NHS
Practitioner Health

Understanding and managing your emotions:

A guide and toolkit for Health and Care Professionals by NHS Practitioner Health

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About the authors

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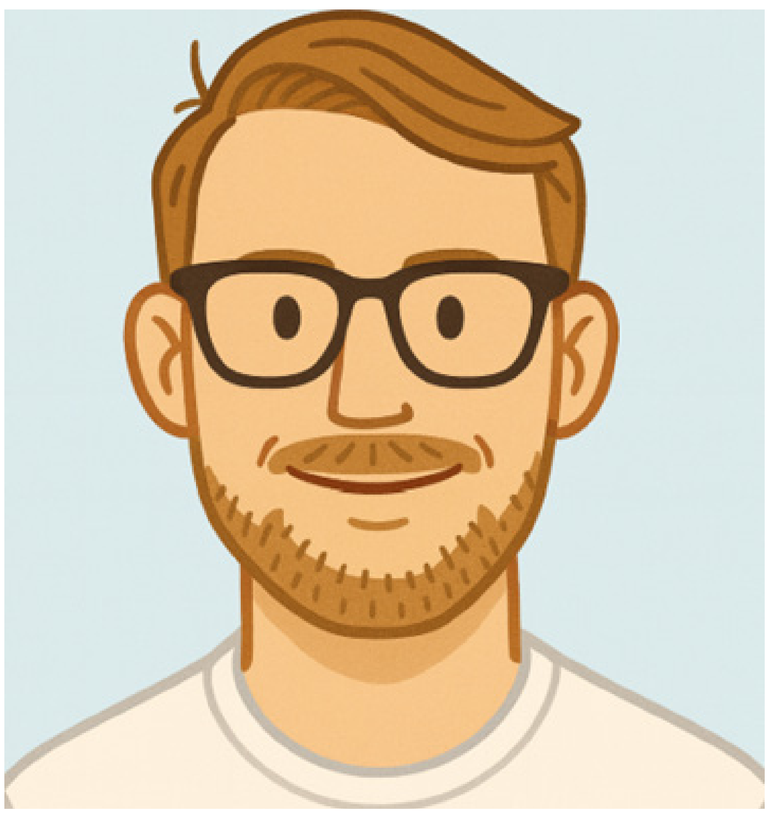

Simon is a Registered Mental Health Nurse and accredited Cognitive Behavioural Therapist at NHS Practitioner Health. He is also an author and Psychosexual Psychotherapist. His specialist areas are shame, sexuality, working with queer communities and relational trauma. He integrates CBT with EMDR and compassion-based approaches, offering nuanced, client-centred support.

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Chapter One

Why is this book needed?

"Physician Heal Thyself"

Luke 4:23

Welcome to Understanding Your Emotions. If you have picked this up, whether out of curiosity, necessity or because someone has suggested it, congratulations on taking a step towards understanding and caring for yourself.

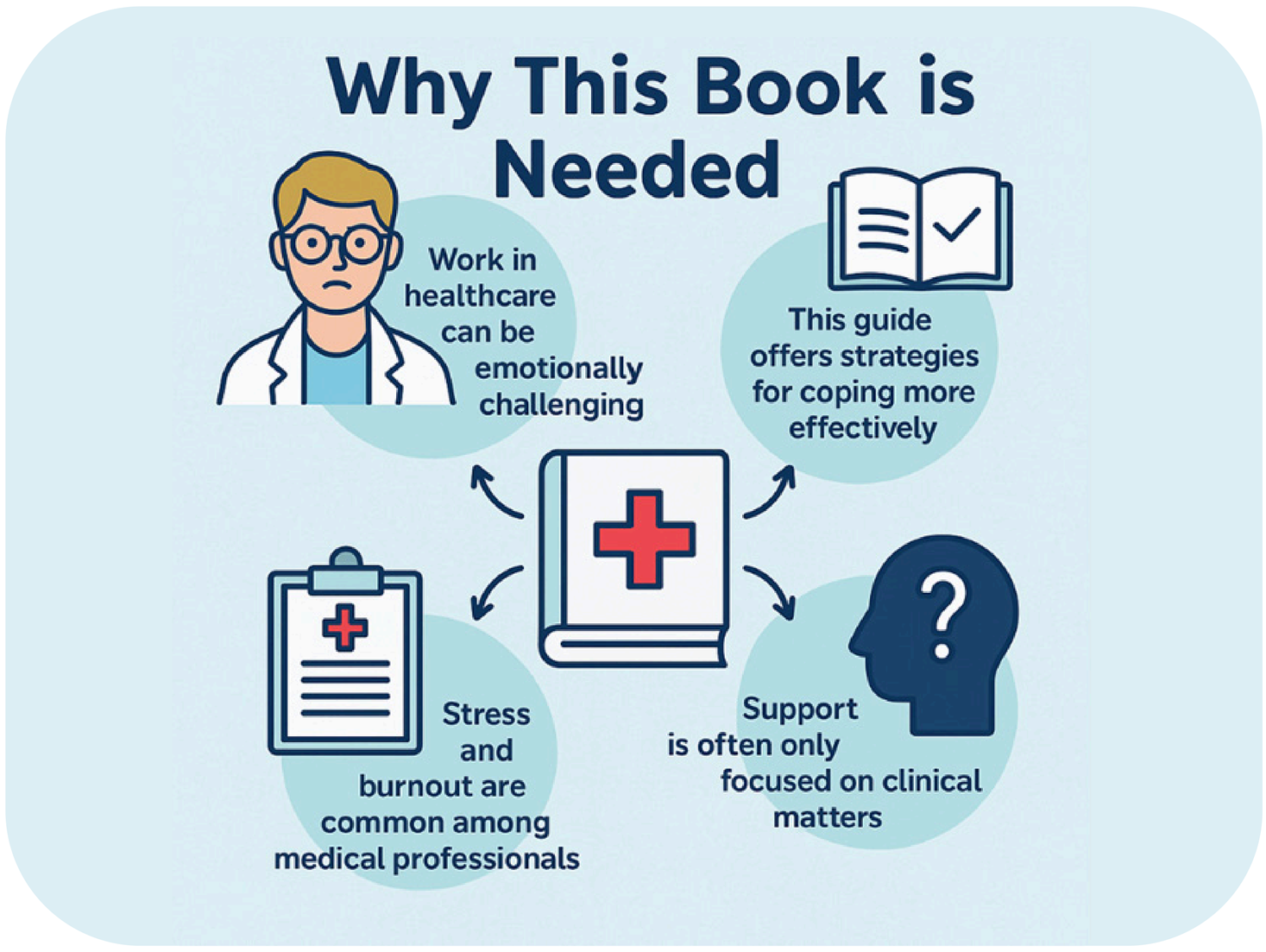
The book begins with a simple message: you are not alone in how you feel.

For many years, we have worked and supported health and care staff during some of the most difficult times of their lives. What has become apparent during this time is that despite being burnt out and sometimes on the brink of a mental health crisis, they will very often continue to ensure they provide care for their patients, sometimes to the detriment of their own health or personal life circumstances.

It is also clear that health and care staff are not only less likely to seek out help and support in times of crisis (for a variety of different reasons) but they (we) are not taught the fundamentals of good physical and psychological self-care at any point during training yet are expected to treat and support patients and provide them with the same.

Various surveys and studies have historically confirmed that doctors and nurses are at higher risk of mental illness and suicide compared to the general public, with common issues being cited as stress, anxiety and low self-esteem. At the time of writing, there also appears to be a mass exodus of doctors following the coronavirus pandemic, with many either wishing to retire early, emigrate abroad or leave the profession altogether.

This short book is based on the clinical and therapeutic experiences of those who look after health and care staff with mental health difficulties at NHS Practitioner Health. Our aim is to help the reader understand why they feel, react and behave in the way that they do and what can be done to make matters better.



NHS Practitioner Health is a free and confidential service for health and care professionals in England and Scotland. It was originally set up in 2008 to provide mental health and addiction services for doctors and dentists. At the time of writing, over 35,000 professionals have accessed the service since then, and the vast majority happily get better and either return to work or continue working.

Although this book is moulded by our extensive experience in supporting doctors, its insights and tools are relevant to all health and care professionals. Up until 2021, the service's experience has centred around the support and treatment of doctors, and it is this group that much of the book naturally speaks to. However, we hope that anyone working in health or care, or indeed those who work in other emotionally challenging professions such as teaching, law or social work, will find value in its pages.

Our aim is that this book reassures readers that they are not alone in how they feel and that there is commonality amongst health and care professionals and the problems that they experience. We will tackle what can be done to work through these problems, using a common-sense approach with some therapeutic principles and humour (hopefully) thrown in for good measure. It is not intended to be a treatment manual or a replacement for clinical care when one becomes unwell.

One of the main lessons we have learned is that people love stories, and rather than write this book as a self-help manual, we decided to base the learning on the histories of patients that we have seen (some of these may be a mash-up of several cases, others loosely based on patient stories). We have taken any uniquely identifiable features out of the cases provided. If you feel you recognise yourself in any of the upcoming stories, it is not because it is based on your story but simply because your story is similar to many others who have come through the service!

This book began as an extension of the NHS Practitioner Health Understanding Emotions podcast (available on all major podcast platforms, including Apple Podcasts, Spotify, Google Podcasts and others), which we created to support health and care professionals in making sense of the emotional impact of their work. The podcast offers space to explore topics like shame, anger, low mood, and anxiety. As the podcast developed, it became clear that the themes we were discussing would benefit from being captured in written form, offering something more structured and reflective that people could return to in their own time.

Scan the QR code below to access the NHS Practitioner Health Wellbeing podcast which features the Understanding Emotions episodes (available on Buzzsprout and major podcast platforms).

Please remember, however, that this book is intended as a reflective and educational resource. It is not a substitute for professional medical advice, diagnosis, or treatment.

If you are struggling with your mental health or emotional wellbeing, then you should speak to a qualified healthcare professional such as your GP, local talking therapies service or self-refer to NHS Practitioner Health. There is also always help available 24/7 if you ever feel that you cannot keep yourself safe or are in crisis – see the infographic below.

This book doesn't aim to offer answers to everything, nor does it replace therapy or professional advice. What it does offer is a practical and honest look at the emotional experiences that many health and care professionals face but may find hard to speak about.

What you'll find in the following chapters is not a treatment manual or a to-do list but a chance to pause, reflect, and perhaps see things differently. However you choose to use it, we hope it meets you where you are.

If You're in Crisis or Need Immediate Help

If you're feeling overwhelmed, at risk of self-harm, or unable to keep yourself safe, please don't go through it alone. Support is available 24/7.

In the UK:

Samaritans – Call 116 123
(free, 24/7, confidential)

SHOUT – Text 'NHSPH' to 85258
for free, anonymous text support

NHS 111 or your local A&E –
If you need urgent medical or mental health support

999 – If you or someone else is in immediate danger

Talking to someone could be the first step to feeling safer and more supported.
You deserve that help.

Chapter Two

Taking back control

"We are our choices."

Jean-Paul Sartre

One of the basic tenets of healthy emotional well-being is that we are all ultimately responsible for how we think, feel and act. There will always be situations where, we have little control over what is happening or has happened, but we all have the freedom and ability to choose how we respond to events. In Man's Search for Meaning, Victor E Frankl said:
"Everything can be taken from a man but one thing: the last of the human freedoms – to choose one's attitude in any given set of circumstances, to choose one's own way."

A simple example: I misplace my wallet, and I feel anxious and frustrated. Then I realise I have a choice in how I respond from here. I can do all the things I need to do to try and recover it, to try and prevent financial loss, or to replace the contents, and I can also think of the bigger picture: it is a wallet and is ultimately replaceable. I can acknowledge and accept the feelings of frustration, but I can keep a sense of perspective. We all have the capacity to lose perspective sometimes and make some issues more catastrophic than perhaps they actually are. As natural as it might feel to project our distress onto people close to us (and this can feel like a relief in the moment), this isn't great in the longer term for anyone involved.

Although we cannot control what happens in the world around us, we can exert some control over how we think and behave.

In the end, we are responsible for the consequences of our actions, even if the events leading up to them seem unfair or wrong.

Case study

Mark is a GP who has just had his second child and has returned after a brief spell of paternity leave (cut short due to sickness at the Practice and the unavailability of locum doctors). He thinks he has just finished his duty doctor day when he realises reception has added four extra patients to the end of his afternoon list. This is on top of all the blood results, prescriptions, and administrative tasks he has yet to complete before he can get home to his young family.
Mark has options in the way he reacts to this situation, and this will inevitably be influenced by his physiology at the time (tired, hungry, in pain etc.) and the fact that he is probably running late. He can:

Think: "I am not having this, and I hate it. This is not on: reception should not have done this, and they can find someone else to do it". These thoughts escalate his irritation to anger. He goes out to reception and gives them an earful for putting extra patients on his list but then feels guilty about losing his temper afterwards and apologises sheepishly the next day. This also feeds into core beliefs about himself as someone who can't manage his emotions.

Think: "This is far from ideal; it is unpleasant, and I don't like it, but I'll cope. I will speak to reception about it later and ask to see if anyone else has the capacity to help me just now. I would prefer if they hadn't been put on my list without discussion. He manages to get some help from a colleague and deals with the extra patients. He then asks reception to speak to him in future before adding extras without agreement. He gets his tasks done and goes home.
It would have been nicer for Mark if he had not had to deal with the extra patients on his list. However, it is ultimately down to him how he chooses to respond to the situation, which affects how he feels and then how he chooses to behave. This will also influence how he feels about himself in the longer term. Of course, there are many other ways in which Mark could have responded and managed the situation, but for simplicity's sake, we have only given two here.

Case study

Priya is a medical registrar working in a busy inner-city hospital. She's been struggling with the rota gaps and increasing pressure to cover shifts at short notice. One weekend, after picking up a fourth on-call shift in two weeks, she is told by a colleague that she hadn't completed a patient's discharge paperwork correctly, and the patient had complained as it meant a delay in getting follow-up tests and medications from their GP.

Priya immediately feels embarrassed and ashamed. Her thoughts spiral into, "I can't cope with this anymore," "I'm letting the team down," and "I'll never be good enough."

That evening, Priya talks to a friend about how she is feeling. This friend reminds her of how conscientious and hardworking she is. The friend encourages her to take a step back and reflect.

Priya reframes her thoughts: "It's been an exhausting few weeks, but I've done my best." She decides to speak to her consultant about it and begins setting firmer boundaries about extra shifts. She also books a few annual leave days she had been putting off, allowing some time for recovery. Recognising that she can't control the rota gaps, she chooses to set more precise boundaries around non-mandatory extra shifts and prioritises recovery time between on-calls.

By taking ownership of her response, rather than blaming herself or the system entirely, Priya feels more in control and starts to rebuild her confidence.

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Locus of control

In life, and particularly in healthcare, we spend a lot of time trying to influence others: friends, relatives, patients, colleagues, teams, and even systems. Sometimes we succeed and sometimes we do not, but what we often overlook is how we influence ourselves. We tend not to think about our own internal responses, the stories we tell ourselves, the tone we take with ourselves, and the way we react to what is going on around us.

In the thick of everyday pressures: a stressful clinic, a passive-aggressive email, a colleague letting us down, it can feel like we are at the mercy of other people's actions and demands. It is easy to slip into the feeling that things are just happening to us and that we are powerless to shape our experience.

Of course, we do not have full control of everything that happens in our lives and the thoughts that then pop up without our conscious creation of them. Frustration mounts, dread creeps in, anxiety hits us, not because we choose them to, but because at the end of the day, we are all human. We didn't design the rota, and we can't always choose our patients or what problems they come to us with. What we can do, and what makes a huge difference, is decide to take ownership of how we respond: both in the moment, and over time. We can choose how we respond both internally and externally to those experiences. That might mean pausing before reacting to an infuriating message or choosing to take a walk rather than heading straight home to open a bottle of wine. Or even something internal, like noticing the unhelpful voice in your head which says, "You're useless" and gently responding with "Actually, I'm doing OK." These small shifts in how we respond may not seem significant at first, but they build up over time. With repetition and practice, our default patterns start to change: our nervous system becomes less reactive, and we start to feel more in control.

This is often described in psychology as the difference between an internal and external locus of control. Put simply, it's about where we believe control over our life sits. Someone with a more internal sense (or locus) of control believes they can influence their own thoughts, emotions, and behaviours, even in difficult situations. Someone with a more external locus of control might feel that things just happen to them, that others dictate how they feel, or that luck and circumstance determine the course of their life.

It is important to note that this is not about fault or blame. In fact, blaming ourselves or others is often what keeps us stuck. Taking back control means shifting from "Whose fault is this?" to "What can I do next?", not to fix the entire situation, but to influence our part in it. That shift can be subtle, but powerful. It might mean recognising that you for example, can't stop the rota from being changed last-minute, but can choose how you prepare for it or what you do afterwards to recover.

Those of us who have an internal locus of control tend to report greater physical health and psychological well-being . Those of us with an external locus of control who do not recognise this (or do not want to change their situation) risk becoming perpetually trapped in a life where others are blamed for their circumstances and feelings.

Locus of Control

"I am the captain of my ship"	"Life happens to me"
	
• Believe personal choices drive outcomes • Own successes and failures • Feel empowered to create change	• Believe external forces determine results • Feel controlled by luck or others • Less likely to take proactive steps

Developing a stronger internal sense of control does not mean ignoring the very real problems in our lives and in healthcare. It simply means we give ourselves the best chance to navigate those pressures without becoming overwhelmed by them. Over time, recognising where we have a choice and therefore a sense of agency, will help us feel less trapped and more in control of our lives in general.

Chapter Three

When demands become distress, let go of the “musts”

“An unbending tree is easily broken”
Lao Tzu

Doctors and other health and care professionals are, in our experience, world leaders in adopting an “I MUST” approach and the mindset of “I want it, therefore I must have it". This contrasts with the more flexible perspective of “it would be good if I could…” Why is this important? Well, in the last chapter, we mentioned that life does and will throw us curveballs, and being able to maintain a flexible approach allows us to dodge them when they arise. Being rigid and adopting the mindset of “I must,” “I should,” or “I have to” can often lead to feelings of distress, failure, overwhelm, anxiety, and anger- some of the top complaints from those seeking help at Practitioner Health.

In medicine, this rigid thinking often begins early. From medical school onwards, success is defined by high achievement, minimal error, and comparison with peers. Phrases like “You must never miss this diagnosis” or “You should always be in control of the situation” become ingrained. While often well-intentioned, they can fuel perfectionism and unrealistic standards. There is little space to practise flexibility or failure safely, yet these are vital for psychological resilience.

Common examples of the must/have to/should mindset:

“I must not get a complaint”
“I must not make an error”
“I must always be in control”
“I must be liked by all my patients and colleagues”

We, however, sadly live in a world where patients complain even when care has been exemplary, where even superheroes in movies make mistakes, bad hair days are a reality, and not everyone is going to like us.

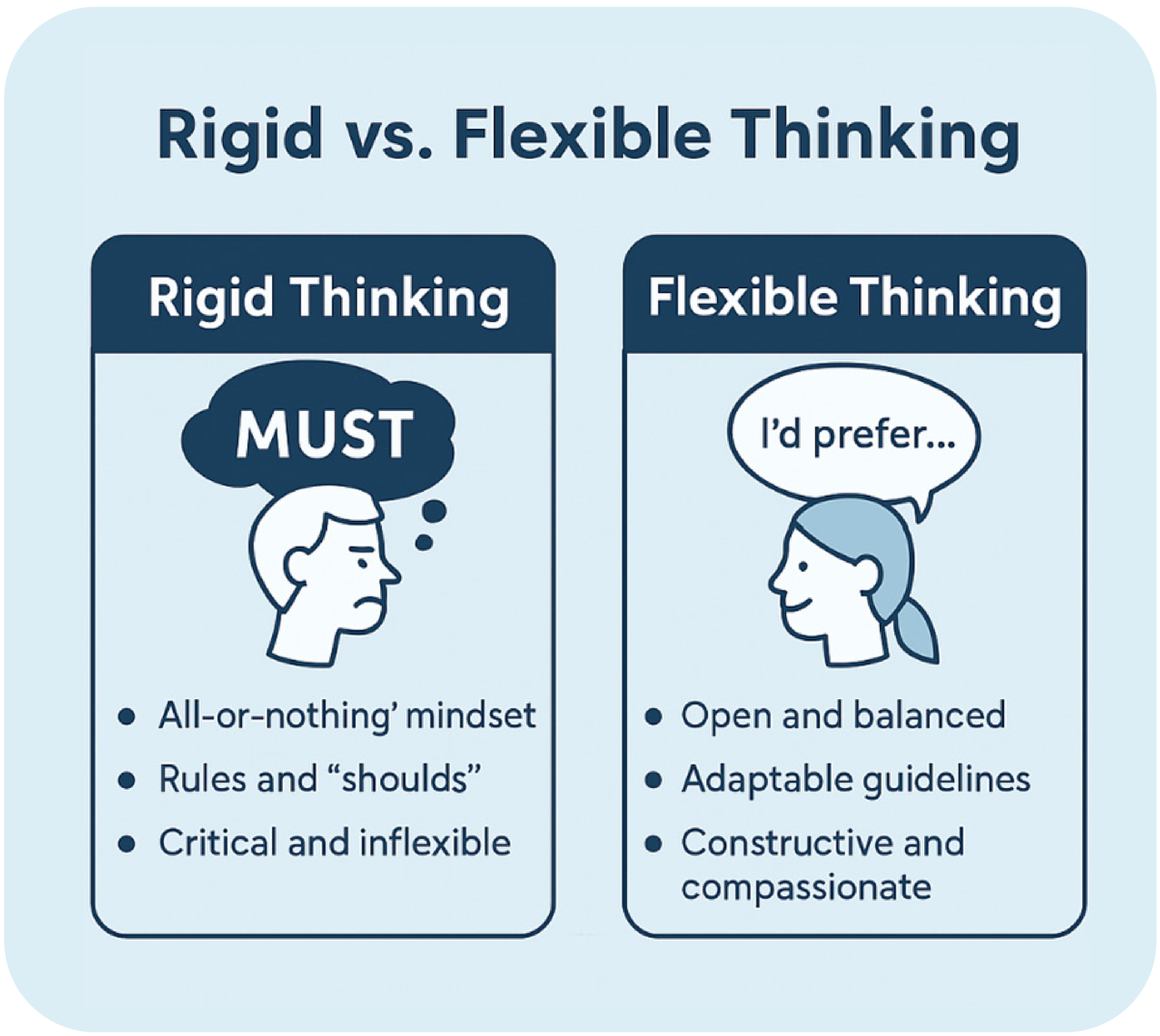
Flexibility is key here in noticing when we adopt rigid rules for ourselves and others. It is perfectly natural for people to express their wishes and desires; however, a less emotionally taxing approach would be to embrace a less dogmatic and more flexible view of them. Adopting a more forgiving stance is far kinder to ourselves and easier on our mental well-being.

For example:

"I would prefer not to be on the receiving end of a complaint; however, in reality, complaints do occur. I can seek support, and I will manage."

"I do not want to make errors, but everyone does at some point. I would never deliberately cause harm; however, I may have to learn from mistakes and find something helpful for the future."

"I would prefer to be spoken to politely by colleagues and patients; however, I know that not everyone will be polite and courteous all the time."



Case study

Sarah, a GP trainee, received a complaint after a patient felt their rash wasn't taken seriously. Sarah's initial response was panic and self-doubt: "This shouldn't happen. I must always get it right." With support from her supervisor, she reframed her perspective: "Some patients will complain, and I can't control all patient reactions. I can reflect, learn, and see if I can improve how I communicate empathy." This flexibility allowed her to transition from shame to growth.

Exercise

Consider adopting a mindset of, "I absolutely must not receive a complaint; if I do, it would be terrible." Now, imagine being informed that a patient you have seen has lodged a complaint against you. How does this make you feel? Some common responses include anxiety, panic, anger, insecurity, and low mood.

Consider adopting a mindset of "I would prefer not to receive a complaint; however, if I do, I will seek help and ultimately manage it, even if it isn't a pleasant experience ". Now, imagine you receive a complaint from a patient you have seen. How might your feelings differ from those in the first scenario? We would expect you to feel concerned and frustrated. However, knowing that you will ultimately manage and address the complaint, your concern may help you respond constructively rather than reactively, which is more likely in the previous scenario (a situation that often occurs and can be detrimental and destructive).

This exercise highlights the benefits of adopting a more flexible mindset about wants and needs. Once you transform your desires into necessities, they become rigid 'needs', 'shoulds', 'musts', and 'have-tos. ' This shift is likely to lead to feelings of frustration.

Inflexible approaches like "I must always be spoken to politely" or "I must not make an error" are likely to lead to unpleasant emotions when these situations inevitably arise in life. This can result in unhelpful behaviours such as avoiding that colleague or patient or even retaliating in an unprofessional manner. When making an error, maladaptive behaviours resulting from unpleasant emotions can include over-checking and avoidance, which in the long run, is unsustainable and can lead to individuals staying at work very late, becoming slower, and ultimately experiencing burnout. Adopting a more flexible mindset

fosters a problem-solving approach, such as accepting when a person is rude, acknowledging that you can't control it, or challenging the behaviour to understand what may have prompted it.

Case study

Tom, a resident doctor on his first medical rotation, found himself staying two hours late after each shift. He rechecked every set of blood results, rewrote his notes, and obsessively reviewed the treatment plan for each patient. His underlying belief was, "I must not miss anything, or it will mean I am a failure, that I let patients down, and others will judge me."
Over time, this began to affect his sleep and mood: he felt exhausted and on edge. With a therapist, he explored these beliefs and was encouraged to adopt a more flexible mindset: "I'd prefer not to miss anything, but I have systems in place to reduce risk, and I can ask for support when needed."

These systems included:

- *Daily team handovers with structured opportunities to double-check important patient information*
- *Flagging complex or uncertain cases with his seniors rather than carrying the burden alone*
- *Maintaining a to-do list so nothing important was forgotten, without trying to action everything alone*

Taking this approach didn't change things overnight, but after a few weeks of consistently trying it, Tom noticed he was leaving closer to when he should, his sleeping improved and he was able to focus more effectively during the day.

Exercise:

Think of a scenario at work or in your personal life where you adopt a rigid approach and try and see if you can change it slightly into a more flexible one, for example: "I must swap that weekend on-call" to "I really want to swap that weekend on-call but know it may not be possible".

Letting go of rigid demands doesn't mean abandoning standards, values, or professionalism. It means recognising that we are human, and that flexibility is not a weakness, it's wisdom. By learning to soften our inner "musts," we make space for growth, resilience, and sustainable practice.

The next time you find yourself saying, "I have to," "I must," or "I should," take a moment to pause and step back. Ask yourself: Is this a preference that I have transformed into a demand? What would a kinder, more flexible version of this thought look like?

Chapter Four
Reality Check

"At the heart of every frustration lies a basic structure: the collision of a wish with an unyielding reality"
Alain de Botton

Life can sometimes feel unfair, and we are occasionally thrown curveballs that can be hard to accept. This does not mean we must resign ourselves to what happens; it simply means recognising the reality of the situation for what it is. This could involve accepting it and moving on or deciding whether we want to take action.

At Practitioner Health, we often treat patients who have failed exams, and sometimes not just on the first attempt. Coming to terms with the reality of this situation involves the following steps:

1. Recognising that the situation exists and understanding the reasons behind it: specifically, that you have not passed this particular exam for reasons which may not be immediately apparent (perhaps you missed it by just a mark, failed significantly, or the examiners were excessively strict in their grading!)

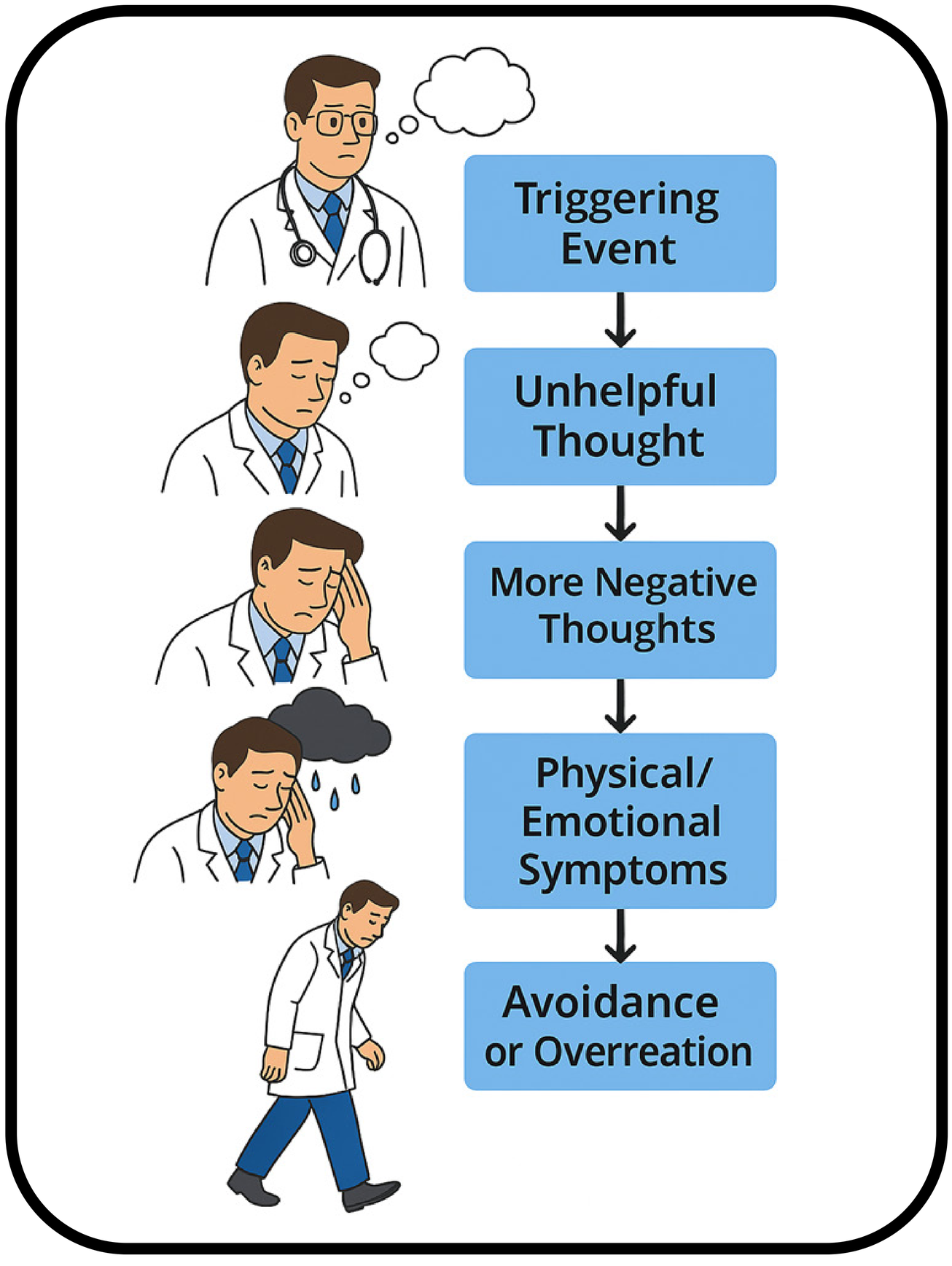
2. Acknowledging that you do not like this situation as it goes against what it is you want: passing the exam really would have been a relief, and you could have given those study books to a friend and avoid spending hundreds of pounds again on a resit.

3. Deciding whether or not you are going to take action to change the situation: in this case, you may wish to appeal the decision of the examiners, if this is an option open to you, or try to find out what led to you failing the exam, or just get on with studying again (perhaps after a little break...).

4. Ask yourself: If your best friend failed an exam, would you consider them a failure as a person? Does this mean they should stop being a doctor? Does this mean they won't pass in the future?

Catastrophising

Catastrophising refers to focusing solely on the worst-case scenario as the only likely outcome of a situation. This tendency stems from our human evolution, where our ancestors were forever on their guard against real physical dangers. In today's world, this heightened alertness isn't always appropriate or helpful. Instead, we can look to engage different areas of our brain so that we can handle situations more effectively. This does however, require practice.



Reframing the narrative

Imagine a clinical situation where the possibility of having made a mistake has occurred. These are some of the thoughts that can rapidly follow:

"I mustn't make a mistake"
"Mistakes harm patients"
"If that happens, I'll be referred to the GMC"
"I will go to prison"
"I'll never practise again"
"I won't recover"
"I'll be ostracised"

This sequence of thoughts is very common among those we treat at Practitioner Health. It occurs rapidly, and we are not always conscious of doing it. Sometimes, it manifests as images that we perceive in our mind's eye, and the body often responds as if the threat is genuine.

It can be helpful to catch yourself in this process (firstly by just becoming more aware of when you are doing it) whilst acknowledging that an unpleasant reality may be apparent.

An alternative sequence of thoughts to those above could be:

"I hate the idea of making mistakes, but I may have just made one"
"I would never ever deliberately harm a patient"
"We don't make mistakes on purpose"
"Mistakes are not always catastrophic, and we don't know that anyone has come to harm"
"What can I do about this?"
"Who can I talk to about it?"
"What can I learn from this for the future?"
"How would I support a valued colleague or friend in this situation?"

Case study

Fatima is a new specialty trainee who has been asked to present at the next grand round by her Educational Supervisor. Though she is nervous about giving talks in public, she is eager to impress her consultants and peers. The presentation doesn't start well, as her slides fail to load.

The IT person takes a long time to come down and help, but eventually, Fatima begins the presentation. However, she notices her consultant looking at his phone and appearing somewhat bored. She starts to feel herself turning red and hot and then is asked to cut the presentation short because they are running out of time and people have questions to ask.

Fatima's internal dialogue prior to the presentation is:
"I must perform well otherwise I will look like a fool and my colleagues, and my seniors will think I am useless."

(Fatima may not actually be completely aware of this at the time and it could be happening sub-consciously)

Her subconscious dialogue following the presentation is probably something like:

"I did not perform well. My consultant was looking at his phone which means he must have been bored, and I was then asked to cut the talk short. This must mean that the presentation was terrible, that I am a useless failure and now everyone knows. I will avoid giving presentations wherever possible in the future. I better find something to distract me from these feelings."
Her conscious internal dialogue is likely something along the lines of:
"That was rubbish, I only just got through it. I hope I don't see my consultant again today. I'm not doing that again. I'm going to stuff my face."

Case study

David is an experienced GP who has recently returned to clinical practice after a period of sick leave. One busy afternoon, while managing multiple phone consultations, he prescribes the incorrect dose of medication for a patient with chronic kidney disease. The pharmacist notices the error before the prescription is dispensed and contacts the surgery. No harm occurred.

Despite this, David's internal world spirals. His thoughts race:

"How could I have been so careless?"
"I'm clearly not safe to practise."
"I'll get referred to the GMC."
"Maybe I'm not cut out for this anymore."

He feels shame, dread, and a strong urge to avoid work the next day. He starts planning how to hand in his notice.

He decides, however, to seek help, and while working with his therapist, David is able to slow down the train of thoughts. He begins to reframe:

"It was a mistake, and it was caught before it reached the patient."
"Even experienced clinicians make errors - what matters is how we respond."
"I've returned to work under pressure and I'm still regaining confidence."

He works with the practice team to review safety-netting systems and develop a checklist to assist in managing complex cases. He also begins to notice when he uses absolute statements ("I'm not cut out for this") and practises replacing them with more balanced thoughts.

How to de-catastrophise

The first step is to recognise when you are doing it and then choose whether to believe and engage with the thoughts. Can you identify any recent situations at work or in your life where you have done this? It is healthy to acknowledge the emotions you experience, such as frustration, anger, or pain, but try not to judge yourself for having them in the first place. The goal is not to deny that you have an emotional response to the situation but to acknowledge your reaction and realise that you have a choice in how to proceed.

Some of the following points may help:

- Be aware of your internal process
- Calm your body (take a breath, stretch, go for a walk, check your body, relax your shoulders)
- Recognise the catastrophic thought
- Remind yourself that you have coped with life challenges thus far
- You will be able to cope with challenges in the future, and support is available if needed
- Imagine some alternative outcomes (both positive and neutral, rather than only catastrophic)
- Bring yourself back to the present
- Ask yourself what do you know for sure? What are the facts of the situation?
- What can you do to problem solve or help resolve the situation?

Learning point

You are not your thoughts and your thoughts are not facts!

It is important to note and understand that the endless internal dialogue, the noise in your head, is not necessarily true and that sometimes, noise is just noise. It is crucial to catch yourself at an early stage with such thoughts, challenge them, and try to avoid going down ‘rabbit holes of catastrophe’ in your mind, where you may get lost and ultimately feel more distressed.

Thoughts are simply internal experiences. You are the one experiencing them. It is liberating to realise you don’t need to identify with them automatically. Here are some reminders regarding thoughts :

- *Thoughts are just ounds, words, stories or bits of language.*
- *Thoughts may or may not be true; we don’t need to believe them automatically.*
- *Thoughts may or may not be important; we can pay attention only if they’re helpful.*
- *Thoughts are definitely not orders; we certainly don’t have to obey them.*
- *Thoughts may or may not be wise; we don’t need to follow their advice automatically.*
- *Thoughts are not threats; even the most painful or disturbing of thoughts do not need to represent a danger to us.*

Acknowledging unfairness

We started off this chapter with the words, “life is unfair. " Mental suffering and unwanted emotions intensify when a person clings to the belief that “unfair things should not happen to me, " even when they do occur. This is especially true when faced with adverse events, such as failing an exam or being the victim of an unpleasant encounter at work, whether with a colleague or a patient. Holding onto the belief that “life should be fair, and this shouldn't happen to me” won't change the reality that unfortunate events will still occur. Instead, it will force you to keep hitting the wall of reality, causing yourself unnecessary distress.

You don’t need to like the reality you’re in; however, learning to work with it rather than against it can be the first step toward feeling more in control. What recurring thought traps do you find yourself in - and what would it mean to believe them less?

Chapter Five
Tolerating Discomfort

"A man who cannot tolerate small misfortunes can never accomplish great things"
Chinese proverb

A very common issue is the idea that when things become somewhat challenging or uncomfortable, that this is somehow intolerable.
This is why many people avoid doing things that may not be particularly pleasant or enjoyable now but would lead to a more fulfilling and happier life in the future if done. Simple examples of this include overspending on a credit card instead of saving for a deposit on your first home or opening a bottle of wine after a frustrating day instead of taking the dog for a walk or going for a swim.

Beliefs or rules like this can include:

"I must not be frustrated or inconvenienced"
"I must be content and happy now"
"I cannot tolerate feeling like this"
"I want to only feel happy"
"Other people should not be so annoying/difficult"

When we talk about tolerating discomfort, we do not mean that we should passively resign ourselves to misery or suffer in silence. Rather, we mean learning to stay present with difficult emotions or urges such as frustration, without immediately reacting to try and avoid or escape them. This could be for example, sitting with the urge to check emails late at night, or resisting the need to fire off an angry response to an infuriating message you have just received. It is not about doing nothing; it's about recognising that discomfort is very real, but that in most cases not dangerous and will pass. Tolerating discomfort is not weakness or inaction. In fact, if you think about it, it often takes more strength to sit with discomfort than to avoid it. Like any skill, it can be developed over time helping us learn to respond, rather than react out of habit.

A common scenario is revising for exams. The thought of having to actually sit down and prepare for an upcoming membership exam may be too uncomfortable to consider: “it’s going to be too hard, “ “it's going to be boring.“ This discourages you, leading to distractions like organising your desk, creating a revision timetable that you never follow, or buying stationery you never use. Although you are avoiding short-term frustration, it may negatively impact your exam results, which, in turn, leads to further upset and frustration.
The need to experience only good feelings can lead to unhealthy choices, impacting not just physical health but also psychological well-being. Many people resort to alcohol, drugs, gambling, or shopping sprees to self-medicate and achieve a quick and short-term rush of pleasure. The issue with this approach is that it offers only temporary relief and can result in negative unintended consequences, reinforcing the belief that one cannot cope.

Life can be unfair, and there is no divine rule stating that people should be spared from situations that provoke uncomfortable feelings.

Case study:

Amar, a GP, avoids responding to a complaint letter because it feels too emotionally charged. He tells himself he will deal with it when he is in the right headspace, but weeks go by. The longer he avoids it, the more anxious and self-critical he becomes. Eventually, with support, he faces the task and finds the actual experience far less stressful than he had anticipated.

This demonstrates how short-term avoidance can lead to long-term distress and how embracing discomfort can help regain control.

Widening your window of tolerance

- The first step is to become more aware of your feelings and acknowledge them.
- Reflect on them and accept their existence (as they are not disappearing anyway).
- Be wary of permissive excuses, such as, “I can’t deal with this right now; I’ll postpone it until I feel ready.”
- Consider why it's worth enduring this uncomfortable feeling
- Remind yourself that important goals can often be challenging to attain.
- Notice when you engage in this unhelpful behaviour. Think of a few examples from the past week where you felt you became intolerant.
- Remember to calm your body. Techniques like box breathing (See Chapter Six), stretching, or grounding exercises (such as 5-4-3-2-1) can help soothe the nervous system.

Widening your window of tolerance

The 5-4-3-2-1 grounding technique

The 5-4-3-2-1 grounding technique is a simple, powerful method that can help reduce anxiety, manage overwhelming emotions, or bring someone back to the present moment. It uses the five senses to anchor you to the here and now.

You slowly name:

5 Things You Can See: Look around you and name (silently or out loud) five things you observe. Try to focus on small details - light reflections, a crack in the wall, the pattern on your sleeve.

4 Things You Can Feel: Observe four things you're physically touching or feeling. Your feet on the floor, the chair beneath you, your watch on your wrist, the air against your skin.

3 Things You Can Hear: Listen to three distinct sounds: the hum of the fridge, a ticking clock, and traffic outside.

2 Things You Can Smell: This can be difficult - if you cannot smell anything, name two scents you enjoy.

1 Thing You Can Taste: Take a sip of a drink, notice the after-taste of something you've eaten, or think of a favourite flavour.

Create a list of situations where you might overreact or avoid. Commit to addressing one of these issues instead of escaping like you usually do. Stay with the feeling of frustration until it diminishes over time. You could even seek opportunities to experience mild frustration to gradually become accustomed to it.

Frustration is uncomfortable but not dangerous. With practise, you can learn to sit with it and in doing so, reduce its power. On a day-to-day basis, try to identify situations where you automatically think, “I can’t stand it." See if you can replace that thought with something like, “I don’t like it, but I can tolerate it. "

Chapter Six

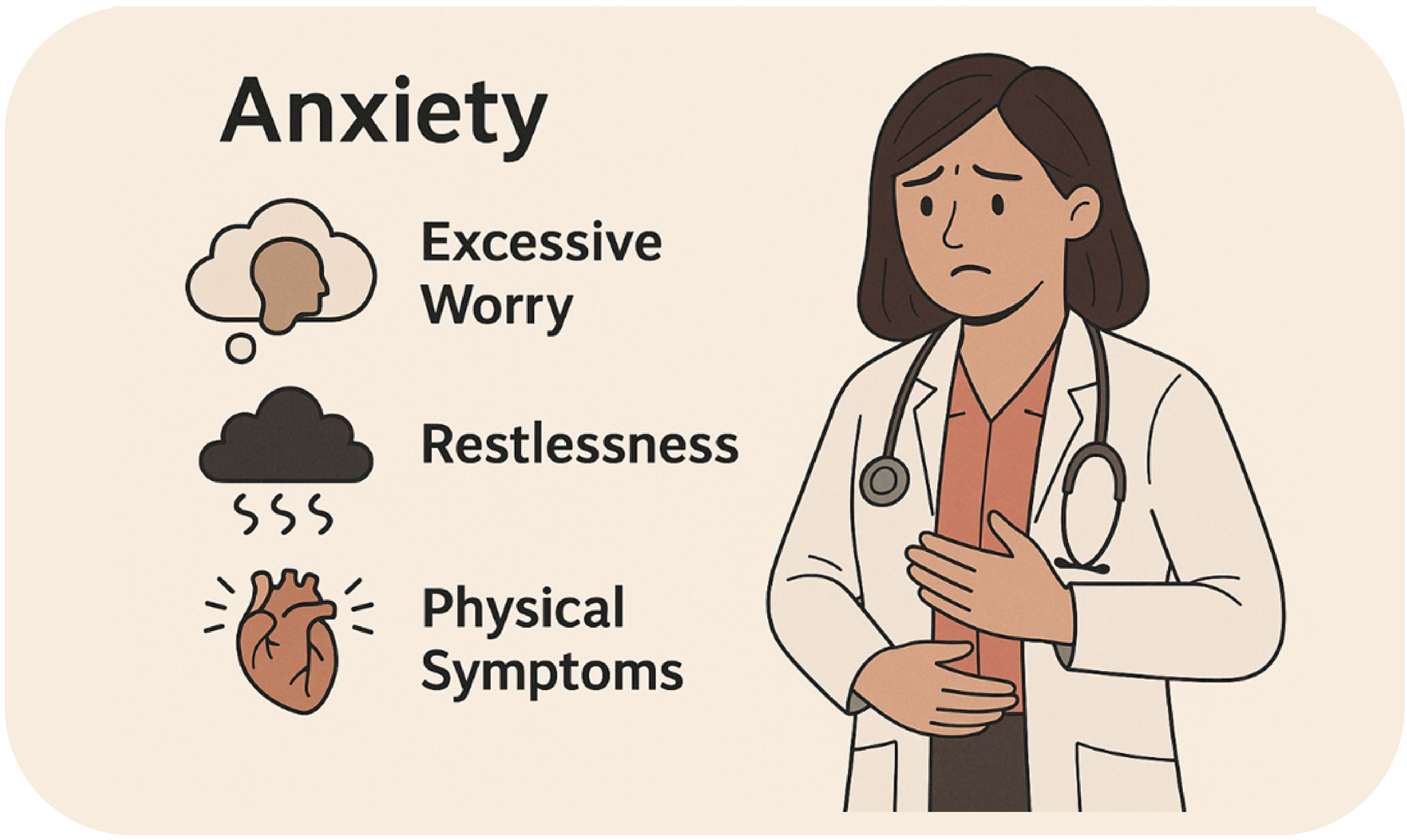
Anxiety

"Anxiety does not come from thinking about the future but from wanting to control it"

Kahlil Gibran

What is anxiety?

Feeling anxious often arises from the anticipation of an undesired outcome. Many individuals in healthcare, particularly those who are perfectionists, continuously seek control and certainty; this need for predictability can fuel anxiety.
The problem is that, although some people manage to contain and limit this anxiety to the boundaries of their working life, for many, the anxiety and associated behaviour begin to seep into other areas of their lives and ultimately affect their personal relationships and the way they interact with others.
People who suffer from anxiety tend to concentrate on potential threats and focus on the negative. Their minds are filled with "what ifs?" and thoughts like, "What if today is a horrendous day?" Anxiety often intensifies in anticipation of the threat, diminishes during the actual event, but then returns afterwards.



Case study

Lucy is a new core medical trainee and is scheduled to begin her first run of night shifts next weekend. Although she has completed night shifts and on-calls as a foundation trainee, she feels that now, as a core medical trainee, she is somehow expected to know more, be more competent, and handle issues without seeking advice or help for fear it will make her appear foolish or less knowledgeable than her peers.

As the days rumble on toward the night shifts, she starts to ruminate more and more about what could happen and what could go wrong.

“What if I make an error?"
“What if the registrar calls in sick?"
“What if I don’t have the skills or knowledge needed to deal with a complex patient?"
“What if I get a complaint, or what if I cause harm to someone?”

The nights arrive, and Lucy goes to work. There are some hairy moments; however, Lucy copes, and throughout the weekend, she doesn’t feel too bad. She is so busy at work that she doesn’t really have time to engage with her anxious thoughts. However, upon completing the nights, she starts to feel the anxiety creeping back in. She thinks about any mistakes she may have made during her shifts and begins to dread the next block of nights.

At the heart of the problem for many is the prevalent and worrying thought: “I must not make a mistake,” accompanied by the belief that “I must not compromise patient safety."

A rule that so many of us live by, especially in healthcare is:

Making a mistake = evidence that I am a failure or not good enough but this belief is both unhelpful and fundamentally untrue. Mistakes are inevitable in any high-pressure, human centred profession, not least in healthcare.The reality is that growth often happens because of mistakes. Replacing this uncompromising self-critical rule with something more compassionate such as:

Making a mistake = evidence that I am human, and an opportunity to learn can help us shift how we relate to ourselves and reduce the anxiety we feel around imperfection.

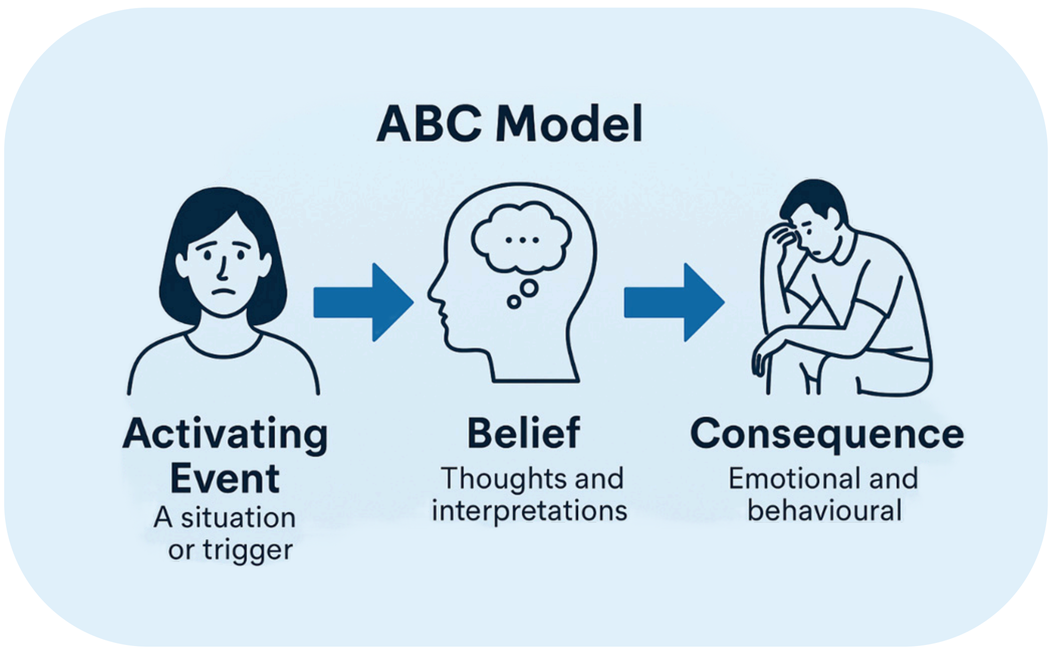
My experience with anxiety

As a child, my parents would go out for dinner, leaving me and my younger brother in the capable hands of a babysitter. I recall my parents driving us past a horrific traffic accident earlier that week, and I clearly remember one evening thinking, “What if my parents end up in a car crash and die?” Not surprisingly, as the evening wore on, I convinced myself that my parents had died in a car accident and that my brother and I were now orphans. Needless to say, they returned home later that evening, upset that I was still awake and looking out the window, desperately waiting for their return. I suspect some words were exchanged with the babysitter.

When a troubling thought arises, it can be quite challenging to disengage from it. The more you attempt to avoid thinking about it, the more it persists, potentially causing real distress.

Some years ago, I took a break from clinical work. After several months, I returned to do a locum shift at a surgery I had not heard great things about. To my dismay, I was also told I would be the duty doctor that day. My mind went into overdrive: “Do I still remember how to be a GP?”, “What if I don’t know how to handle someone who comes in?”, “How will I cope if it’s as bad as everyone thinks it is?”. Once again, I distinctly remember the physical manifestations of anxiety starting with that butterfly feeling in my stomach while heading to the job, which made me want to call up and cancel at the last minute. Fortunately, I resisted this urge, made it in, and yes, it was a tough day, and yes, there were some challenging cases, but it wasn’t nearly as bad as I had imagined in my mind. I had bought into my thoughts, believed them, and scuttled down the rabbit holes of catastrophe like a pro.

Thoughts, feelings, and behaviours are interconnected, forming the fundamental basis of the Cognitive Behavioural Therapy model of treatment that we frequently use at Practitioner Health.



In my experience with returning to GP work on a duty day at a surgery I wasn't familiar with but had heard negative things about (the activating event - A), my beliefs (B) were that I would struggle, that I might make a catastrophic error, and that it would be an unbearable day. The consequences (C) were that I began to ruminate about the day even before I arrived, leading to physical symptoms of anxiety (like butterflies in my stomach).

The CBT triangle

The CBT triangle is a straightforward visual tool that illustrates the connection between our thoughts, feelings, and behaviours

When a situation or trigger occurs, we often:

- Think something (e.g. “I’m not good enough”)
- This creates a feeling (e.g. anxiety, shame)
- Which then leads to a behaviour (e.g. avoidance, over-preparing, withdrawing)

Often, the behaviour reinforces the initial thought, creating a cycle.
For example:

- Situation: You’re asked to present at a meeting.
- Thought: “I’ll mess this up.”
- Feeling: Anxiety
- Behaviour: You avoid preparing or call in sick.
- Outcome: You don’t challenge the belief, and the anxiety persists or intensifies.

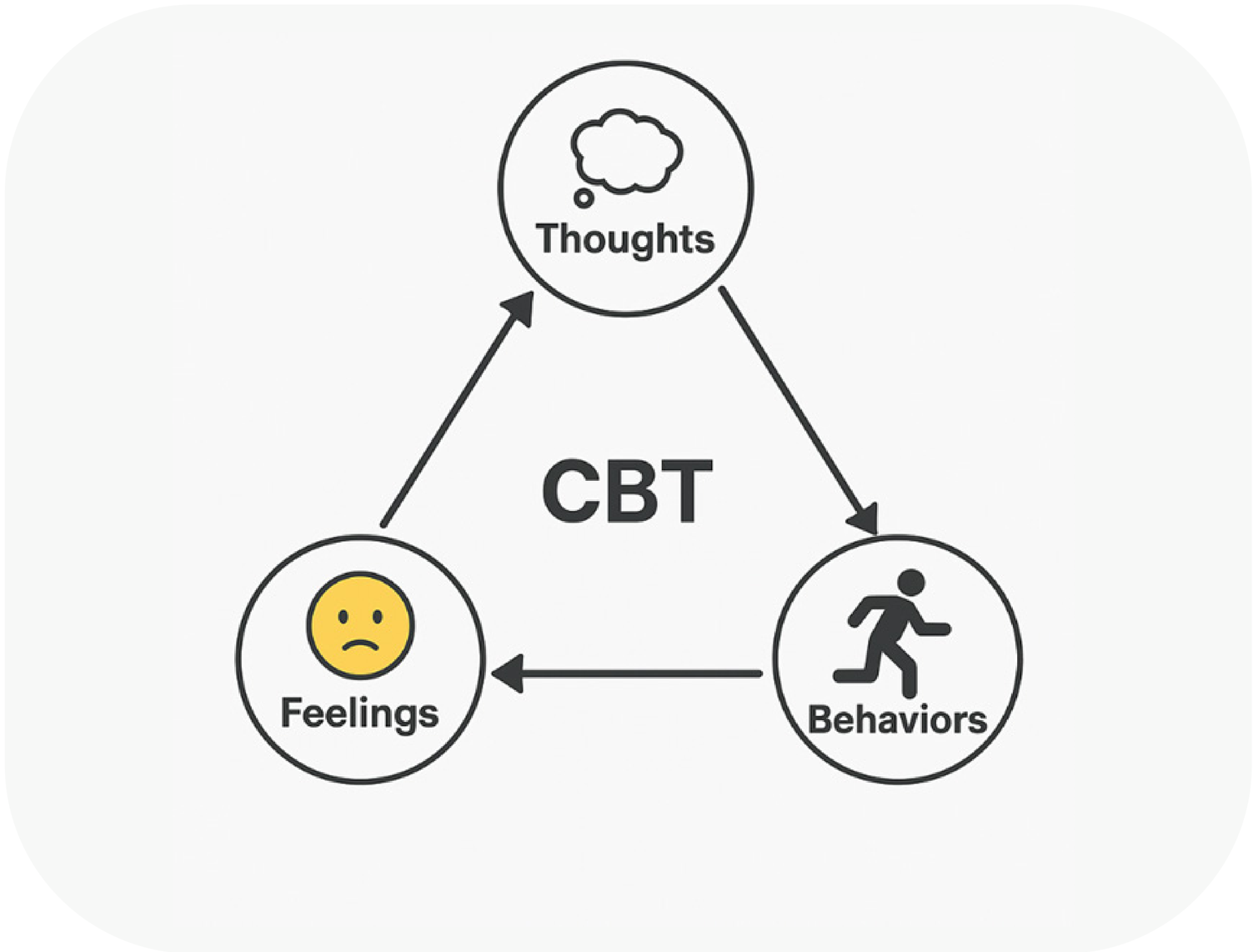
In the earlier example, Lucy’s experience can be understood using the Cognitive Behavioural Therapy (CBT) triangle – a model that shows how our thoughts, feelings and behaviours are linked in a self-reinforcing cycle:

- Thought: “I’ll mess this up”

- Feeling: Anxiety

- Behaviour: Avoidance, over-preparing, withdrawing – or in Lucy’s case, post-event rumination.

The goal of CBT is to break the cycle by identifying and challenging the unhelpful thought or by modifying the behaviour and observing how that changes the feeling.



The diagram reminds us that you don't have to change the situation; instead, you can change how you think about it or how you respond.

Case study

Femi is returning to work after being off sick for a few weeks. The night before his first shift back, he starts to think:

"What if I have forgotten to do things? What if I make a mistake?"
The thoughts make him feel anxious, his stomach churns, he has difficulty sleeping and he can feel his heart beating faster. Because he feels anxious, he starts to think about calling in sick again, telling himself:
"I'll go back when I feel more ready".

Although this gives him some short-lived comfort, the anxiety returns the next time he is due to return to work and the longer it is left, the harder it becomes to return.

Later, with support, Femi manages to alter his thoughts slightly to:
"I am feeling anxious because going back matters to me so much. I might feel nervous, but I can ask for help if I need it and I will let my colleagues know it is my first day back after some time."

This new thought helps him feel a bit calmer and his behaviour changes.

He agrees with his employer that he will initially go in for half a day and he checks in with his supervisor during the shift.

That small shift in thought leads to behavioural change. By facing the situation rather than avoiding it, he begins to reduce the power of the anxiety.

Cognitive distortions

Cognitive distortions are exaggerated patterns of thought that are not based on facts or have minimal evidence. Some of the more common ones that will inevitably make you feel worse include:

Overgeneralising: Taking one lousy experience and applying it to all your future experiences. For example, I don't get the job I applied for in the speciality I want to pursue. Another position is advertised in a different location; however, I tell myself, "What's the point? I'm clearly not good enough for the specialty." I then don't bother applying for the position.

The mental filter: Focusing on things that make us feel worse despite all the good or okay things that happen- for example, a patient you see one day comments that they shouldn't have bothered coming in to see you as it was a waste of time. You hold on to this and concentrate on the criticism despite all the other grateful patients you have successfully dealt with.

Catastrophising: Your mind chooses the worst possible case scenario for your situation and presents it to you as a prediction of what will happen. Yes, it is a possibility (the plane could potentially crash when you feel a bit of turbulence), but there are other equally probable, if not more likely, outcomes. When I was at home, waiting for my parents to return (or not), I convinced myself that they had indeed died in a road traffic accident, which was the worst possible outcome in my mind. The more you play this drama out in your head, the more you believe it and respond to it.

Personalising: Where you blame yourself for an outcome when, in reality, other factors are involved that have nothing to do with you. For example, I walk past my new consultant, who appears to ignore me instead of acknowledging my presence. I interpret this as meaning that he or she already dislikes me or thinks I am useless, when in fact, that consultant had other issues going on, was preoccupied with their own thoughts, and had no intention of purposefully ignoring me.

Labelling: This means attaching a label to yourself or someone else, which then becomes how you describe and relate to them (or yourself). For example, because I became anxious before my duty doctor day mentioned above, I started to describe myself as an anxious person. This will influence how I feel and act in the future, as well as how others perceive and interact with me. It is important to resist and challenge the urge to relate to yourself or others in this way, as feelings and emotions are transient and should be acknowledged as such.

Behaviours associated with anxiety

Maladaptive thoughts can lead to feelings of anxiety and helplessness, as well as certain well-recognised behaviours that may temporarily alleviate anxiety. However, the issue is that, in the long term, these behaviours feed back into the A/B/C cycle, reinforcing the belief that a problem exists and worsening the anxiety.

- Reassurance seeking: asking someone repeatedly for confirmation that you have made the right choice.
- Checking: reviewing frequently to confirm you haven't made a mistake.
- Neutralising behaviours: For example, watching mindless TV for most of your spare time, turning to drugs or alcohol, spending large sums on shopping, or binge eating.
- Avoiding: If shopping malls make you anxious, it is often easier to avoid them altogether. Similarly, if a specific colleague or patient causes you anxiety, you may want to do everything possible to minimise contact with them to avoid experiencing those feelings of anxiety.
- Escaping: making sure you exit the situation that causes you anxiety as quickly as possible to alleviate those uncomfortable feelings. You are invited to a friend's party, but social gatherings make you anxious. You feel obliged to attend and show your face, but your true goal is simply to appear, get seen, and then escape back to the safety of your home as soon as possible, rather than enjoy the party and the chance to meet new people and create new social connections.

Here is a list of common triggers of anxiety. Which one resonates with you? The list is not exhaustive, and there may be other triggers not mentioned here that you can recognise.

- Making mistakes
- Failure
- Negative judgement by other people
- Loss of control
- Loss of order
- Lack of certainty
- Decision making
- Rejection
- Lack of safety
- Health
- Confrontation

- Hurting others
- Hurting yourself
- Complaints
- Lawsuits
- Referral to the regulator
- Being undermined or embarrassed in front of peers/others
- Separation

Tools to deal with anxiety

So, what can be done to break this vicious cycle? Much like taking up any new activity or sport, repetition, practice, and perseverance are key.

Thoughts and Feelings

Notice

We are so often lost in our own thoughts without being fully aware of what they are. We do not notice them so much as we run away with them. Think of the last time you were lost in your head, contemplating something. Many books, websites, and apps are available that help teach people to become more mindful of this. This is a valuable skill to learn, and although it may be difficult at first, it becomes easier over time. Take 5 to 10 minutes twice a day to simply check in with yourself. Notice how you are feeling. Pay attention to the thoughts crossing your mind and the emotions you experience.

Notice the cognitive distortions that affect you in daily life. Many people navigate life without being aware of these and the unhelpfulness they bring. By recognising your thoughts without getting lost in them, you allow yourself to see that they are merely thoughts and that alternative realities are possible.

Defuse

One of the most powerful realisations I ever had was learning that my thoughts are not me and they do not necessarily reflect the truth. We are all inclined to empower our thoughts to control us by automatically accepting them as facts or truth. We buy into them, engage with them, and this blinds us to other realities and possibilities.

Thank your mind for providing a thought, especially when it feels unhelpful, such as “you’re going to fail” or “you’re not good enough."

Expressing gratitude to your mind or brain with a touch of sarcasm can be especially powerful.

Distance yourself from the thought. Instead of allowing yourself to internally say, “I am going to fail“ change it to, “I recognise that I am having the thought that I am going to fail, and this is making me feel a little anxious. " This creates some distance between you and the thought, giving it less power over you in the long run.

Fact-check

This is a powerful exercise that often leads to the realisation that your thoughts are not rational and are untrue. Take a sheet of paper and draw a line down the middle. On the left side, list all the evidence you have that supports the truth of your thought. On the right side, list all the evidence that contradicts it. Which list is longer? Most of the time, you will find that the left side is significantly longer, indicating that it is time to approach the situation differently.

Write

One of our favourites, it works incredibly well at night if you’re having difficulty sleeping because you are worrying about something. Get a pen and paper and jot down everything that’s going through your mind and the feelings you're experiencing. This is not only cathartic, but many people say that once they see it written down, they realise it is entirely ridiculous.

Reframe

Problems are perceived as challenging obstacles that we must navigate to achieve our goals. For example, the issue is that I need to pass this exam; otherwise, I won't progress through training. Challenges, however, can be enlivening and help shift the way we respond to a situation by using the urge to fight to get what we want rather than the urge to run away or avoid. Reframing allows you to reinterpret your circumstances in a way that helps you push through it rather than tiptoe or crawl through.

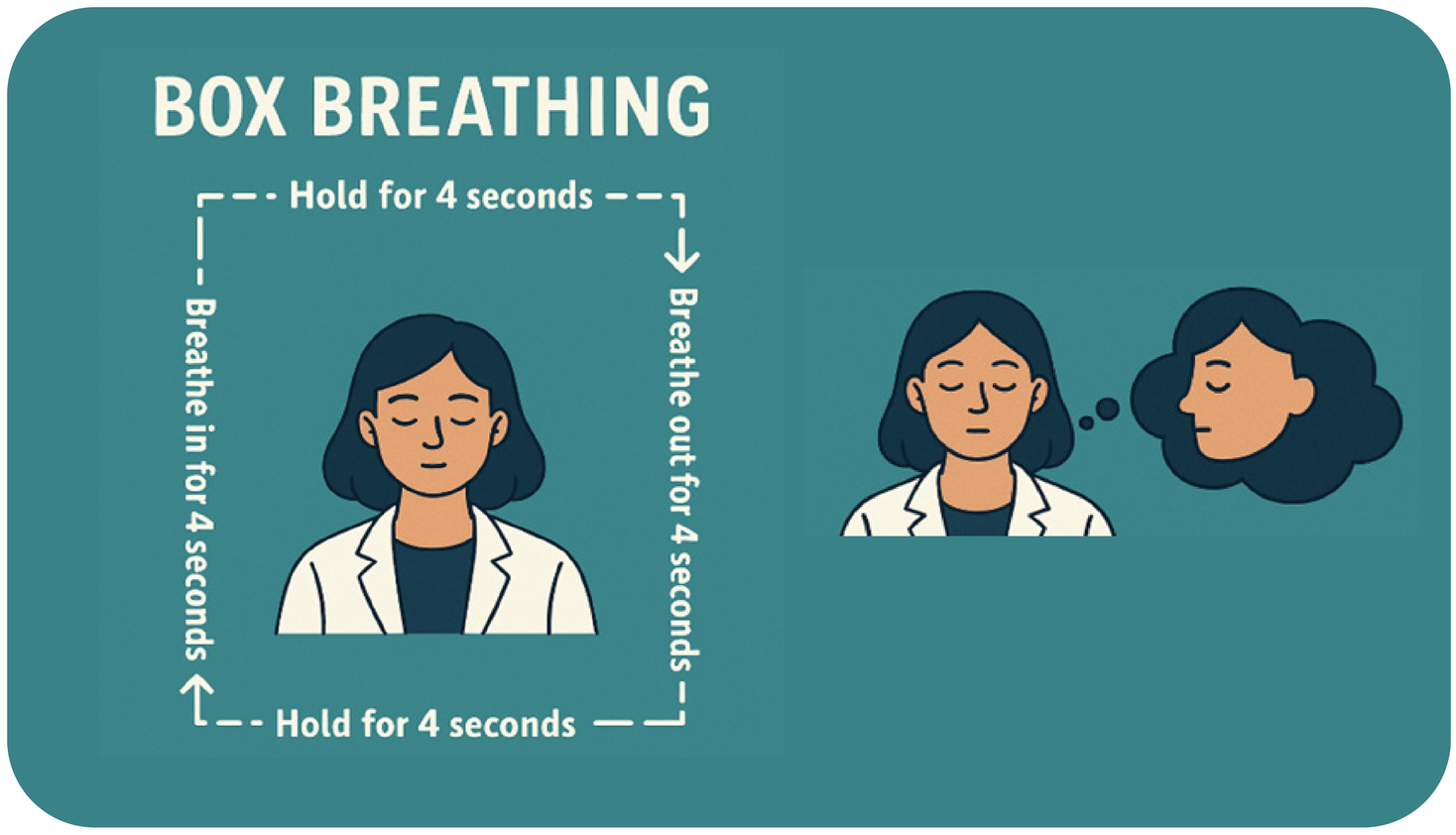
Behaviours

Distract

Distraction is always a helpful short-term technique that works when feelings of anxiety or other unwanted emotions become overwhelming. Shift your focus of attention. Get up and do something else, go for a walk, turn on the radio, or call a friend. This is only a temporary solution to alleviate acute symptoms of distress, but it is really effective.

Box breathe

There are many breathing exercises available that can help you relax. Box breathing is just one of them; it stimulates the vagus nerve and, therefore, your parasympathetic nervous system, which can lead to an increased sense of calm. This is again a useful tool when you notice that you are starting to feel particularly anxious. Pause for a few minutes and imagine a box or a square. Focus on one corner of the box, inhale for four seconds, then move to the next corner, exhaling for four seconds, and continue this process. Repeat as many times as necessary until you feel better.



Face the fear

Earlier, I listed some unhelpful coping strategies that alleviate feelings of anxiety in the short term but worsen matters in the long term. To conquer our fears, we must accept that it will be uncomfortable while being willing to face them. Our need to immediately eliminate uncomfortable feelings will otherwise inevitably lead us to continue relying on unhelpful behaviours, such as avoiding, escaping, seeking reassurance, and so on.

The world wasn't made in a day and accomplishing this will ab solutely take time. If you find it difficult to go to the supermarket, challenge yourself to visit the car park first. Stay there for a few minutes. Next time, perhaps you can make it to the front door. Maybe the time after that, you might be able to reach the fruit and vegetable aisle. Baby steps and patience are the key here. Don't expect to complete a full shop and wait in a long queue during your first attempt.

If you find that you regularly check whether you've completed something on the ward five times as part of your routine before going home, challenge yourself to reduce this to four times during the following week, and then to three times the week after. Again, baby steps are necessary.

Set achievable, realistic goals and celebrate your accomplishments. If you don't succeed at first or meet them every time, don't criticise yourself. Brush yourself off and try again.

Be kind

Imagine failing at something and notice the internal dialogue. What are you saying to yourself? Then, imagine saying the same thing to your nearest and dearest if they had just failed at something, such as a job interview or an exam. I suspect you would not dream of telling someone you deeply care about how awful they are as a human being, or that they are a spectacular failure who deserves to lose out in life.

Think back to the last time you comforted someone you love. What words did you choose? Did you give them a hug, or make them a cup of tea, or both?

Self-compassion and kindness are essential for helping us cope with difficult times. Treat yourself as you would a close friend or loved one facing a challenging experience.

Be mindful to notice any negative self-talk and substitute the self-criticism and judgement with the reminder that you are okay, that you are safe, that you are human, and that you will get through this. This requires practice, but over time, the way you relate to and speak to yourself will transform your brain and how you feel.

Exercise

We all know that exercise offers many benefits. It can serve as a quick distraction and an antidote to acute feelings of anxiety. Simply getting up, moving, and changing your environment can improve your mood. Elevating your heart rate can also help release pent-up energy caused by anxiety and dissipate the associated adrenaline. Over the long term, regular exercise not only provides physical health benefits, but some studies indicate that exercising for 30 minutes each day can be as beneficial as antidepressants. Health professionals often acknowledge the benefits of exercise; they readily recommend it to patients yet frequently neglect it in their own lives.

Remember:

You are not your thoughts.

You do not have to indulge and comply with your anxiety.

You can pause, make a choice, and change direction.

When you feel anxious, distraction can often be your ally. Being kind to yourself is not a sign of weakness, it is a demonstration of strength.

Chapter Seven

Shame and Guilt

"What do you regard as most humane?
To spare someone shame."
Friedrich Nietzshe

Consider the difference between shame and guilt. Differentiating between these two powerful emotions can be quite tricky.

Guilt can be thought of as the feeling you get when you break a moral rule that you believe in: the sense that you have done something wrong and that you are a bad or lesser person because of it - "I did something bad." It is usually accompanied by feelings of self-damnation, self-criticism, and regret. There is often an urge to try to rectify the situation somehow, often by punishing yourself or by continually apologising for it.

In our experience, doctors often feel guilty when they are not being productive, even outside of work. They struggle to simply sit with themselves and take time to relax without feeling guilty about not achieving something, whether that be writing a paper, studying for an exam, learning, training for an Ironman competition, and so forth.

Common triggers of guilt:

- Committing a wrongdoing
- Harming someone, even unintentionally
- Mocking another person
- Failing
- Making a mistake
- Infidelity
- Spending money
- Lying
- Not doing as much as you believe you could for a patient
- Disappointing someone

Case study

Gary is a GP who assessed a young man struggling with low mood. Gary was running late and could see more patients arriving on his list while the young man explained how bad things were at home.

They agreed to review his mood in two weeks' time. A couple of days before the review appointment, Gary was notified that the young man had been found dead after going missing, and it is presumed he took his own life. Gary is overwhelmed by feelings of guilt – what if he had given this patient more time during their appointment? Should he have done anything differently? If he had, would he still be alive today?

Shame on the other hand is the powerful unpleasant emotion that is felt when you feel that there is a discrepancy between you and your desired or ideal self put, it is the feeling of "I am bad," which relates to feeling bad about who we are, in contrast to guilt, which can be described as feeling bad about what we have done. The sense of shame intensifies considerably when others become aware of this perceived defectiveness.

Shame also arises when an incident or faux pas is perceived to be public knowledge, especially when one's self-worth is linked to others' opinions.

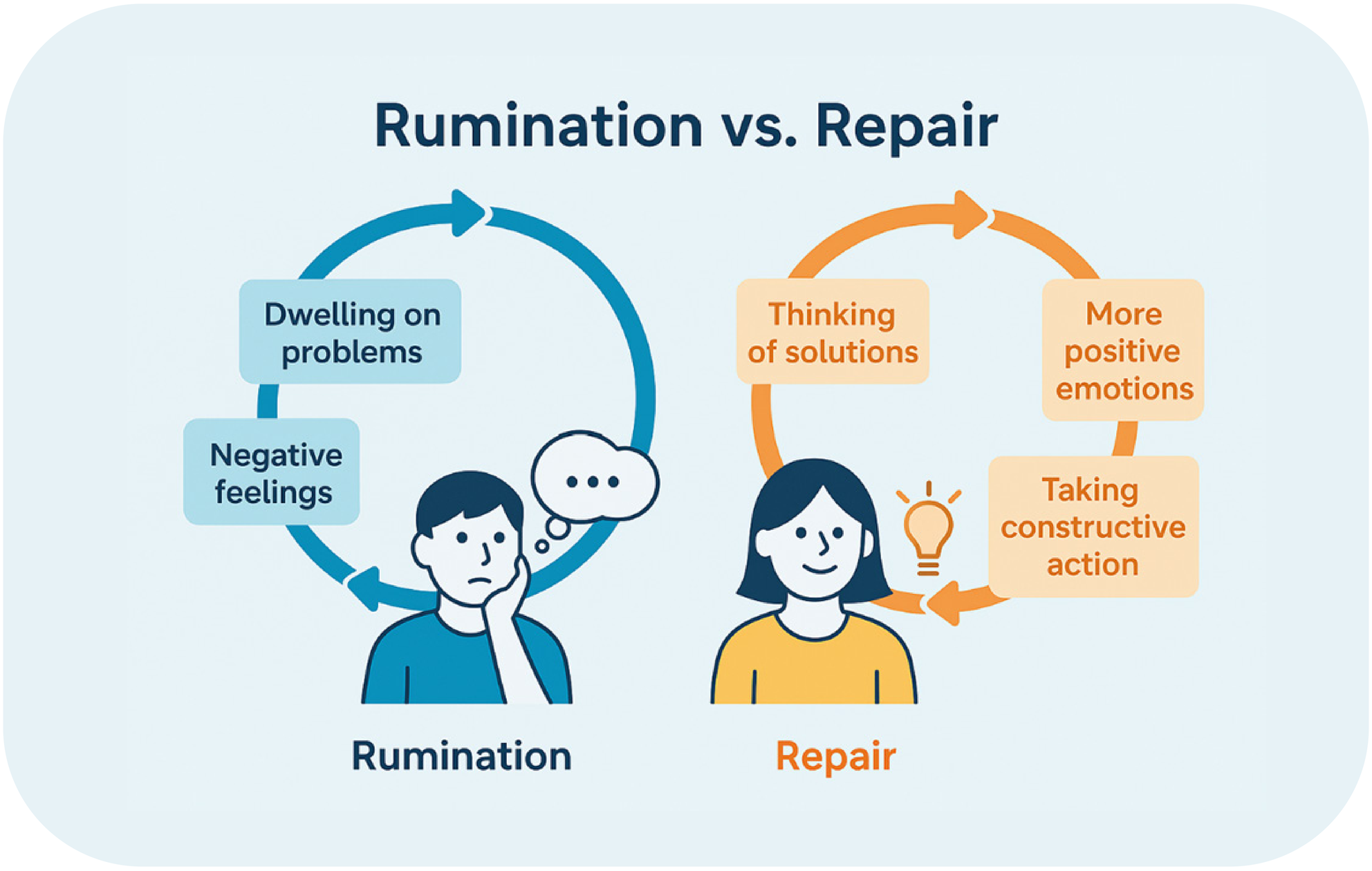
Case study

Maria is a specialist registrar in General Surgery, with a husband and two young children. She is also the primary breadwinner in her household. One morning, before going to work, her eldest son, George, tells her that he misses her, as she has been particularly busy recently writing her thesis, working on-calls, and has also been away to present at an international conference. Upon hearing this, Maria is consumed by guilt, feeling like a failure as a mother for not being there for her children. Later that day, she learns that a patient she operated on the day before has unexpectedly died after developing post-operative complications. Although the patient had multiple co-morbidities, Maria's mind races with immense guilt about the death, blaming herself for it. She feels shame as both a mother and a doctor, struggling with a sense of failure in these two most significant areas of her life.

When you feel both

It is possible to feel both guilt and shame about something. In Maria's case above, she may feel both guilt and shame regarding her patient's death because her colleagues discuss it. In her mind, she has done something wrong by inadvertently contributing to the patient's demise, and she feels ashamed because she perceives herself as a defective doctor. She may feel guilty for not being as present as her children would like and ashamed if, during parents' evening, her child's teacher mentions that George has said mummy is not home very often, implying she is a defective mother.

In Gary's case, it is not improbable that he feels both guilt and shame after hearing about the unexpected death of his patient. He feels guilty because he thinks he should or could have done something differently to prevent the death, and shame because he may perceive himself as somehow defective as a doctor. Additionally, he may worry about being publicly shamed if his practice is reviewed by colleagues and possibly even at a subsequent inquest.



Common triggers of shame

- Being laughed at or talked about
- Receiving criticism
- Failing
- Sexual orientation
- Sexual desires
- Experiencing illness (especially mental illness)
- Physical appearance
- Uncertainty about an answer
- Making mistakes
- Showing emotion, anxiety, or embarrassment
- Rejection

Why Doctors are especially vulnerable to guilt and shame

Doctors are trained to be competent, reliable, calm under pressure, and always in control. From the early days of medical school, a culture of perfectionism is subtly- and sometimes overtly- reinforced. Mistakes, uncertainty, or even asking for help may be interpreted as weakness or, worse, as dangerous incompetence.

This culture contributes to several factors that mean doctors are particularly susceptible to guilt and shame:

High internal standards

Doctors often set unreasonably high expectations for themselves. When they make a mistake, fall behind, or disappoint someone, even slightly, they may exaggerate the consequences or see it as a personal failing.

Moral responsibility

Medicine is not merely a job: it is a vocation. Many doctors experience an intense moral obligation to help others. Therefore, when something goes wrong, even when it is beyond their control, they may feel they have failed both ethically and professionally.

Chronic exposure to trauma and suffering

Repeated exposure to patient deaths, poor outcomes, or suffering can evoke complex emotions: grief, helplessness, frustration that often go unprocessed. Without space or support to reflect, these emotions can gradually harden into guilt or shame over time.

Lack of permission to be vulnerable

There is an unwritten rule in many medical environments that doctors should simply "get on with it." Emotional pain or personal distress is often minimised. Doctors may fear being perceived as weak, unstable, or unfit if they speak up, especially to colleagues.

Fear of judgment or consequence

Doctors realise that their work is often under scrutiny, from patients, colleagues, and regulators. This can foster a sense of hypervigilance and anxiety, where even minor mistakes could lead to career-altering consequences. This fear instigates both guilt (for what occurred) and shame (for who they believe they are as a result).

Blurred work-self boundaries

For many doctors, their identity is deeply intertwined with their professional role. This means that when something goes wrong at work, it's not merely considered a bad outcome; it feels as if they are bad. This fusion of identity intensifies the emotional fallout.

At Practitioner Health, we often hear patients express, during registration or their first conversations with us, feelings of guilt and shame about seeking help. They frequently mention feeling guilty for taking time that could be used for someone else in greater need. This sense of shame is connected to their unhealthy belief that, as health and care professionals, they should be perfect, that they should not need help, and that vulnerability is inherently negative. The feeling of shame can be so overwhelming that it often prevents them from seeking help at all, as this would mean someone else would become aware of their perceived shortcomings

People often take a reparative approach when feeling guilty, such as trying to right the wrong and apologising; however, this can become maladaptive, as seen in cases of apologising repeatedly when one apology would suffice. Shame, on the other hand, is more likely to result in ongoing negative rumination and can lead to depression if left unmanaged.

Working through guilt and shame

The first, and often hardest, step is to simply notice when these emotions arise and to become curious about them. Consider asking yourself:

- What exactly do I feel guilty or ashamed about?
- What would I do differently if given the chance?
- Is there something I can do to make things right - to apologise, repair, or take responsibility?
- What underlying belief is this touching in me?

If it is possible to make amends or seek forgiveness, do so with care and humility. However, if that is no longer an option, perhaps the most important step is to forgive yourself. You are a fallible human being - just like everyone else. We all make mistakes. What matters is whether we grow from them. Ask yourself:

- What does this experience teach me?
- How can I carry that learning forward?

Recognise what triggers shame in you. Is it related to a belief that your worth relies on being perfect, competent, or always in control?
Is your worth as a person truly defined by living mistake-free?

If not, and most would say no, then start allowing yourself to be good enough, not flawless. As a health and care professional, you will inevitably make mistakes. In fact, some say that the only people who haven't made one... are those whose mistakes haven't yet come to light.

Reality-checking the noise

Remember:

- People are often too focused on their own lives to scrutinise yours.
- Even if they notice your misstep, how do you know they're judging you?
- Might they relate to what you're going through, or even feel the same?

Your thoughts and self-judgments may seem true, but they are not necessarily facts. Before you accept them, take a moment to verify. Ask:

"Is this thought kind? Is it helpful? Is it true?"

Others' opinions and your own harsh inner voice are not absolute truths. They are simply noise. You are allowed to have flaws, make mistakes, and keep moving forward.

Be Kind to Yourself

What would you tell a friend or colleague who made the same mistake? Would you be as critical of them as you are of yourself?

Try to channel that same compassion inward. Instead of endlessly ruminating, focus on what you can do now. Could this lead to learning rather than lifelong condemnation?

Mistakes do not make you unworthy; they make you human.

Case study

Amaan is an FY1 working in a busy district general hospital. One night on-call, he is repeatedly bleeped about a deteriorating patient. He feels overwhelmed, juggling several tasks, and doesn't respond to the first bleep immediately. By the time he arrives, the patient has worsened and requires an HDU admission.

The next morning, during the handover, the night registrar sharply asks why there was a delay in the review. Amaan mumbles something about being busy, but internally, he feels like he is spiralling:

"I should have prioritised better."
"I'm not cut out for this."
"I'm a danger to patients."
"Everyone must think I'm incompetent."

He feels sick on the way home and avoids the doctors' mess for the remainder of the week. Although no formal complaint is made, Amaan becomes withdrawn and anxious during his shift, prompting him to question whether he belongs in medicine at all.

In therapy, Amaan realises he's not merely feeling guilt over the delayed review - he is experiencing shame: a belief that he is flawed, rather than just having made a mistake. He begins to unpack the narrative that "good doctors never mess up" and examines how his self-worth has been linked to perpetual competence and approval.

In this work, he starts to distinguish what happened from his identity and learns to embrace imperfection without allowing it to define him.

Shame and guilt are emotions that we can feel intensely, and, at times, they may be overwhelming. They shape how we see ourselves and how we relate to others, especially when working in healthcare. Often, they linger quietly in the background, influencing our thoughts, actions, and interactions without us even realising. But neither emotion has to define us. When we approach them with curiosity and compassion, we can begin to see them as signals rather than verdicts: signals that point us towards what really matters to us, where we feel wounded, and where we may need care. With time, support, and reflection, it is possible to step away from the role of judge, jury, and executioner, and move instead towards self-understanding and compassion.

Chapter Eight
Jealousy and Envy

"Every time a friend succeeds, I die a little"
Gore Vidal

People often confuse jealousy and envy, using them interchangeably. Although they are different emotions, both can be highly damaging in their own ways.

Jealousy

Jealousy relates to relationships, meaning that when you are in a relationship with someone, you may experience what you perceive as a threat to that bond. You don't want anyone else to interfere and ruin or damage the relationship, and you fear that this might happen. The issue with jealousy is that it often becomes a self-fulfilling prophecy; the behaviours it incites can lead to the other person feeling suffocated and mistrusted, neither of which foster a healthy, loving partnership. Ultimately, this behaviour can drive the partner away, as nothing they do seems to provide enough reassurance that they are trustworthy or that they won't leave for someone else.

Jealousy, like many other emotions, is often accompanied by feelings such as anxiety, low mood, and anger, making it a true emotional rollercoaster that can be very distressing for both the jealous person and their partner.

Typical thoughts that can lead to feelings of jealousy- often accompanied by anxiety and anger- include:

“If my partner looks at another man, this is intolerable as it means he finds him more attractive than me and this demonstrates that I am a failure as a person.”

“I do not like the fact that my husband goes out with other women from work as he will probably find them more attractive than me which I can't bear. I hate that he does this, and I hate that they flirt with him."

“I must be the person that my spouse finds the most attractive as otherwise this will mean I am not good enough.”

“My partner must only ever love me and find me attractive, and I would not be able to cope if she ever left me. I would not be able to cope and would never find anyone else”.

Your sense of self-worth depends heavily on your partner’s thoughts, feelings, and behaviours. Consequently, you may seek to control them by checking for signs of an affair, asking repeated questions, and constantly seeking reassurance that they love you. You might even start imagining vivid scenarios in which your partner is cheating on you. You remain vigilant for threats to the relationship, and this vigilance can become exhausting for both you and your partner.

It is important to note, however, that jealousy is not always about the potential loss of a romantic partner to someone else; it can arise from a perceived threat to any valued relationship – for example, when a close friend becomes emotionally connected to someone new.

Jealousy can become dangerous if left unchecked; history is filled with violent crimes and murders resulting from intolerable feelings of distress, leading to the extreme decision to end a person’s life to control what is perceived as their errant behaviour.

Case Study

Pallavi is a CT2 doctor in acute medicine. She has been working under the guidance of a charismatic and well-respected consultant, Dr. Patel, who is known for nurturing trainees and who is frequently praised by both colleagues and patients.

Over the past few weeks, Pallavi has noticed that one of her peers, Aaron, appears to have developed a close working relationship with Dr. Patel. They frequently share laughter during ward rounds, and Aaron has been invited to co-author an audit project and attend a national conference alongside him.

Pallavi begins to feel uncomfortable. She reassures herself that it's not a big deal, yet she finds herself withdrawing during team meetings, quietly criticising Aaron in her mind, and feeling resentful when he receives positive feedback. She reflects:

"Why not me? I've worked just as hard."
"Maybe I'm not good enough."
"They clearly prefer him."

She recognises a growing sense of jealousy - the fear of losing access to something she values, such as mentorship, validation, opportunity and of being overlooked.

In counselling, Pallavi discusses her feelings and realises that beneath her jealousy lies a longing for connection, recognition, and career support. Rather than stewing in resentment, she decides to speak directly with Dr. Patel. She expresses her interest in becoming more involved in departmental teaching and asks for feedback on how she might progress.

The conversation goes better than expected. Dr. Patel hadn't realised she was eager to present or publish and welcomes the discussion. Pallavi leaves feeling more empowered - and somewhat lighter

Envy

Envy is rather different.

If jealousy, in a nutshell, can be described by the thought, “I want to keep my partner, and I do not want anyone to come and ruin it, " then envy can be described by the thought, “I want what you have."

This desire can relate to anything, but common objects of envy include status, achievements, wealth, relationships, knowledge, ability, and beauty. We often feel envious of others whom they perceive as doing “better” than themselves. For example, as a resident doctor, you might feel envious of a consultant conducting your ward round as he or she demonstrates their knowledge and confidence. You may feel envious of their ability as a doctor, their status as a consultant, and their achievements in that regard.

Envy can be helpful because it can drive us toward certain goals we wish to achieve. However, it can also be destructive, leading to feelings of low self-worth, anxiety, anger, and shame if we frequently compare ourselves to others and focus on what we lack.

Jealousy	Envy
Fear of losing something important to you (e.g. attention, recognition, opportunity)	Desire for something someone else has (e.g. status, skills, success)
Triggered by perceived threat to something you already have	Triggered by perceived gap between you and someone else
Often tied to relationships or roles	Often tied to comparisons of achievement or identity
Feels like: anxiety, insecurity, possessiveness	Feels like: inadequacy, resentment, longing
“They’re taking something from me.”	“They have what I want.”

Why Envy is common among doctors and health and care professionals

Envy is an emotion that many experience, but few discuss. It is often quietly dismissed, masked as irritation or shame, or ignored altogether. However, envy is a natural reaction to perceived inequality, particularly in a highly competitive, hierarchical, and performance-driven field like medicine.

The comparison culture starts early

From medical school onward, doctors are ranked, assessed, and filtered through competitive exams and applications. Success is publicly visible: publications, awards, consultancy positions, and leadership roles. Even subtle aspects, such as who receives praise during ward rounds or who is invited to speak at teaching sessions, can prompt comparisons.

Medicine is identity-defining

For many doctors, medicine isn’t just a job; it’s part of their identity. When someone else advances or receives recognition, it can feel personal: “Why not me?” “Am I not good enough?”

Professional progress is uneven

Training pathways can be long and winding. Some individuals may step off for academic pursuits, parenting, or health reasons, while others may accelerate through them. These divergent paths can lead to a feeling of being "behind," especially when peers share milestone achievements or promotions on social media.

Delayed gratification is the norm

Doctors often delay personal goals, such as buying a house, having children, or taking holidays, for years while focusing on exams and training. Observing others achieve these milestones, especially those outside the medical field can provoke feelings of envy and even resentment.

Social media amplification can hit home

It has never been easier to compare your behind-the-scenes reality with someone else's curated success. A tweet about a keynote speech or a LinkedIn post about a leadership award can resonate powerfully, especially during moments of self-doubt or burnout.

Case study

Julia is a final-year GP trainee who has been working hard for several years, balancing her training with family life and recovering from a period of burnout. She is proud to be back on track until she hears that her colleague, Ravi, has just been appointed as a salaried GP and clinical lead in a prestigious local practice.

Ravi is well-liked, intelligent, and highly motivated. He has published research, spoken at conferences, and appears to have everything figured out. Julia congratulates him warmly, but later that night, she finds herself scrolling through LinkedIn, reading his post about the appointment and feeling increasingly agitated. She thinks:

"I should be further along by now."
"Why do things always seem to work out for other people?"
"Maybe I've wasted too much time."
"I'm falling behind."

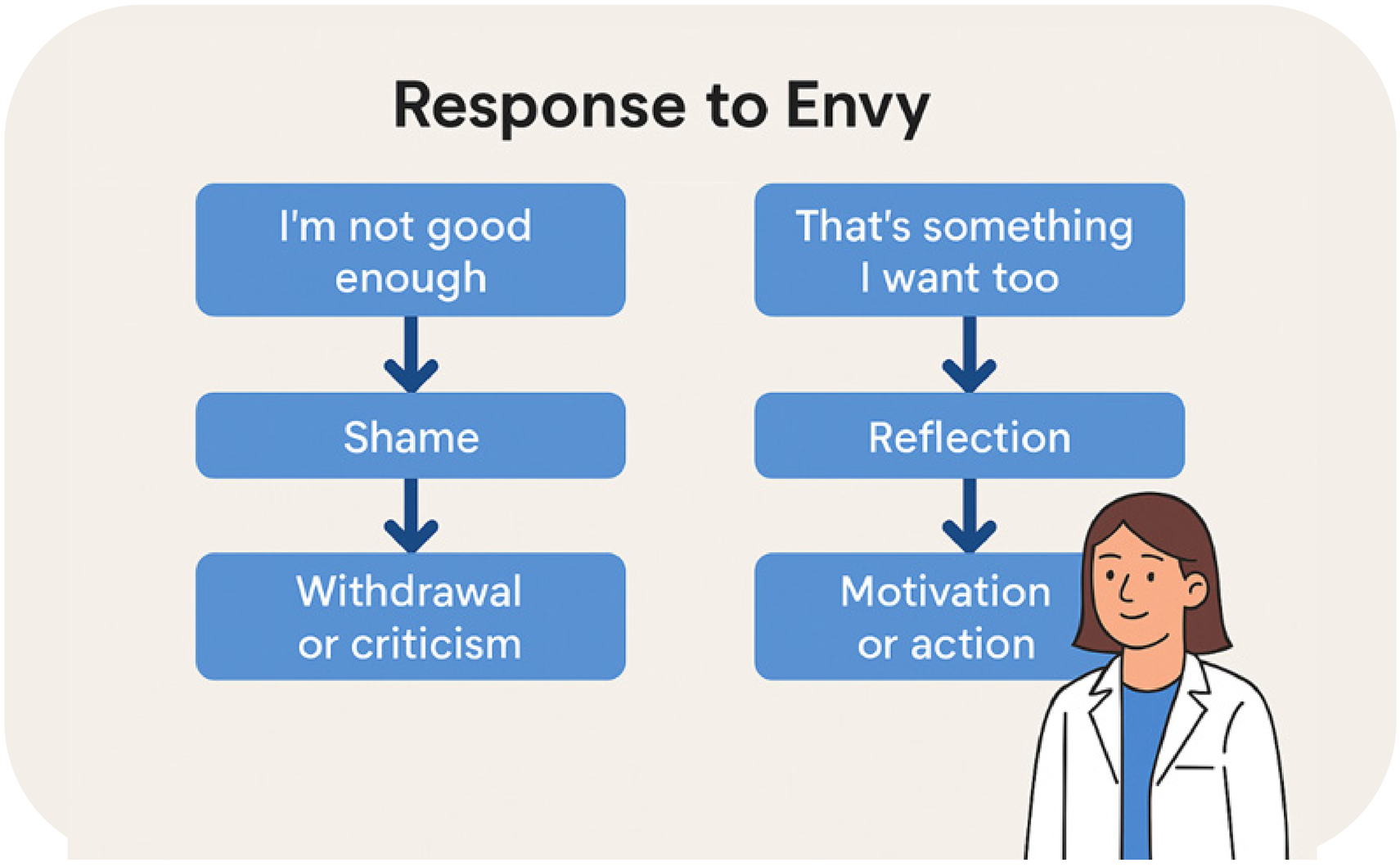
Julia isn't angry at Ravi; she likes him. Yet, there's a gnawing sense of envy. She feels inadequate, and she feels guilty for experiencing these feelings at all.
In reflective practice, Julia explores what is happening. She realises her envy signals something deeper: a longing for progress, visibility, and recognition for her efforts. With this insight, she channels her feelings into something more constructive. She schedules time to update her portfolio, consults a mentor about teaching opportunities, and sets a meaningful career goal for the next year- one that resonates with her, not someone else's definition of success.

How can we manage Jealousy and Envy?

A jealous person will have to come to accept that there is no absolute guarantee that their relationship will last forever. Remember that you can control only your beliefs and actions. You cannot dictate what your partner thinks, feels, fantasises about, or how they behave. Your self-worth is independent of your partner's feelings and whether they will always feel the same about you.

Accept the reality that there will inevitably be other people whom your partner also finds attractive. This does not mean that your worth is diminished. Try to adopt a more flexible approach to this. For example:

"I may not like that I am not the only one that he/she finds attractive, however this does not mean I am worthless, and it is something that I can cope with."
or
"It would be really difficult if my relationship ended and he left me for someone else, however this does not mean that I am a failure and ultimately it is something I will be able to come to terms with."



If you are envious of someone, focus on what exactly you are envious of (do you really want that flashy car? Is it important to you?) and transform that into a realistic goal that you can work towards, instead of engaging in unhelpful behaviours like trying to deprive others of it or berating yourself (or attacking them in some way) because you don't have it yet.

Shift your mindset from thinking, "they have it, I don't, and it's not fair" or "they have it, and I don't, which means I am useless" to asking yourself, "what steps can I take to achieve that goal?" Turn your wants into aspirations rather than self-defeating regrets for what you lack.

Chapter Nine
Anger

'When anger rises, think of the consequences.'
Confucius

Anger is a term that carries many negative connotations. What exactly is anger? It is often described as the emotional response that we have when we perceive a violation of our values, sense of fairness, or boundaries.

Rage is more explosive, destructive, and damaging. It is often unconscious and may result from something that happened in the past that one hasn't fully processed. The word implies that the person who is raging has lost control and the ability to think rationally.

Some common life events that can lead to feelings of anger include others jumping the queue or the bus not arriving on time. In Practitioner Health, we often encounter patients expressing that their anger stems from feeling unable to perform the job they desire or deliver the level of care they intended when they assumed their role.

Adaptive and maladaptive anger

Healthy or adaptive anger occurs when you feel that your sense of fairness or values has been violated, yet you can channel that anger in a productive manner, leading to constructive change.

Maladaptive anger can occur when a breach of your values leads to anger and unhelpful or destructive behaviours, such as aggression, silence, sulking, stonewalling, blaming, and punishment. These reactions are rarely beneficial and are more likely to hinder your cause rather than advance it.

Some of the common causes of anger that we hear about at Practitioner Health include:

- Lack of time
- Demanding patients
- Lack of resources
- Lack of support
- Feelings of being criticised by colleagues or seniors
- Intense workload and pressure
- Negative media coverage
- IT/computer problems
- Relationship problems

One of the best ways to resolve these problems is to communicate your needs effectively. Consider how to ask for what you want or need. Inform the relevant people of your needs instead of expressing your frustrations. Based on their response (which may be a no), you can then explore the best way to respond, through action, adaptation, or acceptance.

Sometimes, expressing your needs will not lead to any change, which means you may need to work on accepting the status quo or seeking alternatives. Ultimately, this is a problem-solving approach; however, we must acknowledge that sometimes there is no solution to the problem at hand. Accepting your position in it or changing your role- such as moving to another organisation- may be a better alternative to remaining permanently angry and frustrated.

The first step in managing anger is to acknowledge its presence and identify what is causing you to feel angry. Is there something that can be done about it, or is it beyond our control? If it is something you can change, how will you approach it, and when will you commit to taking action? If it is something you cannot change, can you accept it?

Learning to be assertive can also work wonders in helping you take ownership of your feelings and communicating your needs.

Case study

Hassan is a paediatrics registrar in his ST5 year. He takes pride in being calm and collected- the kind of doctor who never loses his temper. However, lately, things have been building up.

He has been covering rota gaps, staying late, and has not taken a proper break in weeks. One Friday afternoon, he receives an email regarding a parent's complaint - claiming he was "dismissive and cold" during a hectic ward round. Hassan feels a rush of anger:

"I'm doing my best under impossible conditions!"

"No one sees the hours I work, or the things I sacrifice for this job!"

He snaps at a junior colleague, then spends the weekend feeling ashamed and emotionally exhausted.

In discussion with a counsellor, Hassan unpacks the layers beneath the anger, exhaustion, unfairness, and a feeling of being unseen. His response is not just about the complaint but reflects months of overexertion and subsequently overextending himself.

Together, they explore ways for him to better assert his limits, advocate for necessary breaks, and constructively express his frustration with the team.

The Anger Iceberg: What lies beneath the surface?

Anger is a powerful and often visible emotion, but also frequently just the tip of the iceberg. Underneath, there are usually deeper, more vulnerable emotions that we may not fully recognise.

THE ANGER ICEBERG:
What's Underneath the Surface

Above the Surface:

- Outbursts
- Irritability
- Snapping at others
- Sarcastic or cold tone
- Silent withdrawal

Hurt

Exhaustion

Fear / **Shame**

Grief

Injustice

Feeling overlooked

Feeling powerless

Above the surface:

- Outbursts
- Irritability
- Snapping at others
- Sarcasm or frosty tone
- Silent withdrawal

Below the surface:

- Hurt
- Exhaustion
- Fear
- Shame
- Grief
- Injustice
- Feeling overlooked
- Feeling powerless

Health and care staff often just power through challenging experiences without taking a moment to reflect, especially in under-resourced, high-pressure environments. Over time, these unprocessed emotions can accumulate and eventually manifest as irritability, frustration, or rage.

Recognising the iceberg beneath your anger allows you to:

• Be curious instead of reactive
• Identify what truly needs attention (e.g. burnout, feeling unheard, moral distress)
• Respond with more self-compassion and intention

When was the last time you felt anger at work?
What other emotions might have been underlying that anger?
Were you tired? Hurt? Unsupported?

The 5 A's of Managing Anger

Awareness

Recognise and acknowledge that you are feeling angry. Anger is a powerful emotion, one that we all experience from time to time.

How much time do you spend feeling angry? If your answer is “all the time,” you may need to talk to a professional to help you understand why this is and how to manage it best.

Action

Is there something you can do to precipitate change so that whatever is causing your angry feelings can be alleviated?

Assertiveness

Is there something you want or need from others to change your situation and whatever it is that is leading to your angry feelings? Many of our patients struggle to communicate their own needs effectively, as they are used to addressing the requests of others and doing their best not to upset colleagues and their own patients. It may be that some time and practice on assertive communication could work wonders for your feelings of anger and mental well-being in general. You may find that reading the book “Nonviolent Communication” by Marshall Rosenberg is a good first step if this is an area you struggle with.

Acceptance

If, despite your efforts to evoke change, the triggers for your anger persist, it may be time to consider accepting what you cannot change or control. You might come to realise that your partner will not change the way they are or how they behave, which contributes to your feelings of anger. Will you continue to feel frustrated because your colleague doesn’t work in the same manner as you do or doesn't do things ‘just so’? Ultimately, it comes down to determining what you are willing to accept and what you are not, changing it (or the situation) if possible, or making peace with it if change is not an option.

Aftercare

How do I soothe myself, and what can I do to reset my feelings and restore some calm? This might involve something as simple as going for a walk or a run, or I might need to talk to someone. The grounding and box breathing exercises can also be helpful in this situation.

THE 5 A's

- WORKING THROUGH ANGER

Awareness

Recognize and acknowledge that you are feeling angry. It is a powerful emotion and one that we all feel from time to time.

Action

Is there something you can do to precipitate change so that whatever is leading to your angry feelings can be mitigated'?

Assertiveness

Is there something you want or need from others in order to change your situation and whatever it is that is leading to your angry feelings?

Acceptance

If the triggers to your anger remain, it couid be time to contemplate accepting what it is that you cannot change or control.

Aftercare

How do I soothe myself and what can I do in order to reset how I am feeling and restore some calm?

Anger is not the enemy; it's a messenger. It often indicates something you care deeply about: fairness, safety, respect, autonomy, or being heard is under threat. Instead of suppressing it or exploding with it, try to listen. What lies beneath the heat? What requires attention?

You don't need to fear anger or feel ashamed of it.

You just need to understand it, name it, and work with it honestly, courageously, and compassionately.

Like all emotions, it can serve as a guide. If followed thoughtfully, it might just lead you toward change, clarity, or some peace.

Chapter Ten

Low Mood and Depression

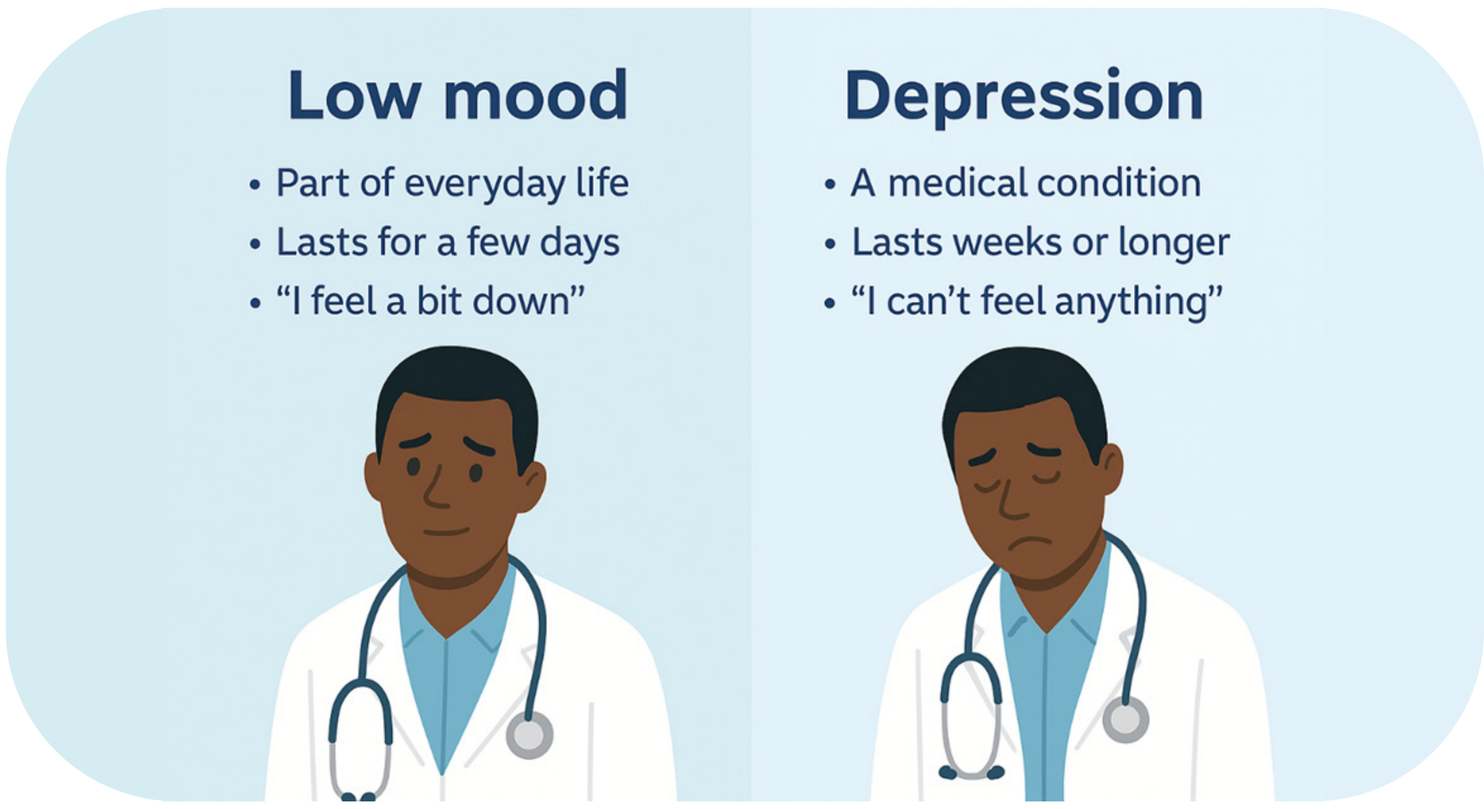
'A tendency to melancholy...
is a misfortune,not a fault.'
Abraham Lincoln

After anxiety, low mood and depression are the main reasons that our patients seek help from us.

The difference between low mood and depression

Everyone experiences times in life when we feel fed up, miserable, melancholic, unhappy, or sad, but usually these periods are transient and will pass. These periods of low mood differ from depression, which is a clinical condition characterised by pervasive and persistent feelings that can have potentially severe consequences for one's physical health as well.

In medicine, we observe a depressed mood characterised by a loss of interest or pleasure in activities that typically bring us joy. Changes in appetite, weight, sleep patterns, and energy levels often accompany difficulties with concentration, feelings of hopelessness or failure, and even thoughts of suicide. For many individuals, a depressed mood can be quite evident, leading to alterations in their communication style, body language, and overall presentation in daily life. These changes provide clues to those around them, including healthcare professionals, that something is amiss.



Case study

James is a junior doctor who recently failed an exam and feels increasingly disengaged at work. He tells himself he should be fine, but finds he's avoiding friends, missing meals, and staying in bed for most of the weekend. He hasn't confided in anyone about how low he feels because he's "still functioning." It's not until a supervisor gently checks in that he realises how far his mood has slipped and how alone he has felt.

Why health and care profesionals often mask depression

What we have found is that health and care professionals are very good at putting on a "good front," and the fact that they can be profoundly depressed may not be apparent at all to those close to them or to their colleagues. They may be smiling on the outside and performing well at work while quietly suffering tremendously. Like James, they may not even realise they have become unwell. If any of this resonates with you, please seek help as soon as possible.

We find that many patients presenting to us in therapy speak about heightened feelings of failure (both past and present), feelings of loss (which may involve something or someone), and genuine feelings of hopelessness. The future can seem bleak and pointless. It is quite common for depression to co-exist with another mental health condition, such as anxiety, which we have already covered in an earlier chapter. Chronic ill health or suffering from chronic pain are also significant risk factors for developing depression.

Doctors and health and care professionals can be so career-driven that they make their entire lives revolve around their vocation and work, often leaving little to no space for hobbies or a life outside of work that involves friends and family. When things at work don't go according to plan, it can significantly impact their mental state, as their lives often centre on work. However, we rarely get to the bottom of why someone becomes depressed.

Feelings of guilt are quite common and may relate to work, home, or family life. For example, you might feel guilty for not being able to "snap out of it" or because you are too tired after a long day at the hospital to spend quality time with the kids. Many of these feelings, when examined closely, are completely unfounded; however, they can still be quite prominent as part of depressive illness.

Case Study

Nina is a GP trainee in her final year. Over the past few months, she has noticed a growing heaviness in her daily life. There was no single triggering event - just a gradual erosion of energy and motivation. She still manages her clinic lists and appears cheerful with patients, but inside she feels numb.

She used to enjoy running and spending weekends with friends, but now she often cancels plans, preferring to lie on the sofa with the TV playing in the background. She tells herself that she's just tired, that everyone is exhausted these days, and that she should be grateful she's coping at all.

But her inner chatter is relentless:

"You're lazy."
"You'll never be as good as your colleagues."
"You're limping through each day."

She starts sleeping for longer periods of time yet feels no more rested. Her eating habits become erratic. She scrolls through social media and feels increasingly disconnected from the seemingly full lives of others.

It's not until a friend gently comments, "You haven't really seemed like yourself lately," that Nina pauses. She realises she hasn't laughed, really laughed in weeks. That she's begun to dread even simple tasks, like checking her email. Eventually, Nina speaks with her GP trainer, who directs her to Practitioner Health. Sharing her feelings of low mood brings unexpected relief. For the first time, she feels like she's not failing, she's struggling and that's acceptable.

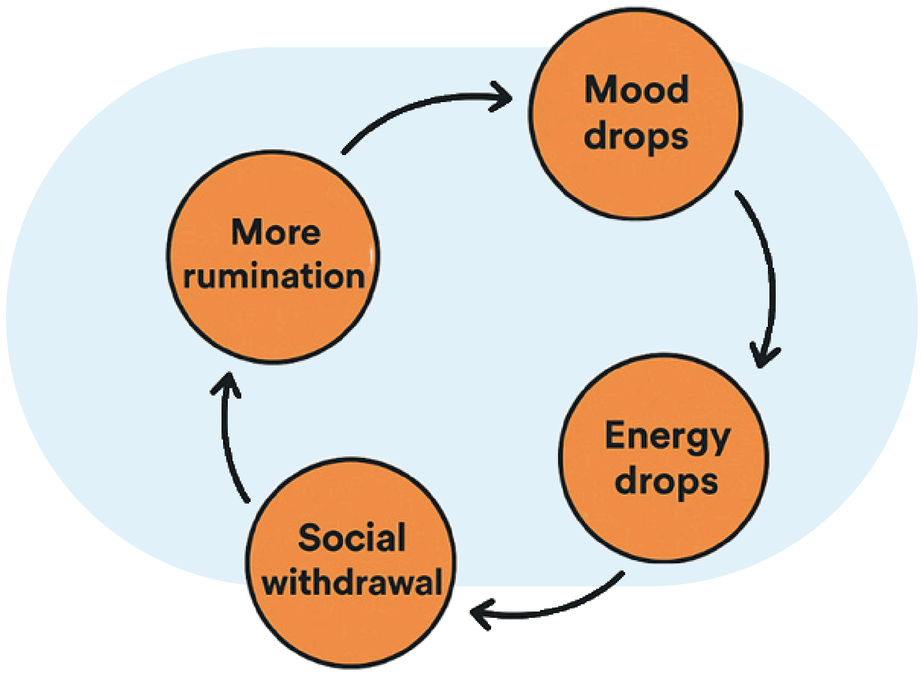
The vicious cycle of depression

When feeling depressed or low, we tend to ruminate on endless soul-searching questions, focusing on the negative and contemplating past losses or failures without ever reaching satisfactory answers or resolutions. We often live in our own heads, too occupied with our never-ending self-doubt and blame, which makes us feel even lower and more exhausted, leading to further rumination. This exacerbates and prolongs the illness, and part of therapy will involve addressing rumination to try to break this vicious cycle. Sometimes, talking therapy isn't enough, and for some of us, medication is necessary to elevate our mood enough to implement the changes identified through talking therapy.

Enduring low mood and depression can prevent us from engaging in the activities that typically help us feel well, such as:

- Seeing friends and family
- Hobbies and sports
- Cooking and eating well
- Moderating our intake of alcohol or other unhealthy behaviours

The very things that keep us well often tend to be the first to go out the window, which leads to a worsening of mood; it is a vicious cycle.



Therapy often focuses on making small changes that may seem insignificant, but to someone with severe depression, they can be life changing. For example, sending a text to a friend we have been avoiding can help re-establish a social connection, going for a short walk daily can boost well-being, or preparing a simple meal can enhance self-care. Small changes in one's behaviour can have a positive knock-on effect on one's mood when repeated and maintained.

What helps?

Self-help strategies for low mood include:

1. Trying to establish a routine that doesn't feel insurmountable, such as ensuring you get enough sleep and eat regular meals.

2. Engaging in some form of physical activity: this doesn't have to be running, weightlifting, or going to the gym- just something that gets you out of the house and your blood pumping a little bit. Short walks can be wonderful, especially if you have access to green spaces and the weather is nice. There's no need to join a gym or enrol in a marathon.

3. Limiting news intake and social media to avoid ‘doom scrolling’ and ruminating on how wonderful (or terrible) others’ lives are can negatively impact one’s mood. If you fear missing out, you could restrict your scrolling time to 10-20 minutes per day.

4. Celebrate small wins by congratulating yourself for cooking, preparing a meal, or going for a walk around the block. Treat yourself like you would a good friend or loved one: be kind.

5. Consider how you might re-establish social connections if they have faded. This could involve simply asking someone to grab a quick coffee or even sending a message to say hi if an in-person meeting feels overwhelming at first.

6. Be mindful of your consumption of junk food and alcohol and be cautious of other misleading quick fixes such as drugs or gambling. While these options may provide a temporary sense of relief and induce a dopamine rush, they can ultimately diminish our mood over time.

7. Share your difficulties: this could be with a professional, such as one at NHS Practitioner Health, your GP, the Samaritans, or with friends and family. A problem shared is a problem halved.

8. You should always seek help if you are feeling suicidal or may self-harm. There is always someone available to talk to or text about this.

Remember, taking baby steps is beneficial, and you should congratulate yourself for accomplishing these steps (and not criticise yourself if you don't manage them today- there is always tomorrow). Sometimes however, medication is needed to treat depression, and this is not something to be ashamed or embarrassed about. If you had a physical health condition such as diabetes, or epilepsy, you would probably not think twice about taking medication to treat it if it was required.

Ultimately, if you are still struggling despite the tips above and your best efforts, please seek help. This could be from us at Practitioner Health, your GP, or your local talking therapies service.

Chapter Eleven

Thank You

"Sometimes the bravest thing you can do is just show up."
Brene Brown

If you have made it this far, we thank you; not just for reading but for making time for yourself amidst the busy life you lead. That is no small feat.

When we began creating the Understanding Emotions podcast, we never imagined it would lead to writing a book to accompany it. This book was not intended as a "fix" for anyone. It serves as a companion: something to revisit when things feel confusing, overwhelming, or simply too much. It was written because even the most outwardly capable individuals need something, or someone, to turn to.

Perhaps one chapter resonated more than the others. Maybe you've flipped through and landed on just one section. Perhaps something stirred a feeling you haven't yet processed. Maybe you experienced an "A-ha" moment (not the pop band, if you're old enough to remember them). Whatever your experience, that's okay. Growth and change rarely occur without a little discomfort.

Here are some questions you may want to consider as you approach the end of this book:

- What did you recognise in yourself?
- What gave you pause for thought?
- What would it mean to offer yourself the compassion that you show others in your daily life?

If there are aspects of your feelings or responses that you wish to change, remember: you don't have to tackle everything at once. The smallest acts: taking a pause for a breath, making time to eat and drink, asking for help, challenging an unkind thought, are all breakthroughs in themselves.

Regardless of our role, specialty, status, or seniority, we are all human. And being human means being vulnerable. That's not a sign of weakness, it's simply reality.

We hope this book has helped you understand some of the emotions we encounter in life and work and provided a few tools for managing them when they become overwhelming. If you forget, then come back to these pages. Revisit the sections you need. Share it with someone else who might find it helpful. And finally, as we've said many times on the podcast, there is always help at hand.

If you're struggling, please seek support. Whether it's from your GP, a local talking therapy service, your Employee Assistance Programme, your Royal College, your deanery, or your trade union: you are not alone. At the time of writing, NHS Practitioner Health remains available to those who cannot access support through mainstream routes due to confidentiality concerns.

You show up for others every day. Don't forget to show up for yourself, too.

With love,

Zaid, Ruth and Simon

Whether you're a doctor, nurse, therapist, or paramedic, working in healthcare means facing emotional challenges as part of daily life, often without the time or space to process them.

This book is a compassionate and practical guide designed specifically for health and care professionals. Drawing on real experiences from those working in health and care and grounded in cognitive behavioural therapy (CBT), it explores the emotional challenges common to healthcare: from anxiety and low mood to shame, guilt, and anger.

With case studies, reflective prompts, and practical tools, this is not meant to be a textbook or a self-help cliché. It is written as a companion and one we hope you can turn to when things feel overwhelming, confusing, or simply too much.

Written by Zaid Al-Najjar, Simon Lyne, and Ruth Deighton at NHS Practitioner Health who between them have many decades of experience supporting and treating health and care professionals.

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