

"12 Steps" toward healthier attitudes and coping strategies

Steps 4 & 5:

"making a personal inventory of our problems, strengths, goals and dreams; sharing our list with trusted others"

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Step four in the Physician Health Program's "12-steps for medical professionals who seek rehumanizing," is about honest self-awareness. If we have prepared adequately by applying the first three steps, this step need not be so daunting. It may be tempting to take a few moments to think about this inventory, then move on. But this is not an exercise of idle reflection. It's time to take pen and paper and complete this necessary job.

First, we need to examine the problem areas of our lives. One useful way to get started is to consider our basic appetites. Do we eat well balanced meals and snacks at the appropriate times and in the right amounts for us? Is sleep elusive, interrupted and generally insufficiently restorative? Is there sufficient refreshment in our lives from hobbies, holidays, leisure and social pursuits? Do we spend time with our family and close friends? What is the condition of these essential relationships? What about our sexual and emotional intimacy needs? It's not unusual to find emotional suppression or "frozen feelings" in health professionals. Are we fully aware of the impact that unsatisfied hunger for all of these can have on our lives? We begin our list by recording our assessment of each of these in a column on the left side of the page.

It's tempting here to claim that problems resulting from any of these

deficiencies are not of our making — that they are the result of the external demands and pressures of our profession. We include any of these problems on our list regardless of how we perceive them to be caused. Keeping an open mind on this issue will help. Beside each item on our list we record, using all the honesty we can muster, our personal thoughts, attitudes and beliefs that have been a factor in denying us satisfaction in these areas. An example would be that we often skip breakfast due to the early hour that we begin to see patients. It is our belief that we do so in order to meet an increasing demand for our clinical services. This belief is accompanied and enabled by our deeply ingrained attitude that patients' needs come before our own: in this case, our nutritional needs.

Continuing our inventory down the left side of the page, we next list our resentments, naming the people and institutions that draw our ire.

Include anyone, or anything, from the personal and professional areas of life that have caused us to harbour lingering negative feelings, such as anger, fear, jealousy or guilt. Do we feel tension at the mere thought of any of our colleagues? Do we blame hospitals, governments or professional associations for our troubles? Who, or what, is blocking us from realizing our ambitions? Don't forget other individuals or institutions unrelated to work that drain our emotional energy. Which members of our family have upset us? Have we felt betrayed or cheated by former friends? Is our relationship with the tax man grudging and full of bitterness?

But remember, we are taking our own inventory — not anyone else's. Examining each resentment thoroughly and fairly, we seek to understand our part in each one rather than search for fault in others. How has our behaviour affected us and

our fellows? For every resentment listed, consider and record beside it which of our own character traits, shortcomings, attitudes and beliefs, are at play. Is there an excessive pursuit of money, power, control or prestige involved? To what degree is our sense of entitlement a factor? Has our narcissistic self-image been injured? It's remarkable how the slightest offending word or deed from another can prick our self-esteem, even while we portray ourselves, and imagine ourselves, to be impervious to such things. To what extent have self-seeking urges impaired our ability to co-operate with others? Maybe our problems have more to do with self-denial: too often saying "yes" to the world and "no" to ourselves. Sometimes our own limitations cause us to exploit those we perceive in others. Is there a fundamental psychological or spiritual lack of satiety in our lives that compels us to practise medicine as we do, creating conflict within and about us?

These may seem like revolutionary and impertinent questions. If we have been truly wronged by others, how is it that any character problem of ours can be revealed? Righteous indignation is appealing in circumstances like these, but offers us no personal insight. It takes courage to look honestly at ourselves. It may also require some help. Anyone who has completed this exercise to his or her own benefit would be willing to offer advice. Sometimes, professional counsellors, therapists or clergy can help with this endeavour. None of us is beyond learning something of ourselves through this process, nor are we so horrible inside as to render this activity futile. We are human, and capable of facing our liabilities in order to know ourselves better.

At this stage, it's important to be thorough. After some reflection on the work done so far, think about other character traits or limitations not yet revealed that have contributed to a sense of isolation. List them as well. Don't forget to consider common traits among health professionals, such as an over-developed sense

of responsibility, approval-seeking, caretaking and people-pleasing.

After this review of our problems is completed, we begin to list our strengths — those of our qualities that influence behaviour that has a positive effect on us and others. Surprisingly, this may not be as easy as first expected. We may have developed a habit of thinking in negative terms, and a reversal of this tendency does not come naturally. We all have assets that we wish to preserve and apply to our process of re-humanization and emergence from isolation.

Creativity, energy, motivation and commitment are traits that have been common to most of us. We had to have a highly developed sense of purpose and dedication to learning in order to become physicians. Honesty, open-mindedness and willingness are now added to these strengths in

growing measures as we proceed through these steps. Kindness, charity, love and concern for others will appear on many of our lists. We take time to expand this list as much as possible, considering and adding each of our unique talents. These are the traits that have helped us in the past. These are the tools we will use to create health and peace.

Finally, we turn to our goals and dreams. Once so important to us, many of us have lost sight of all but the most immediate, and mundane, of goals. We focus on completing our shift, finishing our surgical list, seeing the next patient, making it home at the end of the day. We're in "survival mode," and barely doing that. Forgotten are the wonderful plans and dreams we had for ourselves, the stuff that propelled us joyfully from moment to moment.

OMA Physician Health Program 12 Steps for Medical Professionals:

Suggested Guidelines for Physicians Who Seek Rehumanizing

1. We admitted difficulty living as a medical professional only, that problems arise from this single focus in life.
2. We came to believe that accepting help and support from everything life has to offer could restore our physical, mental, social and spiritual health.
3. We made a decision to turn our will and our lives over to the care of our fellows who have learned these lessons and a Higher Power as we understand one.
4. **We made a searching and fearless personal inventory of our problems, strengths, goals and dreams.**
5. **We shared our list with trusted others, acknowledging our character weaknesses, virtues and humanity.**
6. We were entirely ready to accept the help available to address our basic human needs.
7. With humility and an open mind we sought to correct the shortcomings in our lives.
8. We made a list of all persons and institutions we resented and became willing to address these issues.
9. We made direct amends where necessary and took any action required to relieve these tensions, except when doing so would harm others.
10. We continued to monitor internal feelings and needs, promptly admitting when we had a problem.
11. We remained open and responsive to help, guidance and love we can receive from others who care about us.
12. Having achieved personal revitalization as a result of these steps, we try to carry this message to the others in our lives, and to practise these principles in all our affairs.

Still with pen in hand, we recall those particular goals we set for ourselves. Perhaps they may be considered on a short-term and long-term basis. Have they changed? Have we added new ones? Have they shifted in quality from professional, to personal and family goals? As we have been reviewing our values and priorities, these considerations are included.

Our destiny in life, after all, depends upon our actions. Our actions are motivated by our will. Our will for ourselves comes from our desire. And our desire arises from our dreams. The loftiest dreams we create for ourselves will determine our highest destiny and help define who we really are.

Step Five

If we have been honest and thorough, we have completed an exercise in self-awareness. Our problems, resentments, and corresponding character traits, attitudes and beliefs have been named and listed. So have our strengths, goals and dreams. This may have been an uncomfortable

task, but illuminating and liberating as well. More than aware, we might feel awe, as well. Much is to be done in order to find relief from the problem areas of our lives, further develop and utilize our many strengths and talents, and realize our goals and dreams. The step four inventory provides a foundation for the work to be done in this and the following steps, and forms an essential point of reference for us.

Now that important truth, as we understand it, about ourselves is exposed to view, it would be a shame to relegate it to the darkness of a drawer, back to the realm of the secret. Having acknowledged these traits and strengths personally, it's time to share them with another. Our professional tradition has been to hide our deficits from colleagues and others. But our personal healing depends on sharing.

With whom should we share? Most select a single, trusted individual. Such a person may be a friend, a member of the clergy, occasionally a colleague or a personal physician. Some may choose a psychiatrist or therapist for this purpose. Less often a family mem-

ber would be chosen as there may be conflict, or personal hurt possible that would limit a thorough disclosure. Regardless of the choice, the individual must be fully informed about the process and its purpose in order for them to be of maximal help.

Of course, total confidence in their integrity and discretion is necessary for our comfort, sense of safety and willingness to be complete.

The person hearing our list should provide encouragement without judgment. They may wish to share something of themselves, but only in a way sensitive to our needs. The purpose at this stage is not to give or receive advice. Our goal is to unburden ourselves while receiving a measure of acceptance and validation for our problems, talents, and ourselves as individuals apart from our professional identities. With the conviction and courage obtained earlier in this process, we allow ourselves to become vulnerable. We connect with another person at a human and honest level. We begin to acquire some humility.

Some mention should be made of a Higher Power. For those who choose to have a relationship with a Higher Power as part of their spiritual practice, sharing their list with the God of their understanding should be included in this step. If comfortable, this might be considered a form of confession. It might be said that a Higher Power of our understanding knew all along about the content of our list, but it's healing for us to share directly with this "trusted other" as well a human one. We can also receive courage and support for this process from this source.

There can be enormous relief derived from this practice of sharing — even before our limitations have been specifically addressed. But now that our problems are in the open, we can begin to deal with them constructively.

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