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John Moe: One of the most reassuring facts I know is also one of the most terrifying. It's this: every single human in the world is a human. And as such, they are flawed. They are vulnerable. They are—I'll put it gently—bumbling through this world, just like you are and I am. Oh, there are brilliant people out there, confident people, people you would be thrilled to have in position in a scary situation. But no one's perfect. Anxiety, trauma, burnout. These are regular things that can happen in anyone's life. It's like with parents. You think they're all powerful until you realize that they're just making it all up as they go along. They're improvising. You especially realize this when you're a parent.

And yeah, of course, you know this. I know this—that everyone's human. But there are situations where I try not to think about it that much. Like with airline pilots, or whoever decides which train is going on which track, or doctors, and nurses, and really the whole medical establishment. But they are human. What's intriguing is that sometimes medical professionals believe that they have to be more than human, bear more than humans can bear, overcome being a person. Which is impossible. Let's talk about that.

It's *Depresh Mode*. I'm John Moe. I'm glad you're here.

Transition: Spirited acoustic guitar.

John Moe: Dr. Jessi Gold is a psychiatrist and professor of psychiatry. She's the chief wellness officer for the University of Tennessee system. She's a human being. And she's the author of a new memoir, *How Do You Feel? One Doctor's Search for Humanity in Medicine*. It's set during the emergence of COVID, spotlighting Jessi's own story and the stories of many other medical providers under her care. The book deals with perfectionism and burnout and depression, and with an already precarious healthcare system—staffed by just humans—put to an incredibly powerful stress test.

I think some of this will resonate with you even if you're not connected to this field at all. And it might make you see doctors and nurses a little differently. Jessi says the title, *How Do You Feel?*, isn't just small talk.

Transition: Spirited acoustic guitar.

Jessi Gold: Yeah, so when you go to psychiatrists, they're also often saying things like, "How are you doing? Or how are you feeling?" And that's part of it, I think. But also, when you are a person who takes care of other people and forgets to ask yourself, the "you" is the important part. And so, I think it's really like the "how do you feel" part that matters. It's something I realized I didn't ask myself very often. And as much as it kind of plays the dual role of that's what I do in my job, it's also what I should be asking myself. And all of us should be.

John Moe: It's a memoir, and I read it and enjoyed it very much. It's really concentrated on those first several months of COVID-19. Why was that the focus? Why did you want to write about that in particular?

Jessi Gold: I never set out to be like, "I'm going to write a COVID book." And I'm hope it doesn't feel like to people that it's too COVID. I think that COVID just brought to light a lot of issues. And particularly in healthcare workers, it was a stressor that we had never seen the likes of before that brought out a lot of the existing problems and cracks in the system in a way that I don't know anything else would have. And it made it so people were talking about it and thinking about it.

And for me, I was a psychiatrist who saw healthcare workers—as I am now. And it was a very different experience for me than could have been any other time in my life, in what I was hearing and what I was doing. I really wanted to talk about what that was like and what it's like for us to not realize that we are human doing our jobs. Because I think we jump so quickly at the hero thing and the need, especially in a pandemic, to just do our job, and show up and do our job, and forget like this job is really hard. And it was important to me to draw attention to and light to what it's like to do our jobs, but also, you know, my own story and how I don't always notice the things that I do tell other people to notice in themselves.

John Moe: Mm. Tell me about when you met a patient named James. Tell me about that incident, if you could. It might be painful to tell.

Jessi Gold: It's not so painful. You know, it's like one of those things that writing the book actually helped me like extra process it.

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So, I had been processing all along with my therapist, and I think realized how much of an impact that time period had on me in processing it along the way. But then going back and writing too was like this extra layer of processing, which I think was really healthy for me and really important for me. So, I have no problem talking about it, but I do think it is important for people to realize that it can be hard when it is a story like that. So, for me, I don't like to make mistakes at all, because I'm a perfectionist. And I think I especially don't like to make mistakes when it hurts somebody. And in my job, it's less obvious when it hurts somebody. So, I've had people say that this particular story is not as bad as I thought it was. But to me, when people tell you a lot about themselves that they've never told anybody else, anything you do that might hurt them is painful. And for me, I forgot that I met him.

So, um, I've never done that before. And I did it in a very obvious way. It wasn't like I slipped up on his name. It's like I re-went through my introductory spiel. Like, I told him the whole story. *(Chuckles.)* You know, "Hi, I'm Dr. Gold. This is the appointment. Here's how the—" You know, I just kind of went through the whole thing, like I was a machine.

And he was like, "I know who you are. I've met you before." And I just—I mean, I tried very hard to not <u>show</u> him what I was feeling, but it really did not do good things to me in the moment, and in my brain—which you can tell in the book. But I just felt badly, because I think if people tell you stuff— You know, your relationship in psychiatry, in all mental health professions, is key to success. And if someone doesn't trust you, they're not going to talk to you. And if you forgot who they were—*(chuckles)* I mean, trust—I mean, I wouldn't necessarily trust someone who didn't remember me. And you know, it is hard when we have big caseloads to remember people, and I do have grace for myself in that. But I'm usually

better than that, in that I've had time to like at least quickly look at the chart and remind myself or something. But I was just so off and so rushed and so behind, and I didn't even have time to do that, that I just wasn't doing my job well.

And it might not seem to everybody—like, I didn't cut off the wrong leg, right? *(Laughs.)* Like, that's a really obvious mistake to people, where they're like, "Of course, that's really traumatizing. Or of course, that really affected you." But for me like something like that is like that. You know? I really ruptured a relationship that didn't need it, and I had to work really hard to recover it. And it did not make me feel good. And I also was really concerned that like my own stuff was the problem as opposed to just like I had a bad day; like I made an error; we're human; that sort of thing. I was like my life and whatever's going on with me and my burnout—which I didn't call then, burnout—is obviously impacting my patient care.

And that's a problem. And that scares me too, you know.

John Moe: Mm. What's it like being a perfectionist in the sometimes-murky world of mental health and psychiatry?

Jessi Gold: *(Laughs.)* It's hard. I mean, it's hard to be a perfectionist in medicine to begin with, but yet it attracts us. Like, we're drawn to it in so many ways, because it feels like a place that you could win in overachieving and prestige and all of that. And so, it has all of this appeal. But—and like to our competitive natures, which comes with, I think, perfectionism in some component too. But in mental health, like the diagnoses and the treatment can feel vague at times. So, it can be pretty much like you're throwing darts. And that doesn't feel good, especially if people like read, and they go, "Well, what's the data on this?" And you try to make an argument, and you realize it's not a good argument.

And so, I think in mental health, the trial-and-error part can be hard, in terms of like the medicine side. In the psychotherapy side, it's so much about what you're asking and your relationship. And I don't know that you can be a perfect empath or like a perfect human, just like you couldn't be a perfect friend or family member. But I think that we think we can. Like, if I could just be more present; if I could just ask that a different way; if I could just—

John Moe: If I work harder, if I put in more hours.

Jessi Gold: Yeah, if I could just learn to ask a question differently. I mean, you know, in training we record ourselves like in videos and sort of watch it back like tape and get feedback that way. Which maybe people listening would think was interesting, but that's really how we get feedback on question-asking and things that we should have noticed, like cues from a patient, or things that we didn't realize were there, but were in the room. And you know, that way of learning definitely makes you better. But I think there's definitely still stuff that you could improve or that you just have to kind of say, "I guess I won't get that."

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Like, there's no such thing as perfect, you know?

John Moe: Yeah. I mean, I always used to think of perfectionists—and I don't believe I am one—but I used to think of it as, oh, those are the people who need to make everything perfect in order to be happy. But the more I learned about it, the more I learned that, no, perfection is inherently impossible. So, those are the people who are always very frustrated that they can't attain this thing that they desperately want. And they're more commonly marked by that agitation about never being able to get there.

Jessi Gold: Yeah, you know, there's research that there are two types, and one's more adaptive, and one's more maladaptive. And I talk about it a little bit in the book, but like the adaptive side, the perfectionism is sort of fueling you, and you understand that you can make mistakes. You don't want to, because you like being perfect, but it's more like understood and less linked to your self-esteem and self-worth.

In the maladaptive side, if you make a mistake, you don't expect that you should and that a person who is good at what they do doesn't. And so, it really affects you. And so, we see that a lot in healthcare workers. And we see that a lot linked to burnout, but also depression, anxiety, things like that. And I think it makes sense, because if you're told like you should compete with each other and be perfect, any chance that like you could mess up, someone's gonna beat you, or get that spot instead of you, or get to a place instead of you, or attain that whatever instead of you. And so, you try really hard to not do that.

And I think for a long time, I thought if I was really good at my job, or I was really good and successful, I wouldn't burn out—that I could juggle everything; that I wouldn't be affected by my work, as if you could like do better to perfectionist your way out of it. Right? *(Chuckles.)* Like, somehow I will do better at absorbing the trauma of repeated healthcare worker confessions in my office, right? Like, as if there's a way to do that so much better that protects you. And it's just so naive and ignorant a little bit, honestly, when I like look back on it. Because I'm like, actually, I'm good at my job if I recognize that burning out is part of the process if you're doing that much, and that I prepare for it—as opposed to like thinking that it's a failure that it happened.

John Moe: One of my favorite forms of comedy is holding up rational explanations to the distortions that our minds make. Such as, "If I just work harder, I won't have burnout." Like, when you put it like that, oh my god, of course that's ridiculous. But it is—like, you buy into it. Everybody just buys into that way of thinking when we're in the middle of those distortions.

Jessi Gold: Yeah, if I work harder, I'll get better grades. Or you know, we think that if we don't sleep, that somehow that's the answer. And inherently like, you know, if we would have slept and digested the information, it's actually better cognitively and neuroscientifically. But for some reason, we have this thought that like, "20 more minutes. Like, 20 more minutes, I'll be good." And it doesn't work like that at all, you know?

John Moe: Now, your book spotlights a few people who I understand are composites of a lot of people that you spoke to. But in these conversations, even in these composites that take place during this initial onset of COVID, there seems to be a lot of real denial about mental health conditions in the medical community. Like, people might know that there is such a

thing as depression or burnout or trauma or trauma response, but there's just a lot of denial about it. Why is that?

Jessi Gold: Isn't that bad? When you say it like that—speaking of like saying things out loud that make you like just go, "Oh, man."—it just is sad. I mean, I think we have a lot of stigma in our community. I think we come from the same world everyone does that gets some degree of stigma just existing, right? Reading the newspapers, seeing headlines, watching television, come from our own cultural backgrounds. And then we're thrown into school, where we're modeled—maybe not even purposefully—that you show up no matter what; that like you must be like bleeding to miss work; that emotions are not like something you should show; that a best doctor is a stoic doctor.

Then you see them make offhand jokes about emotions and patients with heightened emotions, or they're like, "Oh, we should call psych!" Aou know, and like kind of make fun of psych. And so, what you're learning is like, oh, I don't want to be someone they make fun of, and I don't want to be someone that isn't a good doctor or isn't a perfect whatever. And so, I'm just going to shut this all down to fit in, because I think that's what I need to do. And then, you know, even if—like, there's data that even if we come in thinking it's totally normal to ask for help for a mental health condition—

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—that we worry what patients will think, what our supervisors will think, what our peers will think, what our next like step of application processes will think. And as a result of that, we don't talk about it. And like, if we got help—we don't, or we wait a really long time to get help, and we have high rates of pretty bad outcomes as a result. And I think both of those are not great outcomes as a result of a culture that stigmatizes mental health despite treating it. Which is bad. And I think, you know, if I'm a patient, and I'm at home, and I'm like, "Why is it bad that my doctor like stigmatizes mental health for themselves?" I think that we inherently take that out on patients, like without knowing it. Because we don't want to talk about feelings as much, or we think it's silly, or we try to change the topic.

Or you know, I've heard people say like, "Oh, I started talking about the way it made me feel, and a doctor like walked out of the room!" Right? Like, it's not that they are intentionally doing it. There's some unconscious kind of thing to it, but it's like if you haven't dealt with it in yourself, it is <u>really</u> hard to help other people. You know, in my profession, my job is to do that, so I can still do it even if I haven't really dealt with it in myself. But in a lot of the other healthcare professions, you're like cutting, or you're doing something completely different. So, you can mostly avoid it if you'd like to. And I think that's really hard.

Transition: Spirited acoustic guitar.

John Moe: More with Dr. Jessi Gold, shining a light on the mental health of the lab coat set, after the break.

Transition: Gentle acoustic guitar.

John Moe: Back with Dr. Jessi Gold, author of the memoir, *How Do You Feel?*.

I wonder if the general public is culpable in some way for all those—you know, all the people applauding doctors from their balconies, and—you know, kind of a superhero thing that then led to them not recognizing that, no, they're human; they can have these problems—and that bad outcome trickling down to patient care.

Jessi Gold: I mean, superheroes don't cry. You know, inherently. I've never really seen one. I've never seen a superhero go to therapy either. And so, I mean, I do think that we lose the narrative in that—like, don't get me wrong like clapping for us is better than yelling at us and telling us we're like horrible people. *(Laughs.)* Which happens too. And I think it does make us feel seen in a way that we like don't otherwise. But I think feeling seen, we then feel more responsible to just keep going and do everything we can. And it was in the context of so much unknown, like treatment wise, like protection wise, what it did to our family wise, what it could do to us wise.

And so, like all this stuff was really unknown. And so, you were just kind of running into the fire, because you were told to. And I think it activates the same thing is us like if somebody in front of us is sick, we still know our job and duty is to try to help them. If we're on a plane, and they ask for a medical professional, we're gonna go—even if we're a psychiatrist, and we shouldn't be the first choice for anybody on a plane. But if you're the only choice, you still have that training, and your job is to help. And they train you that like that's what you're supposed to do. And so, you do. And I think with the pandemic especially, there was no time to do and then breathe. It was like you just keep going.

And then eventually—I think the first time I ever really felt like my patients took a breath was like when we had the vaccine, and you saw them genuinely have an emotional reaction where they like smiled and stuff. But I think it just gave them like a second to go like, "Maybe this is gonna be a little better, maybe I'm more protected, maybe I'm okay." And like they didn't still like really acknowledge their emotions so much; they just knew that they could take a breath. Which is important.

John Moe: Yeah, which is a breath at least. You write about your own mental health suffering, even as you care for the mental health of others. Could you be at your best as a doctor while not being at your best as a patient?

Jessi Gold: No. *(Laughs.)* I mean, I think I <u>think</u> I can sometimes. I think that, you know, we have a lot of guilt around the burden of what happens if we don't show up. So, if we don't go into work, somebody else might have to instead. And in residency, they would like call someone off a fun rotation—like their elective—and be like, "Now you have to work consults, because Jessi's sick." And that just puts you in such a bad position where you're really like messing up other people's stuff, even though it's not something you should really be thinking. It's just the way we're taught.

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And then once we are in our own practice, sometimes that still exists. Or if you're on a hospital rotation, sometimes that still exists. For me, it's like if I don't go, like all those

patients don't get care. Because there's nobody to cover for me. And so, for me, then I have to reschedule them all, but my schedule is packed. So, it's not like they could come tomorrow if I feel better. It's like they'll come in a couple weeks. And so, sometimes I'll like look at my schedule, and I'll be like, "Can you cancel my 10? Because they're okay waiting. But I'm gonna still make it through the 8, even though I'm not perfect, because I don't know when the 8 would be seen."

And so, we put so much on us about like each individual patient, their particular scenario, and how if we're not there, we're hurting them. And I think that's really hard. And I think for me, like absolutely when I'm burnt out, I'm not as good at my job. I am not as present. In psychiatry, I am the tool. So, if I'm not as present, I can miss stuff. Like, not just a name, like I can not pay attention to important things that someone says and subtle cues, like I'm less good at that. Right?

And so, I don't think I'm as good at my job, but I also think that sometimes I have to show up anyway. And I'm working on that, knowing what that looks like. But I think it's a hard thing to break, especially in a system that like completely lacks redundancy, and you're kind of the only— A lot of the time, you just feel responsible for everyone. And it makes it hard for you to go, "My stuff measures up enough to deal with this." You know? And I think as clinicians, we also hear really bad stuff. And if, you know, we're burnt out, but like our patients have trauma that they're talking about, you're like, *(sardonically)* "Oh, poor me. I was working so hard, and I'm tired."

You know, like you just start dissing yourself for feeling bad, because you're listening to all this bad stuff. And so, that's also a thing. You're like, "Do I deserve to take time off when all these people are showing up to their jobs and their situations?" And it becomes like a pretty bad competition of trauma and deservedness. And I mean, I'm working on it, but it's still hard to crack.

John Moe: How much—? In the book, you—an expert on burnout—are revealed to be experiencing burnout. And it comes as kind of a charming surprise for you in the book. In a situation that's that dire and immediate, how much does that kind of self-knowledge help? Could it be addressed and abated? Or are circumstances just too pressing, and you just need to say, "Okay, I'm burnt out. Gotta dive back in."

Jessi Gold: Well, you know, like do we just need to acknowledge it, or do you need to cope and deal with it is kind of what you're saying?

John Moe: Yeah, yeah. Like, do you have time to deal with it? And do you deal with it, or do you just have the knowledge?

Jessi Gold: Yeah, you know, I think part of the problem is that we don't tend to notice stuff until it's really, really bad. And so, if I'm not noticing until I'm falling asleep every day after work and not realizing I fell asleep, I blew past level 2, level 3, level 4. Right? Like, I'm way past that. And when you're at that point, you do end up needing to take time off—not because time off's the answer, but because you need a reset. And you need to be away from what you're doing, because you're not doing a good job at what you're doing. But when you're like earlier on, if you're paying attention—asking yourself how you're doing, that sort of thing—

you're able to go, “Oh, wait, that's like an early sign that I'm not doing so well. Like, what is a skill that actually works for me in these circumstances? Is there someone I can call and talk to? Can I talk to my therapist? Do I like exercise? Do I like journaling?” Whatever it is.

Like, those things are more impactful when you're not at a 10 out of 10. The really big problem that we have—especially in healthcare, but I think as an entire society—is like noticing before that or caring before that. You know? I see college kids, and college kids always go like, “I have all A's!”

And you're like, “Well, what's the rest of your life look like?”

And they're like, “Oh, I haven't left my room. I drink all the time. I have no friends, and I get takeout.”

And you're like, “But you're good, because your grades are good?” Right?

And it's just this like—and workplaces are the same. If like your employer didn't tell you're doing a bad job—in fact, if you got commended because you cope with overwork, you're going to go, “Good for me, I'm doing so well!” But like, you're yelling at your partner all the time. You're not sleeping. You're not doing well in the other aspects of your life. But for some reason, that measurement is like the be-all-end-all for us. And I think that's dangerous, especially when you're in healthcare, because it's like, “Did I make a mistake?” Right? Like, that should not be your measure, because the mistakes can be quite bad. But we need to be better at saying like, “My stuff matters before it's a 10 out of 10. Like, I can do more to help myself before then. And I need to know that I'm a person that needs to be checked in on in this process.”

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John Moe: Did COVID exacerbate a problem that was already there, or was there a new problem because of the stress of the pandemic?

Jessi Gold: I appreciate this question, because setting the book like in COVID, you might think that like we were great, and COVID came down from the sky as a fairy and made us all sad, and then we were just sad. And we're gone now, because COVID’s gone, and we must feel better, right? And so, I think that that narrative does exist for people. Like, they want to believe that COVID was the problem, and COVID’s gone, and we're fine. But really the way I frame it and the reason I even said it in the book, like we weren't good, just nobody was caring. Like, they started to do some stuff about it in systems and in training in schools, but a lot of it was like a lecture checkbox or something. Like, they were doing the bare minimum.

But they knew it was a problem. Our rates of burnout were 50% before COVID. Like, that's not good. Above like age-matched peers and equivalent education like paths, we were not doing good. And we already had a nursing shortage, right? We weren't like rolling in nurses either! And then COVID comes, adds new stressors which stress different people in different ways and maybe make a bigger population of folks who are struggling and kind of group trauma impact us too. And as a result, it compounds that existing problem, making it worse.

You know, people would love it to be better now, but it wasn't good before. It doesn't make sense that it would be better now, unless we make real change and care enough to change it.

And I think, you know, with COVID too, like—like, trauma, for example, doesn't have a timeline. And so, it's not like I could say, "Well, I bet in two years, we'll be okay." Because I have no idea. Like, what if you go into a patient room three years from now, and the patient reminds you of a person that died in that experience, and all of a sudden you go, "Oh! That impacted me." And it happens a lot for folks who try not to deal with stuff, which happens a lot in healthcare. Like, I think as much as the world would like to assume that it was just COVID, I also think we would. Like, I think as a population and as a healthcare worker group, like we would love to be fine. Like, we just had a blip where we were not okay, and we all were struggling, but we're good now, so we're fine.

But I think that is also not helping us, because saying that just doesn't make sense. Because we weren't before. And so, we need to have like long-term conversations about this.

John Moe: Yeah. I mean, I do my best to not refer to COVID in the past tense. I do think there is a distinction of the feeling when it was first showing up and the schools started shutting down and all that; I think that is a little different from today, but it's certainly not a problem that's gone away. Cases are still happening. They're on the rise in many places. And there's a lot of people, especially with more delicate immune systems, who masking and isolating is still very much a part of day-to-day life in fall of 2024.

Do you find that, as some of the restrictions have been lifted, that the mental health crisis in the medical community is staying back in those early onset crisis days, or are things evolving?

Jessi Gold: I think they're evolving in that the reasons that we feel bad are not necessarily as tangibly COVID, right? Like, in the moment, if you would have asked me at the time I wrote the book—you know, my patients were dealing with like more deaths than they ever had before, like rationing ventilators, not having protective equipment, not knowing what the disease would do for them. I don't think they're afraid for their safety like they were in that time, which is actually super rare unless you're a doctor that runs into war or something. But most of us don't choose jobs where we like can get sick and die all the time, you know. We're taking care of other people to make sure they don't get sick and die.

And so, you know, I think a lot of those risks and thoughts are better. So, I think that those are not stressors, but a lot of nurses left, and we didn't have a lot of nurses before. That impacts our mental health. You know, our patients aren't doing well, and we don't have enough time to take care of them, because of insurance and the way that system rules what we do. And if a lot of our patients are dealing with the mental health impact of COVID, mental health conversations make things take longer. *(Chuckles.)* And if you're just trying to deal with a cough, but you turn out that they have like depression and need to get help, but they can't get access to someone because of the broken mental health system, you in your 10-minute primary care visit are doing the best you can to help and address that.

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And that's a stressor. You know, I think policy's impacts on our mental health as clinicians is a thing too. I think in a lot of ways we do the best we can in the context of the states that we live in and the rules and regulations in which we live. But I think healthcare is impacted a lot by policy, and that has been a trend more lately. And I think that impacts certain groups of clinicians more than others, but it impacts us globally. Because sort of the fear that somebody could say like, "You just can't do that anymore," even though you know that's the thing that can help people, makes it hard for folks.

So, I think as much as maybe the actual, active stressor is not COVID related, it changes. But we're not better just because the COVID's gone. It's just something different leading to these issues.

Transition: Spirited acoustic guitar.

John Moe: Coming up, we live in stressful times. We all feel it. How does Dr. Jessi Gold handle that?

Promo:

Music: Bright, upbeat synth.

> **Julian:** Hey, it's Julian at MaxFun. Have you listened to the bonus content for *Depresh Mode* yet? You could listen to the BoCo episode that led to a whole new podcast, *Sleeping With Celebrities*. But you can only hear it if you're a member of MaxFun at $5 a month or more. Now, in case you didn't know, any time of year is a good time to join MaxFun at just 5 bucks a month to throw your support behind John and the show that you love. And you get access to the bonus content for every other MaxFun show, too!
>
> There's a lot waiting for you there. So, go on over to MaximumFun.org/join. Thank you so much for your support.
>
> *(Music fades out.)*

Transition: Gentle acoustic guitar.

John Moe: We're back with Dr. Jessi Gold.

Now, most people hearing this aren't psychiatrists, and most people hearing this haven't written books. But you're both of those things. And you've been through a lot of stress. And I know from having put some books out, it's an incredibly stressful time. How are you doing, Jessi?

Jessi Gold: *(Chuckles.)* Thank you for asking. You know, I had a bit of time last week that I kind of felt like a lot of stuff imploded. And some of it was because my dog has been a little bit sick, and we've been going in and out of the vet, and they don't really know what's wrong.

And I'm going to be gone so much with this that I've been anxious about just leaving her. And I don't have kids; I have a dog.

And so, in sort of the underlying busyness of my full-time job—which is new, because I started it in February—my book, and trying to balance that as-is was already going to be a problem. Like, I've been talking about it with my therapist for months. 'Cause I was like, "I don't know how I balance this and still do my job well and feel good about all of it." To then sort of add the dog part definitely impacted me. 'Cause I was like, "I don't have—I don't actually have capacity to be good at my jobs and my other job and deal with my dog." And so, I kind of had a bit of time where I was like, "Oh. Like, this is what I write about." Like, you know, we can't do life and work and pretend they're separate. We have to say like sometimes you just need to have feelings about it, and you need a break. And sometimes you need to just be authentic.

And so, authentically, I am doing better today than I was then. And I am taking it day by day in a sort of serenity prayer kind of way, because I think that helps me like to have the ability to say like these are the things I have control over, and these are the things I don't. But there's like a low-lying hum of anxiety with all of this.

(They laugh.)

John Moe: Yes, the white noise of anxiety.

Jessi Gold: Yeah, it's like, you're like, "Oh, you know, is it still there? Yeah, it's still there!" So. *(Laughs.)*

John Moe: Yeah. Yep. Yep. Still there. It's the tinnitus of anxiety.

(Jessi agrees with a laugh.)

So, what do you—what do the rest of us need to know about our fellow human beings who happen to be medical providers? Like, I don't necessarily feel like I need to address the past traumas of my general practitioner, but we are both—

Jessi Gold: I hope not. That'd be weird. *(Laughs.)*

John Moe: That would be—yeah, it'd be tense. But we are both humans on this kind of—in this dialogue. What do you—as a doctor, as a practitioner yourself, what do you think people need to know about the provider community and mental health?

Jessi Gold: Yeah, I mean, I think it's important to understand it's a real problem and one that needs voices that are not just in our field talking about it. Because if we talk about it, we just look like we're whining.

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But if they realize that it affects you if we don't do our jobs, if we all leave our jobs, and if we could make errors, that's important. Because I can advocate for myself every day, but they don't really care about me. I'm a privileged doctor, right? And I think inherently I am, and that is true. But as a privileged doctor, I impact a lot of people who are not privileged who need my care, because they don't have access to a psychiatrist. And if I quit, they definitely don't have access to a psychiatrist.

So, I think it's important to understand how these issues do fall down to you, even if you don't realize that they do. And keep in mind, they're real issues and ones that we could use other voices in and other advocates in and allies in. I think that it's important that you recognize that sometimes when your healthcare worker avoids a topic or makes a statement that might feel offensive, it might not actually be about you. *(Chuckles.)* Like, I think that, you know, as a patient, so many times I hear the story of the doctor who did X or the psychiatrist who did X. And then they come to me, and they say, "Can you believe that they did this? And it's impacting my mental health in this way." And it makes so much sense that it does. And it's a valid thing that happens.

But I do think it's also important to realize like inherently we're human, and sometimes some of those things aren't really about you. And they're about our own issues that we're not dealing with, or they're about our sleep the night before, or our relationship with our partner. Or you know, whatever else. And so, we're still human in those circumstances. So, when you're interacting with the healthcare system—I would say, especially the folks at front desks and greeters in the hospital and people who answer the phone—like, when you go to get frustrated and mad—which you deserve to be, because a lot of it is frustrating—recognize that the people who represent the system didn't design it. *(Laughs.)* That we are the sort of bearers of regular bad news of a very, very broken system. And as frustrated as you are, we are just as frustrated. But we're just trying to navigate it and support you while we can within it.

And so, as much as you can, try not to yell and maybe take a pause? *(Chuckles.)* You know, as much as you can, try to recognize there is a human on the other side, and we're doing the best we can. Advocate; don't get me wrong. You deserve to advocate; you deserve to self-advocate as much as possible in the healthcare system, and I would never tell you not to. But just recognize that a lot of those things do kind of compound our existing issues with system problems, and we're doing the best we can. And you know, if you say, "Well, why did you just come in and out so quickly?" Like, we didn't make the timing of visits! You know, there's just things that I wish that we could control that we don't. And you know, patients listening and people interacting with folks who work in healthcare listening should just know that like we're doing the best we can within a lot of broken systems. And we see the breaks, but we try to sometimes pretend they don't exist. And so, you might think we don't see them. But we see them, and they impact us.

And you know, like as much as we can, we want to support you. But just kind of—"thank you"s go a long way, I think. You know, I don't get it very often as a psychiatrist. Like, maybe people think it's a boundary break to tell me that they are appreciative or to say thank you. And I actually really like it. I have a little box with anytime someone said something like that and written it down to me, like in a message or a note. Because I don't get like Christmas presents, like primary care doctors do. *(Laughs.)* And so, it's really impactful to me to have that as a place to go when I'm having a bad day. So, you might think it's something

simple to say like, “It was really important that you said that to my father. It was really supportive.” Or “When you did X, like I felt really good.” Or “Thank you so much for everything.”

You're like—it might feel like silly to do it, because it seems like we should know that we're thanked. But we don't, especially in bad days. So, that's an easy thing too, to do.

John Moe: You, in the book, in *How Do You Feel?*, you bring up, *The Giving Tree*—the Shel Silverstein book. And you're kind of shifting perspective on it over the years. I wonder if you could elaborate on that.

Jessi Gold: Yeah, I loved that book! If you would have asked me—I mean, I used it as my bat mitzvah speech, as like this example of just like a great book that taught about selflessness and was so important, and everyone should want to be like the tree and helping everybody. You know, it was like—it didn't make any sense that it would be any different. And I was like a pretty intellectual, cynical kid. It's not like I wouldn't have seen through that. I actually believed that to be great and a good person, you did need to give like that, I think.

John Moe: Yeah, the tree was the hero.

Jessi Gold: The tree was the hero until the tree was a stump. The tree gave absolutely everything to that boy, and that boy just sat on it, right?

[00:40:00]

Like the boy just sat on it at the end! And you're like—I was looking at it, I think, honestly during COVID, and I was like turning to memes a lot. Because they were just like helping me, because I have a dark sense of humor, and I need it sometimes. And I saw like a meme of the boy on the tree, and like—I can curse, right? You said that?

John Moe: Yes you can.

Jessi Gold: And the meme just said, “Fuck this!” *(Laughs.)* Like, you know? And I was like, “That's so true!” Like, and then I had this like epiphany where I'm like sitting in my house; I'm taking care of these healthcare workers who like just keep giving, right? Like, their job is to just keep giving, and they have literally nothing left.

John Moe: They’re stumps.

Jessi Gold: And they're stumps. I feel like a stump, but I haven't realized that yet. And we think that's the right thing to do. And I was like, oh, wow, it's not! It's actually not. Like, we would have been better off if we said no back when we still had branches. *(Laughs.)* Like, then he could get fruit the next time, right? Like, inherently, we actually prevented being like regularly useful, because we let them take everything until we quit, or we left, or whatever. There's nothing left. And I think there were times where, if the tree—to keep with the metaphor—would have like said, “I can't do that right now, or I need to take a break,” the tree

would still be giving the boy fruit, or the next generation of the boy's family could play on the tree. Whatever it is, right?

Like, we have like a cyclical nature to the things we do. And if we can fix ourselves and, you know, go back to what we're doing, we can help more people. And we just don't view it that way. We're like, “We're just gonna give and give and give, and that's the appropriate way of doing it.” And I'm learning that that's not—that like I do need to say no sometimes, and that I do need to recognize the limits of my humanity, and that it doesn't make me a less good giver, right?

John Moe: Yeah. Yeah! Well, how do you pull that off though, in the medical profession? This is what I've never understood, but I've wondered the same thing about social workers working with at-risk clients. Like, when you're—people don't come to you because they're feeling great, and certainly people don't go to an emergency room because they're feeling great. But there are doctors and nurses there working really hard.

Like, the things you describe often result in this kind of burnout. But I just wonder, how could they not? How do you not be a stump in that line of work when the pressure is on so much for so long, and you're so understaffed?

Jessi Gold: This is a really good question, and it's going to have an imperfect answer. And some of it is that we have to recognize the limits of this system and of ourselves and be okay with both. And some of that's like just saying it out loud. Like, we tend to just go through these motions and not go, “It seems really bad that nobody can take over while I'm becoming a stump.” Right? Like we just go, “I guess I'm supposed to be a stump, and this is the process.”

And I think saying some of the things out loud at least helps you feel less alone. Like, you know, people definitely agree about note writing and like timing of visits and the way the system is impacting their work. And you know, there are lots of support you can get in saying some of that out loud. I mean, I even think like—you know, when we have codes, like people go right to eat lunch. And they never even say like, “That was hard.” Right? And I think some of that can make a difference.

John Moe: Can you explain what you mean by codes?

Jessi Gold: Oh yeah, sorry. It's like—you've probably seen it on TV, if someone's heart stops or starts being irregular, they like kind of come on and do this whole thing like CPR, right? And sometimes it's successful, and the person's revived. And sometimes it's not. And either way, if you watch Damar Hamlin get CPR on the field, you're aware that it is pretty traumatic either way. But doctors and nurses weren't aware of that until the whole country told them with that on TV that it was. *(Chuckles.)* So, you know, I think inherently we didn't think it was a problem. And I think saying some of that stuff out loud helps. Because you're not necessarily changing it. You're not changing the demands, but you're recognizing the problems with it and the limits with it and the limits with you.

I think there are also ways in our day where we can say no that we don't take advantage of. We're not good at taking vacation days. We're not good at things like that are already built

into our benefits that are important for us to be like timing out and taking advantage of. You know, I think too I've really worked to try to like take off the bad day and go to sleep or do something else with my friends and not like take that day with me, to then take the next day with me, to then take the next day with me. Like, my therapist has been really big on like transition. So, either beginning of work or end of work.

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I'd use a metaphor in the book about Mr. Rogers and how Mr. Rogers like comes in and changes his clothes after the day and changes his shoes for the day, and how that is like a visual representation of the metaphor. Which is to say like you have to come in, and you have to give yourself the time to transition from what you did, but not just like pretend it didn't happen. But give yourself some space to feel if you need to, write if you need to, listen to music if you need to, meditate if you need to. And then go into your social life or your family or whatever and have that part of your life too, but not just like compounding bad day, after bad day, after bad day, after bad day. Because they will be like that.

John Moe: The book is *How Do You Feel? One Doctor's Search for Humanity in Medicine*. It is available wherever books are sold, because it is a book. Dr. Jessi Gold, thanks.

Jessi Gold: Thank you for having me!

Music: "Building Wings" by Rhett Miller, an up-tempo acoustic guitar song. The music continues quietly under the dialogue.

John Moe: *Depresh Mode* exists because people support it with dollars. That's the only reason we can make the show is when you help us out. So, if you already are helping us out, thank you so much. We really appreciate it. If not, we need to hear from you. This thing costs money to make. It helps people, but it does cost some dollars. Give us some of yours by going to MaximumFun.org/join. Find a level that works for you. Maybe that's 5 bucks a month. Maybe that's 10 or 20 bucks a month. You make the call. And then select *Depresh Mode* from the list of shows. Be sure to hit subscribe, give us five stars, write rave reviews. That helps get the show out into the world.

The 988 Suicide and Crisis Lifeline can be reached in the US and Canada by calling or texting 988. It's free; it's available 24/7.

Our Instagram and Twitter are both @DepreshPod. Our *Depresh Mode* newsletter is on Substack. Search that up. I'm on Twitter and Instagram, @JohnMoe. Join our Preshies group happening on Facebook. Just go to Facebook, search up Preshies. A lot of good discussion happening over there, people helping each other out through, you know, the world. *(Chuckles.)* The sometimes difficult world for those of us who have complicated minds sometimes. Our electric mail address is DepreshMode@MaximumFun.org.

Hi, credits listeners. I think if the election were held today, the overwhelming majority of Americans would be very surprised. *Depresh Mode* is made possible by your contributions. Our production team includes Raghu Manavalan, Kevin Ferguson, and me. We get booking

help from Mara Davis. Rhett Miller wrote and performed our theme song, “Building Wings”. *Depresh Mode* is a production of Maximum Fun and Poputchik. I'm John Moe. Bye now.

Music: “Building Wings” by Rhett Miller.

I’m always falling off of cliffs, now

Building wings on the way down

I am figuring things out

Building wings, building wings, building wings

No one knows the reason

Maybe there’s no reason

I just keep believing

No one knows the answer

Maybe there’s no answer

I just keep on dancing

(Music fades out.)

Transition: Cheerful ukulele chord.

Speaker 1: Maximum Fun.

Speaker 2: A worker-owned network.

Speaker 3: Of artist owned shows.

Speaker 4: Supported—

Speaker 5: —directly—

Speaker 6: —by you!