It's sort of like anxiety is behind the wheel and you're just like hanging on for dear life.

Mary: Right, right. So every interaction I have it just sort of feeds, yeah.

Katrina Ubell: Right. It just feeds all of that, yeah. It's so good to have that realization. What you have now is a lot of really good information for you to think about, and then you go into work going, "Okay, today I'm going to try it this way and see what happens." And then for sure someone is going to come in and try to die, and then you're going to go into your whole kind of scenario like you've always done in the past, and at the end of it you're going to be like, "Oh, right. What if that had been different?" And then you're going to practice that and go, "Okay, you know I did have a few moments where I felt like, 'No, no, this is actually kind of exciting. This is why I do this. Okay, good.' I just need to extrapolate on those next time." This isn't going to be like from one day to the next you're like completely never

Mary: Perfectly great.

Katrina Ubell: ... ever again. No, but it's going to take practice and effort, but what else could be more worthwhile? Think about the fulfillment that you get from your job. Not only are you completely connected to your son and providing this amazing life for him, you're also a total badass doctor who saves people's lives 90% of the time. I mean, what?

Mary: Yeah, and who's enjoying being at work.

Katrina Ubell: Yeah, exactly. I mean, seriously I'm so excited for you already. Your life sounds amazing to me. So I think you have enough homework

Mary: Yes, yes.

Katrina Ubell: ... for today.

Mary: Yes.

Katrina Ubell: Do you have any questions about what we talked about?

Mary: No, I don't.

Katrina Ubell: Okay.

Mary: I'm good.

Katrina Ubell: All right, Mary. Well, thank you so much for being willing to come on

Mary: Thank you, thank you.

Katrina Ubell: ... the podcast. I know everybody is going to appreciate it so much.

Mary: Thank you.

Katrina Ubell: You're welcome.