

Ep #160 : How to Stop Pretending You're Fine with Dr. Erica Howe



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Kristi Angevine

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Kristi Angevine: Welcome to Episode #160. This is your host, Kristi Angevine. And because I'm attending the Women Physicians Wellness Conference this week, I'm replaying this conversation with its founder, Dr. Erica Howe. We talk about breaking the habit of pushing through exhaustion and pretending you're fine when you're not. Let's dive in.

Welcome to *Habits On Purpose*, a podcast for high-achieving women who want to create lifelong habits that give more than they take. You'll get practical strategies for mindset shifts that will help you finally understand the root causes of why you think, feel, and act as you do. And now, here's your host, Physician, and Master Certified Life Coach, Kristi Angevine.

Hello, hello everyone. Today is another rich conversation episode. And I do these to put a human face to the struggles we all share and reinforce that you are not alone and there is a way out of any rut you're in. So, have you ever felt like there's just too much going on in your life?

Like you haven't figured it out? You're not measuring up and everyone around you has it all together and you don't? And even though life feels overwhelming or chaotic and you aren't feeling okay, it's as though you have to put up a front that says, I'm calm, cool, and collected. This episode looks at the alternative to the habit of pretending you're okay when you aren't. My partner for this conversation is Dr. Erica Howe, a board-certified hospitalist whose passion is to inspire women to find courage, clarity, and community so they can succeed on their own terms instead of someone else's.

Although we discuss struggles and stressors through the lens of women physicians, this conversation is not just for women physicians. These same struggles exist across the board in other jobs and other fields. Listen in as we discuss the connection between isolation and shame and the importance of sleep, community, deliberately learning from other people, and really questioning some of the most fundamental narratives about how we are supposed to show up in the world.

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Welcome everybody to the podcast. I am so excited to have my lovely guest here. This is her first time on the podcast, Dr. Erica Howe. Can you introduce yourself to the people who don't know you?

Erica Howe: Oh, absolutely. Thank you, first of all, Kristi, so much for having me. I so appreciate this. This is so much fun. My name is Dr. Erica Howe. I am a hospitalist that is now retired and I now am the founder of the Women Physicians Wellness Conference, which is actually a set of conferences, three different conferences each year in fun tropical locations like Grand Cayman, Aruba and Amelia Island.

Kristi Angevine: So can you tell people, like, since you're clearly not calling in from Aruba at this moment or Grand Cayman, can you tell people like where you're calling in from and maybe like something that you're passionate about or maybe like a hobby that you have that maybe people, They wouldn't know.

Erica Howe: So I am calling in today from Kansas City, Kansas, which is not as warm as any of those tropical locations that I talked about. We woke up this morning with frost on all the cars and yesterday it was like 82 and this morning it was 31. So you know, that's just the way Kansas goes these days.

Something interesting about me, when people ask me my favorite hobby, this is going to sound really weird, but it's sleep. It's actually sleep. That's one of my passions. When they say, like, what's your security question, like, what's your favorite hobby? I put down sleep. Like I am kind of a fanatic after so many years of not getting good sleep with medicine and residency and all the things. And then having three young kids, I'm just obsessed with it.

And I have all of these like kind of tools and gadgets to make sure that like I get a really good night's sleep every single night. So yeah, that's yeah, that's probably something that most people don't know about me except for my husband.

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Kristi Angevine: I just love that you put that to words because I do feel like so many of my listeners, so many of the people that you help in the world, see sleep as one of those things that's it's the luxury and it's sometimes indulgent. It's definitely maybe selfish if you do too much of it and you should probably sleep when you're dead. Definitely not sleep like as important as water and food and connection.

Erica Howe: I mean, you think about just, well, certainly our training does not support us sleeping, right? Or didn't for many, many years. I think we're getting better slowly. Honestly, like the difference in my mood and in my mindset and my outlook on life and all of that has just changed so dramatically since I started making it a priority and like a non-negotiable priority. Like, we're not going to take the early morning flight and we're not going to, you know, go out late.

And I mean, just really like, no, from this time to this time, I am in bed and I am sleeping and it's dark room and I've got all the things and just really making it a priority that is not negotiable in my life and that I really don't sway from in any way. It's really like part of my schedule, to be honest with you. It's so rejuvenating. And after so many years of feeling like I was in such a fog, just, you know, practicing full-time and having the home life and all the crazy things.

I remember we actually went on a vacation to Jamaica and we, you know, they have the blackout curtains, of course, in all the hotel rooms. We got there and we just drew the curtains and we passed out and we slept for 14 hours. And it was like someone turned like the TV set from black and white to color again. Just waking up and feeling like for the first time in ages I was really well rested.

I thought so creatively on that trip and I was able to just brainstorm and just all the things. So I, yes, I'm a huge, I know that's not the topic of this podcast, but I am a huge advocate for sleep. It's one of the main, one of the

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reasons why we only do half days at WPW, because I want you to go take a nap. I want everyone to go take a nap.

Kristi Angevine: No, I think, I mean, one of the things that I teach is that the habituated ways that we think about ourselves and our approach to life in general, they're learned approaches and sometimes they overstay their welcome. And so that idea that like sleep is negotiable and maybe it's a little bit wimpy and it's not as essential as what you're talking about is honestly something that a lot of the listeners here have. And so to have that just very explicit permission, like this is me and Erica giving everybody listening to this permission to consider how sleep can be non-negotiable for you. Yes. I think it's so powerful.

Erica Howe: Please go take a nap and then come back and email me and tell me how great it was. I will say also though, when you talk about it being a learned behavior, sometimes it's a learned behavior because it's taught to us by authority figures or even... For me, it was my parents. My father was a military guy and he felt like naps were lazy. And so we had a regimented kind of when we were going to bed and when we were waking up, but you were getting up at 5:30 in the morning whether you wanted to or not, and there was no napping during the day.

And I really had to reflect on that and how much that was a disservice to me as someone who was then practicing medicine, you know, before these work hour restrictions. And I would feel guilty about going home after I'd been up for 30 hours to go take a nap. And wow, like, I mean, I really had to do quite a bit of kind of mindset work around that and like my life is not going to fit into that box. And some of that is just something that's been taught. Just because it was taught to me at a young age doesn't mean that it's true.

Kristi Angevine: Yeah. We can inherit so many ideas and when we can actually look at them and go, oh, I learned that, makes sense it was taught to me. It makes beautiful sense while you're dead. Probably pass that on.

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Erica Howe: Right. Right.

Kristi Angevine: Right. And we can also decide, eyes wide open, we are going to unlearn that or just say, okay, no, thank you, not for me, and do something different. So this is like the perfect segue to like, I want to talk a little bit about, so first off, when I think about you, I feel like when you're doing these conferences, which is I think what you were meant to be doing with this life. When I went to your first conference, it was at Amelia Island. And I remember hearing about them and I knew it was going to be really good just based on the young people I talked to.

But I didn't know what it would really be like. And I remember within the first maybe two hours of being there, I felt like this conference that you put on was the anti-conference of all medical conferences.

Erica Howe: Aww, that means so much to me.

Kristi Angevine: That was the first thought as I was sitting there. I was like, I wasn't freezing cold. And I was sitting there thinking, this is just the opposite of every conference I've been to. And meaning, you know, instead of things feeling really formal and freezing cold lecture halls and you know, not being able to really connect with anybody, everything felt comfortable, felt warm. Yeah, everything was relaxed.

There were small tables. We had assigned seating that was different every day. So we got to mingle with other people. There was workshop time where we talked, ample time to reflect. And as you mentioned, in the afternoon, go synthesize things.

And so can you just tell people a little bit about the conferences and why you create them the way that you do?

Erica Howe: Oh, yeah, absolutely. Well, and so that kind of bleeds into kind of the story of where I was at in my life when things started and when I started WPW. So if you're OK with it, I'll kind of I'll talk about both. So I was full-time practicing hospitalist, doing all the things, academic, trying to

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publish, trying to, you know, teaching on the side, all the stuff. I ran a faculty development course and I had three small kids.

And I remember for many years, I had seen, you know, through media and through just colleagues and people, you know, my attendings when I was a learner, what looked like the perfect physician. And that was somebody who was cool and calm under pressure, and they were always fine. They always had everything under control. And very quickly when you throw kids into the mix and any sort of major life event beyond just practicing medicine full-time, all that goes off the rails and you feel like you don't have control of things and you're not that cool, calm physician.

And that was what happened to me. I felt like I don't have this figured out. I don't know how to do all of this. Like, why does everybody else look so like cool and calm and collected and I'm not? But I tried to kind of give that air. So people would ask me how I was doing and I would always say, I'm great, how are you? And you know, just change the subject.

And I remember one night, I had a colleague walk past my office as I was packing up to leave and I was late again to pick up my kids from daycare. And he walked by and he said, oh, hey, Erica, how you doing? And I said, great, how are you? And he said, great, see you tomorrow, and he left. And I remember stopping in my tracks in that moment, and I had just been ruminating about all the things that were not great. And I'm like, why did I say that? Why did I tell him I was fine? I'm not fine. I am so far from fine. I feel like I'm drowning. And I didn't know what to do about it. And I had not known what to do about it for years.

But I remember in that moment saying, I'm just not going to pretend that I'm okay anymore. So I remember like making a pact with myself, the next person that asks me how I'm doing, I'm actually gonna tell them. So I jumped on the elevator and I took the elevator down to this hallway that leads, led from our offices in the hospital to the parking garage. And lo and behold, as I stepped out, I ran into a woman physician who was a friend of

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mine. And God bless her, guess what she asked me? She asked me how I was doing. And you know I didn't say great.

So in that moment, I just kind of unloaded and was like, you know what? Like I know I should say I'm great, but I'm not. And here's why. And here's all the things. We don't have any food in the house. And I don't know what I'm gonna serve for dinner. And I feel guilty that I'm late to pick up the kids again. And I really wish I had spent more time with my patients today. And I just, you know, verbally vomited all over her.

And she did something really wonderful that women do for each other. And first of all, she said two really incredible, powerful words to me. And that was, "me too." And for the first time, I mean, I can't even tell you, like, even today, like, tears come to my eyes when I say those two words because I had felt so alone, so alone. Like, I'm the only person that doesn't know all of this. I'm the only person that does not have it together. And for her to share that with me just in that moment was so... just... it was like this weight came off my shoulders. Like, really? You too? Like, oh my God, I'm not alone.

And then she did this other amazing thing that women tend to do. And she strategized with me. And we had like a minute and 37 second walk to the car. But in those minute and 37 seconds, she started to drop all of this knowledge and these strategies like, okay, so here's what I've done. And this was like eight or nine years ago. She was like, there's this thing called Amazon Prime.

And I was like, what? And she's like, and there's another thing called Instacart, and they bring the food to you. And I was just like, OK. And so she gave me some strategies in those couple of minutes. And that changed everything for me. That whole 45-minute drive home, I just was like, she's literally changed the course of my life in this two-minute conversation I had with her. Because I don't feel alone. I feel like other women are going

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through this. And I also feel like she gave me something to work with, you know, something to make my life a little bit better.

So I used to call that the hallway of shame because that was the hallway I would walk to where I would feel all the guilt and I would just reprimand myself for the entire two-minute walk on all the things I was not doing right. I should have done this. I should have done that. I was shooting left and right. And then suddenly that changed and it became the hallway of strategy for me. And it became this place that I really looked forward to going to because I might run into somebody that I hadn't seen in a while. Hopefully it was another woman physician. And she I could I could I could commiserate with her in the very least. And I could learn that she's going through it to whatever it is, and connect at least in that way. But then on top of that, maybe she'll tell me something that she's figured out that I haven't figured out yet.

And so that was really how WPW started to get born. It was just this slow little seed of like, we need to come together. Like we need to be a cohesive group and we need to come together as a community and support each other. We cannot all be living in these silos, being isolated and thinking that we're the only ones going through this because we're not. There's so much power and support in being there for each other.

I remember one of those hallway of strategy talks. I was walking down the hallway and our two minutes was up and we were at our cars and a woman turned to me and she said, gosh, I just wish we had some way to just escape all of this craziness and we could go just sit together on a beach somewhere and really brainstorm because I feel like we could solve all the problems of the world.

I just remember thinking like, yeah, that sounds perfect. That's exactly what we need. We don't need to... I mean, 2 minutes is great. I'll take it if I can get it. But what we really need is 2 or 3 days or, I mean, heck, perfect world, 2 or 3 weeks to really like come together as a community without

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any of the distractions that we all have in our daily lives, set aside our medicine for a minute, set aside our family hats, and just come together and start to learn from each other. Because there are things that Kristi has figured out that I haven't figured out. There might be things that I figured out that you haven't figured out. But if we come together, we can all learn from each other. And we can support each other and start building a community.

And so I had developed a faculty development course. So I knew about CME and how to get CME. And I had been doing a lot of public speaking around medical education. So I knew a lot of other speakers. And I thought, well, I've planned a wedding before. So this is my Achilles heel, though. I think everything's easier to do than it actually is. And that's how I get started. And then I've like realized how much harder it is than I ever thought.

Kristi Angevine: Can I just say something? That is such an amazing Achilles heel to have.

Erica Howe: Thank you.

Kristi Angevine: Like it's kind of a superpower. And I mentioned that not to get us too far off track, but just because I think many of us have the opposite. You think it's going to be so much harder and therefore never start. And so yours is sort of like, you don't have the inertia of starting, you just start and you go, but now you know that you're like, oh, I can anticipate that what I think will be easy, maybe more complicated. Good to know. But anyway, go ahead.

Erica Howe: I do tend to try to break things down always into smaller parts, like, okay, so what does this have to look like? I don't have to do all of this in one day. You know, I need to do X and Y and Z and then kind of trickle it down from there. So that helps even when it feels like it's, you know, how to eat an elephant one bite at a time.

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Even when I'm looking at the elephant, I'm like, okay, I don't have to eat the whole elephant today. Like, you know, we're going to work on, you know, three bites today and two bites tomorrow and kind of go from there. So definitely the work piles up after that when I get started, but in this case it was definitely a blessing for sure.

Kristi Angevine: So I can totally see, I mean, that makes so much sense that now there would be this national conference that happens in these three beautiful locations that is that space away where everyone can step away, have this uninterrupted, protected time to connect and strategize. I mean, so you have done it. It's amazing.

I'm thinking about you walking down the hall that time where you were just you've gotten to the point where you're just like maybe just fed up pretending fed up of the facade. And I'm imagining that feeling of being fed up is what allowed you just to like open up to that one person there.

I hear a lot of people who are like they want to share they desperately want that connection and they're scared of oversharing of maybe telling somebody too much and the person not saying, "me too." The person be like, oh, that's nice. See you later.

So do you have any advice for somebody who's listening who's like, Yes, I would like to convert my hallway of shame to a hallway of strategy, but I freeze or I worry and then I don't say anything other than, how are you liking this weather?

Erica Howe: So there were two kind of powerful things about it was it was a short hallway. So even if the conversation didn't go well, it was going to end very quickly. So that was to my benefit. The other thing that I think was really powerful was that I had no expectation for any response. It wasn't about what someone else was about to give back to me.

It was what I was no longer willing to tolerate with how I was acting, with what I was doing. Does that make sense?

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Kristi Angevine: It makes perfect sense. Yeah.

Erica Howe: It was really, I had no expectations that my friend was going to say, you know, this is Amazon Prime, you should look into it. I didn't think that at all. I just got tired and I realized that this isn't working, so I'm going to make a change with no expectation that it'll go any better. At least it'll serve me better.

Kristi Angevine: Yes. And that right there, that's the skill to practice. This is how I decide that I want to show up for reasons that are really, really, really important to me. And I'm going to release any expectation for anybody else's response.

But it almost doesn't matter how they respond, because what matters most is I'm doing this for me for reasons that are important.

Erica Howe: This was really about me just being tired of not being authentically myself. And I wanted to be authentically me. And authentically me doesn't have much of a filter, says what she thinks, is really an open book to just about everyone, and wanted to be happy. I think I'm just generally a happy person and I wasn't feeling those emotions because, not just the workload and all the things, but because I wasn't acting like the person that I really am deep down inside. My soul was not able to kind of shine in those moments.

And so I just needed to open that door for myself, regardless of what other people were gonna say. And let me tell you, I mean, doing anything big, you're gonna get criticism. You can be the biggest, juiciest peach in the whole world, and there's gonna be somebody out there that doesn't like peaches. Right. Just because I have a great kind of leading story into WPW, does that mean that I didn't receive some not-so-kind comments from men and women about creating a conference that wasn't your typical academic conference.

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It is. I do want it to be the anti-conference. I think that's actually what we need the most right now. We don't need another academic conference where someone talks to me about the treatments for atrial fibrillation. We need more focus on how we're going to practice medicine for 30 years and stay in medicine, especially as women physicians.

I mean, we have the highest suicide rate of any profession. Any profession. This is incredible and so disturbing. That's what we need to be addressing. We can look up the treatment for atrial fibrillation.

Kristi Angevine: Yeah.

So, I mean, so let's take a minute and focus on, you know, that you mentioned feeling alone and feeling isolated. And I think that, I mean, that really connects so much to the suicide rates that we see. And, you know, we know that like the statistics show that physicians oftentimes will be really stealthy and hide any, you know, any attempts to seek well-being services, like whether it's therapy, coaching, counseling, because there's that stigma about having anything wrong, which gets back to that, the facade that I need to show that I'm completely confident, settled, fine, and nothing's gone wrong. Nothing's gone wrong. Nothing's gone wrong.

And we see the suicide rate in physicians are higher than the general population. They're significantly higher in women physicians than they are in male physicians. So when you think about the isolation piece, how do you see that shaping our experience of our struggles?

Erica Howe: I mean, I think it's definitely a challenge because we are still in a male-dominated field, although that is changing. But I think on top of that, So you just don't have a lot of interaction with other female colleagues a lot of the time, especially in your own field of study, whatever your specialty is. I've heard that over and over again, that it was great to suddenly come to a conference that it was just all women physicians because we do deal with a set of very specific challenges that other professions and other women don't deal with.

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We're dealing with life and death on a day-to-day basis and decision-making at the highest level. So there's just a lot of kind of challenge around that. And then you isolate anyone, whether it's a man or a woman, from other people that they can connect with and build a community with that goes through some of those same challenges. And I think it creates shame, to be honest with you.

I think then when you don't give the same outward appearance that everyone else gives of having it together, which we also need to remind ourselves that for many of us, we are the primary caretaker, or we shoulder more of the caretaking responsibilities of our families as compared to our male colleagues. So the male colleague that you may confide in, that because you share an office together or he is in your specialty, might also be someone who has the nanny and the stay-at-home wife and a lot of other resources that you, as the female counterpoint, don't have or haven't chosen to have at this point, or don't even know.

We've had a number of women come and talk about time management as women physicians, and I know I'm getting off-topic here for just a minute, but a lot of that has actually led into talking about giving ourselves permission to outsource, to delegate, or to simply drop the ball. Like, there's no laundry police, guys. Like, if you don't fold the laundry every Saturday, guess what? Nothing bad happens. You're like, It's fine. But society has put it into our heads that this is expected of us, that all of those little things are expected of us, in addition to practicing and really living outside, for many of us, the cultural norms of you're not just a woman professional, you are a physician.

That is like the top 1% of the top 1%. So why do you also hold yourself to those same expectations of managing a full-time household and kind of nonstop household duties and going to all the soccer games and all the other things and cooking dinner every night. Your male counterparts likely do not do the same thing. So I think there's just a lot of danger in that isolation because I think it can lead to shame. And I think it can start to

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create a narrative in your head and you don't hear anyone else changing that narrative or interrupting it and saying, no, I don't agree with that. I think you can do it differently and it's okay. You have my permission to do it differently.

Kristi Angevine: Yeah, it's so interesting. You have so many of these conversations I have on this podcast come back to shame is such a huge driver in our decision making and I think when you talk about the idea of isolation being linked with shame and then community and connection sort of being an antidote. Yes. You can so see how, like, just hearing somebody else's, oh, yeah, my laundry's not folded either, and I also just said, fuck it, and I'm great with that. Totally. Hearing that as an alternative narrative that you can sort of adopt and lean on to be like, oh, so maybe there's not, you know, for me, like the shame vials are, there's something wrong with me.

I'm too much. I'm too little. I'm not enough. I should do blank. It gives an alternative script to that.

So you can go, oh, maybe it's not just me. Maybe some of the shoulds are I want, and I don't have time to, okay, how can I outsource? And maybe some of the shoulds are just like, yeah, I can take a nap. It's not that I shouldn't be tired. I can't, and we can give ourselves that explicit permission.

And it's so much easier, I think, when you can do it in community and lean on others and not feel so alone.

Erica Howe: Well, and I think that's the key, is learning that there are other ways of thinking and other options. You know what I mean? Like, I think when you're in isolation, you've only got your brain telling you the way things should be or what you're supposed to do. There's no one interrupting that. There's nobody else coming in and like rocking your world with a whole new idea and making you think, well, geez, like why do I think that way?

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For many, many years, I never took a nap, like no matter what, because the only narrative that was in my head was from my childhood. And then it took my husband entering the picture, who is just obsessed with naps, may prefer to nap all day than actually sleep at night. And I was like, kind of like, what are you doing? It was my mind was like, honestly blown. I was like, you just took a nap for four hours on the couch on a Saturday.

He's like, yeah, it's great. And that allowed me to start thinking differently, like, oh, okay, well, I'm going to try it, you know? So sometimes it's just hearing something from someone else and the way that they think and the way that they've given themselves permission to live that doesn't always fit into the box that we've been taught is the way we're supposed to be.

Kristi Angevine: Yes. It's such a beautiful opportunity to question the things that you don't even think to question. They're so foundational, like your lens for the world. Like why? Until you have other people who are like, well, this is my way. I love to nap. You know?

Erica Howe: So I think that's such a great point because sometimes it's like you don't even think to question it. You don't even recognize that it should be questioned because you've lived that way for so long. And I think it's especially dangerous for women physicians because the culture of medicine teaches us to be selfless, even if you're not. Many people go into medicine because they're just naturally selfless and they want to help others and serve others. So you have someone with a servant mentality and then they enter the culture of medicine that teaches you to forego bathroom breaks and food and water and sleep and major life events and all the things in order to continue to practice medicine and serve your patients.

And then there's also the serving that comes with being a woman and taking care of others and taking care of our families and you throw those two things together and there can be so much kind of indoctrination as to how you're supposed to be and how you're supposed to think that you have

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to really start to dig into like is this cultural? Why do I believe this? You know, like, why do I think that I have to be the one that cooks dinner for my kids every single night? Like, where does that come from that I'm not a good mom if I don't do that? But some of that, it takes a lot of kind of testing and conversations and really some, you know, kind of digging into what you've been taught and why you've been taught it and where it served you, absolutely.

Much of the selflessness and kind of that serving mentality, it serves our patients wonderfully, but does it serve us in a way that allows us to practice medicine for 30 years? No.

Kristi Angevine: Yeah, and I think this is a question for, I mean, for the people who are listening to this, who aren't even in medicine or nursing or anything like that, there are a lot of professions where we, those very different flavors of the exact same messages are so almost opportunistic for anybody with a servant's heart who has been socialized as a woman to fall prey to just overextending and not even recognizing there are scripts to question.

So one of the things I think of, I always like to give somebody something really practical to do. If you're listening to Erica talk and you're like, okay, maybe there are some things about my narrative to interrogate, but I have no idea even where to start. The place I always think to start is just to write down all the things that you do that are just things that you consider normal. Like he said, laundry on Saturday, make the dinner, just write them all down and go, where did I learn that these were normal to do?

Like what if somebody from another planet looked at this and thought, tell me exactly why you do all these things? Can I trace them back? And just can I be curious about them?

Because there are going to be things on the list that you're like, these are great. I love them. But getting curious about them, I think it helps you by yourself do the thing that's so easy to do in community.

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Erica Howe: Can I add on to that too? So after you've done that, I would challenge you to kind of put a star by the things that you really like. There is, I met a woman who just loves to do the laundry. Now this is mind blowing to me because I like, you know, that's another level of hell if you put me in the laundry room for any amount of time.

So, but she just gets really zen about it. And like the folding is very relaxing. I'm like, I don't understand you. We don't, I don't get you, but that's fine. So, but put a star by the things that you really like to do, you know, in your day versus the things that you don't.

And then I want you to ask yourself really honestly for the things that you don't like to do in your day or your week, whatever it is, why are you doing it? And there's probably something cultural that will pop up. Now, yes, discharge summaries. I'm sorry, guys. We're stuck.

There are certain parts of our jobs, whether in the house or in the medical profession or outside of it, that you're just going to have to do. Totally get that. But can you ask yourself for some of those things that, what if, just what if, what if I didn't do it? What if I delegated it? What if I outsourced it?

What if I had my kids do it? What if I told my husband I'm not doing that anymore? What if? And start to look at different ways you could just remove it from your life. Guess what?

You can always sign on to do the laundry again if it's not working. But what if it starts working and it makes your life better? What if you hand it off? Sorry, I'm very focused on laundry here. This is clearly one of those things I really am passionate about.

I hate the laundry. What if somebody else did it? What if it wasn't me?

Kristi Angevine: Yes. Oh, these are so great. So everybody, please rewind, go back or look at the show notes, look at the transcript and just take this as your journal prompts for this weekend. This is perfect.

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So I want to, I know we only have a few minutes left, but I want to shift gears just for a moment and talk about sort of the power of community as I saw it play out when I got to know you.

And this was, you know, for context, you and I were loosely connected. You have an amazing Facebook group around WPW and we were connected there. I knew who you were, but I hadn't attended one of your conferences. And I remember signing on to Facebook and I learned that you had a breast cancer diagnosis.

And for backstory for listeners, I had had DCIS and I'd had a mastectomy and reconstruction about four years ago now. Exactly. And I remember seeing your post and you basically just shared that, Hey, I have this diagnosis. And by the way, I have a surgery about four weeks before my next conference that's out of the country.

And what was so moving for me was to see your transparency about like, Hey, here I am. And I'm actually not okay,

But I am okay, but I've got all these things going on. And to see the outpouring of women in that group with just such genuine desire to connect, to support, to be a sounding board for you, to be like, hey, call me up. I can, you know, all the surgeons who are like, I'm sure you had people that were like, let me tell you about all the things.

I see that was so amazing in that little microcosm. So can you just talk a little bit about like, either about community and did you experience it there? Or, you know, maybe how your experience with your breast cancer diagnosis treatment has just shaped how you're looking at life these days.

Erica Howe: Oh gosh. Okay, you're gonna make me cry. But because you were like a really major part of that. So for anyone, well, I don't think anyone knows. I don't think I've ever spoken about it publicly. But Yes, so many of the women there, and you included, you had gone through DCIS, I had DCIS, and you immediately reached out. You actually ended up, she

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ended up sending me a wedge pillow and a mastectomy pillow and just some really, like, it's all the things that you don't even know to ask for in a moment like that. And you knew, and you had been through it and you were vulnerable with me too.

And I think that's the benefit of being transparent and vulnerable is it opens the door for someone to do the same with you. And then you can learn from others. Like I'd never been through this before. My mother had died of breast cancer. She was diagnosed when she was 36 and I was 12 and she died when she was 40 and I was 16. And so yeah, it shaped my life completely.

And it's probably one of the big reasons that I went into medicine was seeing, she had a delayed diagnosis. She had a doctor that told her, I know what cancer feels like and that doesn't feel like cancer. And then it was. And so she was kind of always behind the eight ball there.

So I had been followed in the high-risk prevention clinic for many years with a bunch of wonderful women physicians. And it was caught early and I was really grateful for that. But I was definitely, it's amazing. Like even when logically, you know, that, you know it's a low stage and there's a high probability that you'll be just fine and all the things, it doesn't change how soul rocking it is to get a diagnosis like that.

And I, but at that point I was well beyond pretending to be anything other than who I actually am. And so I didn't know, you know, like how do you tell such a wonderful group of, you know, nearly 2000 women, this is what's going on with me. So I did it the way I kind of do everything. And I just I posted it.

And I said, this is my diagnosis and I'm going to get a double mastectomy and then I'm going to go to WPW Climb in Grand Cayman a month later and that might sound insane, but that's honestly what I needed. I needed, we had been through the pandemic and we had not been able to get

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together for over a year. And I was like, I need you. I need this community and this one's going to be for me. And it, but it was just, you're right.

It was amazing. You reached out to me. We knew each other loosely, you know, kind of the typical Facebook friends. I mean, and you know, shared your story with me and sent me these wonderful gifts that were a huge blessing. I mean, you know, things that again, it's like things that you didn't even know that you needed.

And I had a surgeon friend of mine that I had not seen in like 20 years, who was actually in Thailand when she saw my post. And she messaged me and said, "I'm in Thailand. There's this huge time difference, but I want to talk to you. I'm a plastic surgeon now, and let me give you the advice. Let me tell you how, ask me the questions you may not feel comfortable asking your surgeon, or let me give you the rundown." And I was like, "Great, let's do that."

And lots of little ways. I had a number of women that just reached out and like, "Hey, just checking in, how are you? Like, how are you really?" And there's, I'm a crier, but there's something so-

Kristi Angevine: Same. It's a safe space here.

Erica Howe: There's something so magical about us looking after each other and taking care of each other and feeling like I wasn't alone. I think that that is what we're all trying to create. So many of us, we just want there to be a community. I don't want to hear of a woman feeling alone or like she didn't have anyone to turn to. We're here to support each other.

That's really what WPW has been for me. It's funny because I didn't even know I needed it. By the time I created WPW, I was not in burnout. I was very happy and I had this creative outlet and I was very excited to see where it went. And I did end up leaving medicine more because the business was growing so fast and I couldn't keep up.

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I couldn't continue to do both at the same time, but not out of a sense of burnout or, you know, exhaustion or anything like that. So then suddenly to need unexpectedly to lean on this amazing community of women, it was, it's breathtaking. It's really just breathtaking. Like I'm so honored to know you, Kristi, and so many of the other women physicians that I've met through WPW. I'm just, I'm just so blessed and happy.

And it's, there's something so incredible about that community and us coming together to support each other.

Kristi Angevine: Well, I think you mean you dropped so many beautiful pearls to this. And what strikes me is that there's such power and vulnerability, even though it may feel uncomfortable at first, because as soon as one person's vulnerable, many other people are like, oh, I'm not so alone. This is also what they're experiencing and then connection can be so much easier. So thank you for sharing that story. And I mean, again, this, this is safe space where we can truly be authentic and we can cry and we can be angry about things.

And it's sort of a way to model for anybody who's listening who does feel alone, who doesn't feel like they can show how they're really feeling that really you actually can. So this is our permission for any listeners who are on call, walking, driving, thinking, okay, I can't do this. Like, it's actually the only way to do it.

Erica Howe: And thank you for creating this safe space as well. Like what you've created is so incredible and it's another kind of outlet for women who do like, and men too, but like any of us that are going through a hard time or feeling alone or feeling isolated, this is just another beautiful reminder, whether you're on your commute right now or you're walking the dog, that we are all part of this beautiful whole of medicine and we're here for you. That's what this is about. I suspect that this is why you've created this incredible podcast, Kristi, and that's why I created WPW. We just want to create opportunities for support.

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Kristi Angevine: Yeah. I always think that the work I do is the work that I wish I had access to. So it's what I needed, you know, 10 or 15 years ago. And it's, you know, help people. So there's there, you have two conferences coming up this year and then the three next year, are there spots available?

How can people find you?

Erica Howe: There are, there are. So you can find me. The website is womenphysicianswellness.com. And that will lead you to each of our three annual conferences.

We just finished with Grand Cayman, which is our WPW climb this last February. So that was just a little while ago. And very shortly, we actually have Aruba coming up, which is WPW Clarity. And then we have Amelia Island, which is WPW Connect. And that one's coming up in August.

So that's in Florida. So do you mind if I talk about kind of the difference between each of them?

Kristi Angevine: That'd be great. Yeah, that'd be wonderful.

Erica Howe: Perfect. So WPW climate is kind of like climbing the ladder. So it's more leadership and career development focused for those that are really just trying to, you know, I want to get promoted. I want to take my career to the next level. Like I want to get into the C-suite, those types of things.

And then clarity in Aruba is more about kind of the personal resilience. I'm feeling really burned out. I'm exhausted. How do I kind of bounce back from all of this from, you know, the ways in which life can kind of knock us down sometimes. And you will be speaking in a very short few weeks at WPW Clarity in Aruba. So I'm very excited to hear you talking on buffering and numbing, which I think is so important. And I think it's something that a lot of us do with a variety of different things. And so I'm really excited to hear you talk.

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And then WPW Connect, it was created, it's in Amelia Island, Florida. That is for the women who do not get CME outside the continental US. So I wanted to give an option to the women that couldn't leave the US to get their CME. So what we do is we take the very best speakers from both Grand Cayman and Aruba, and we invite them to Amelia Island. So you get a taste of both of the other two conferences that way. You can hear some of that and kind of learn on both ends of there.

And as you know, it is kind of the anti-conference. So we keep the temperature of the room at 74 degrees. It's so funny because every time we will do what's called a pre-con, which is we tour the facility usually the day or two before, and we kind of run through some of the smaller details that we're very focused on, like the temperature of the room.

Every time I go, there is a man on this team with me who's from the hotel, and I say, okay, the temperature needs to be like 10 degrees warmer. And they're like, oh, no, it'll just be too warm. I'm like, it will be too warm for you. It will be just right for me. And that's my focus. I need to make sure these ladies are comfortable.

So if you need to wear a tank top, that's fine. But we're going to make sure that everyone, all my women are comfortable. So we try to do a lot of little special touches that make you feel looked after.

I want this conference to be not where you network. I actually want it to be where you build real relationships with other women. Go network at the academic conferences. That's not what this is about. This is really about connection and getting to know other women in a really kind of personal way and vulnerable way and being able to share in that safe space.

You mentioned we do... We assign seating. So I am an extroverted introvert. So I stress about things like where am I going to sit and I don't have any friends here and like what table am I going to sit? They look like they're talking so I can't join them. So we assign everybody seating. So you get to meet new people and you don't have to figure that out.

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We have a dinner the night before the start of the conference for anyone who's traveling alone. So you have a way to start meeting people right off the bat and you don't have to kind of be putting yourself out there that way.

Every session has a small group discussion built in, so you talk with your table and you get to know them and you kind of can talk about some of your struggles and your successes that way.

We have half days, so everything's half day. You're done by noon or 1, so you can go put your toes in the sand. And really, so there are studies that show, even in medical education, that when a learner, and especially an adult learner, reflects on new information that they've learned, they're more likely to apply it and lock it into their long-term memory.

So even though it looks like I'm planning something that's, you know, only half day so you can go have some fun, and I do want you to go have fun or take a nap or have a cocktail or whatever, I also actually want you to lock in the new information that you're learning. And one of the best ways to do that is to give you a chance to rest and reflect.

I don't know if you've ever been to one of those conferences that just goes and goes and goes, and it's like 14 hours, and you go back to your hotel room, you're like, my head's going to explode. I cannot take in any more information. And then, oh, I suddenly have to go catch a plane and go back to my clinical work. And I didn't have a chance to do anything with all this new, great information. And then three years later, you find that binder that has all that great info in it and all that knowledge. And you're like, oh yeah, I was going to do that. Nah, I never got time.

Kristi Angevine: It's actually much more effective in terms of a learning approach.

Erica Howe: Yes, exactly. So, there's a lot of, because I spent so many years in medical education and I would teach on teaching skills. So I have a lot of, I know a lot of those articles and I really wanted to apply that here

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so that I knew that you were actually going to leave and go home with new strategies. Like you really, yes, you're going to do mindset work and reflection, but I actually want you to really apply what you learn here and take it home with you and change your life because of it. Because that's really what it's about.

Kristi Angevine: So anybody who's listening who, you know, this just sort of piques your curiosity, go to the show notes or go to Erica's site. You get all the information. And thank you for your time. Thank you for being vulnerable. Thank you for sharing all the non-negotiable pieces about sleep and self-care. And it was just really wonderful having you on.

Erica Howe: Thank you so much, Kristi. I cannot emphasize enough how lovely it is knowing you. And can I just say very quickly, so often we expect friendships to evolve through in-person relationships? For many of us having a busy working life, that's not always possible. I have just been so delighted with knowing you and getting to know you over the years.

And it all started online. It all started through Facebook groups and Instagram and social media. And I'm just, I really, I treasure our friendship. So thank you.

Kristi Angevine: Thank you.

Are you a woman physician interested in being more intentional in your life, being more deliberate with your habits? Maybe you're feeling a bit frayed on the edges with all the pressures of work and life, and you may have a tendency to overthink, people please, second guess, or feel so much guilt when you do something for yourself.

Perhaps your charting takes forever, you bring work home, and you're just not as present as you would like to be. Maybe you scroll or shop or emotionally eat, or you use a drink to wind down more often than you'd like.

If you can relate to this and you just want to feel less reactionary and more in the driver's seat of your life, you need to understand the root causes of

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your habits. Habits like perfectionism, a harsh inner critic, people pleasing, numbing, ruminating, overcomplicating, procrastinating, and so on.

And that's exactly what you can work on in the next round of small group coaching called *Habits on Purpose for Physicians*. *Habits on Purpose for Physicians*, or *HOPP* for short, comes with CME and is a small group of women physicians who meet weekly for six months.

And in *HOPP*, you get practical, deep dive coaching and teaching from me. And I come at this from a perspective of cognitive, somatic, and Internal Family Systems informed approaches in a way that is not only accessible, but applicable to real life.

And you get a ready-made structure that you don't have to create on your own, and you get probably one of the best parts is a community where you can connect with other physicians doing the same work.

Enrollment information and the link to join the waitlist can be found at <https://habitsonpurpose.com/hopp>. And when you go there, get on the waitlist, because when you're on the waitlist, you'll get access to early enrollment and some bonuses only available to those who sign up early. And the reason why this is important is spots are limited. So signing up sooner as opposed to later is really smart so you can ensure that you get a spot before they're full.

Also, if you are interested and you want to join but you find the price is a barrier, there are scholarship options so don't hesitate to fill out the easy application for either a partial or a full scholarship that will ultimately be linked on the main sign-up page when we open up enrollment.

In the *Habits on Purpose for Physicians* group, you will unpack and unlearn old habits so that you can create new ones that are sustainable. So I hope you'll consider joining. The signup page with all the details will come out closer to enrollment for the next round, but go to

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<https://habitsonpurpose.com/hopp> to get on the waitlist. I can't wait to see you there.

Thanks for listening to *Habits On Purpose*. If you want more information on Kristi Angevine or the resources from the podcast, visit [HabitsOnPurpose.com](https://habitsonpurpose.com). Tune in next week for another episode.