

Disrupt Yourself Podcast

EPISODE 209: MEGHAN ROTHENBERGER

Welcome to the Disrupt Yourself podcast, where we provide strategies and advice for how to climb the S curve of Learning™ in your professional and personal life, stepping back from who you are to slingshot into who you want to be.

I'm your host, Whitney Johnson.

Today, our guest is Dr. Meghan Rothenberger, an infectious disease doctor specializing in HIV and AIDS, formerly a professor at the University of Minnesota Medical School, who wants to disrupt the stigma around physicians talking about their mental health. Meghan Rothenberger is happily married with two sons and a daughter. Her husband is also a doctor. She has a great family, a great career. She had always wanted to be a doctor, but in 2018 she noticed something was off. She was having suicidal thoughts. Physicians undergo tremendous psychological trauma. They not only deal with an immense amount of suffering with no time to process it, they're also held to impossibly high standards, grueling hours, pressure to publish, mountains of paperwork and don't forget, a pleasant bedside manner. Medical residents experience major depressive episodes at a rate of four times that of the general population, and physicians have a suicide rate that is two times higher, but they won't get help. Forty percent of nearly 6000 doctors surveyed were reluctant to seek care because of concerns about their licenses to practice. Our health care professionals do truly heroic things, especially over the past 18 months. They have taken an oath to treat the sick, yet we, as a society, we send the message, "Physician, don't heal thyself." It's critical that we disrupt this mindset. Dr. Rothenberger says that one of the most important things we can do to break down this stigma is to start talking about it. That's what she's here to do, to tell her story.

Meghan, welcome.

Meghan Rothenberger: Thank you so much.

Whitney Johnson: All right. So, Meghan, let's start with your background. Can you share with us how did you get into medicine and how did you figure out that you wanted to work in infectious diseases and specifically HIV and AIDS?

Meghan Rothenberger: Sure. So, I think from the time I was quite little, I remember having sort of a sense of wonder and curiosity about the natural world. I loved being outside exploring. I would collect plants and animals. So, I had this sort of natural drive and biology, but I also loved the idea of being a caregiver or a healer. My father was a physician and so from a young age, I think I saw the joy that he got from his work. And so bringing together my love of biology and caretaking led me to medicine, actually when I was quite young, I wanted to be a veterinarian and then that shifted to being a doctor. So, that's how I first started thinking about being a doctor and then the infectious disease drew me in, actually quite early on, when I was still in college. I was interested in ecology and so I took courses in entomology and field zoology and parasitology. And I remember being in these classes and really being amazed by the realization that tiny organisms, often far too small for us to see, have an incredible power to shape our world and impact our bodies. And then, then on the flip side, I realized that we as humans impact the world on a microscopic level and that these impacts have huge implications for our health, our society and our planet. And obviously, our current pandemic is a clear reflection of that.

And so those realizations made me think, "I can't do anything other than infectious disease," because it was exciting for me and brought together my interest in the natural world and medicine. And then my, my interest in HIV in particular really developed when I went to medical school in Baltimore. I grew up in Minnesota, went to undergrad in Colorado and so going to Baltimore and seeing firsthand what the HIV pandemic looked like in America was incredibly eye opening. I really quickly saw that HIV is a disease that disproportionately impacts people of color. It disproportionately impacts the LGBTQ population and individuals living in poverty. And I realized that in order to be an effective HIV doctor, I had to know the medicine, and the medicine is fascinating and exciting, but more importantly, I had to understand and work to address the societal issues that contributed in a huge way to our national HIV pandemic. And those are all things that kind of, at my core, felt very important to me. And then, and as I got further along in my training, I think I realized that I feel like I have the best colleagues and the best patients in the world. I've learned an incredible amount from my patients, particularly about resilience. And I feel so fortunate that I found a field that fits so perfectly with me.

Whitney Johnson: I love that. So, Meghan, here you are, you've had this dream to become a doctor. You're now married. You've got two sons, a daughter. Your husband's also a doctor, so you've got this great family, this great career, but in 2018, you notice something is off. Can you share that story?

Meghan Rothenberger: Yeah, I think I set the start of this story in early 2018 and I was going at a pretty frantic pace at that point. I had a couple of big grants due, our clinical service was getting particularly busy and then I had really over committed to our residency program. I had very few boundaries between work and life and I just started to notice that I was feeling overwhelmed on a much more regular basis than I had been in the past. And one thing that really made me pause and realize that something was off, I had a young patient die from complications of HIV and this was a patient I'd taken care of for a long time and had worked incredibly hard to keep her in care, but because I was so busy over the prior year, I had lost track of her and she resurfaced when she got quite ill. And I knew when she reached out to me that she was very ill and we got her admitted to the hospital and it turns out she had a very bad infectious complication related to her HIV. And it was a neurologic condition that was pretty rapidly progressive, and, and she died in the hospital. And from the time she resurfaced, when I got her admitted to the hospital, I felt this terrible sense of guilt that I should have done more for her.

And because of that guilt, I really sadly avoided her and she died in the hospital alone. And of course, after she died, the guilt got a lot worse. And I started to feel it about other things as well. I started to also notice just more sadness, just deep sadness, but amazingly, despite feeling all of these things inside, I was able to pull it together, to get out of bed every morning, to take care of the kids, to go to work. I smiled and laughed with colleagues. I don't think anyone would have any sense of the darkness that was inside of me at that time. I ride my bike to work. It's like my favorite thing to do, but it was odd that my favorite thing to do became a time when my thoughts felt like they were no longer in my control. So, I would be biking to work and that's when I first started noticing that the suicidal thoughts. And at first they were fleeting thoughts and then they became more and more intrusive. And so

as I went through the summer of 2018, I was thinking about suicide on a daily basis and had gotten to the point where if I talked to a patient who told me the things that I was telling myself, I would have jumped to action immediately, but for some reason I, I didn't.

And around that time, I noticed that it was really hard to function at work. My mood, I think, looked OK from the outside, but I was just slogging my way through my work. Normal things were taking 10 times longer than they normally would have. My brain felt incredibly slow. I was terrified about making medical mistakes because I didn't trust the way my brain was working. And then in the fall, I was in a meeting. We were reviewing some of my grants. It was a budget meeting, and I made a big mistake on one of our budgets and they were asking me questions about it. And I all of a sudden couldn't put words together. I couldn't even think enough to put words together and my first thought was like, "I'm having a stroke." I'm like medicalize it, like, "I'm having some sort of medical event." And then I realized, "I think this is what it feels like when you lose your mind." And I couldn't stop crying. And I fortunately got help right there. One of the women in the meeting was in H.R. and she said, "You need to take some time off." And so I left from that meeting. My husband picked me up, drove me home, and I didn't go back to work for about three months.

Whitney Johnson: So, right in the middle of a meeting.

Meghan Rothenberger: Right in the middle of a meeting. And people looked shocked, just completely shocked, because I think I'd always done a pretty good job of on the exterior, kind of holding it together until I didn't. And it was very clear that something was very wrong.

Whitney Johnson: So my guess is that as people first of all, I can feel myself crying as you're talking. So, I know that it was three years ago, but still, I think one of the things that's so important and this is we know from psychologists that whenever we suffer a loss, we need people to bear witness to that loss. That's part of the, the healing process. And I'm grateful that I get to hear your story and I'm grateful that other people get to hear the story. I think people who are less familiar with depression, I think most of us have been touched by it in some form or fashion, but if they're less familiar with it, they would be surprised to hear that you were having suicidal thoughts, given that you have a happy life. There's a lot of wonderful things about your life. Did you know before 2018 that you struggled with depression or had you? Was this something that was new for you?

Meghan Rothenberger: In looking back at 2018, I think, "How could I let it get so bad?" Because I've struggled with depression from the time I was a little girl. I started seeing a psychiatrist, I think when I was still in grade school, started taking Prozac as a young teenager. And then when I was in high school, I developed anorexia and was really quite sick for that for many years that derailed my college plans, my medical school plans. And yeah, I've had ups and downs for years. So, it's funny that even knowing that and being aware of that, didn't make me seek help sooner.

Whitney Johnson: Yeah. It didn't, it sounds like at some level it also didn't register, like you knew there was a problem, but it wasn't registering.

Meghan Rothenberger: It really wasn't. No.

Whitney Johnson: Why do you think it is so difficult for people to recognize how serious depression symptoms are?

Meghan Rothenberger: It's really hard to separate out what our normal emotions and what is illness. You know, it's normal for people to feel down or sad and the other symptoms of depression, like fatigue or difficulty concentrating. I mean, those are all normal things that most people feel. And so it's really hard. "Am I just a normal person who feels sadness or is this a sickness?" I think the hard thing is there's not an easy test either. When I'm worried about someone having diabetes, I can get a test. There's no test. You can just go in and say, "Oh, yes, you have depression." I feel like depression should manifest as some sort of like external wound, like something that you can see and say, "Oh, there I have it, or that person has it," so that you can recognize it and get help.

Whitney Johnson: One of the things that we do in our work is that we talk about the S curve of Learning™ and accelerants and ways for you to move up that S curve. And one of those accelerants is to step back in order to grow. Deciding to leave a university position, going half-time is a major step back. What was the process that you went through to, to take that step back?

Meghan Rothenberger: This was the sticking point for me, this was what I really struggled with. I didn't step back until actually a few years after I really hit rock bottom, because I came back and struggled for a little bit and then decided to finally step back. And so I thought about this a lot...

Whitney Johnson: Before you go through, so, so what happened. Give us the chronologies. So, it's 2018.

Meghan Rothenberger: It's 2018.

Whitney Johnson: You had that you had the melt down, the H.R. person says...

Meghan Rothenberger: I had this melt down, yep.

Whitney Johnson: ... "Husband, come pick up wife." Go home. You go home for three months, but then you come back and then what happens?

Meghan Rothenberger: Yeah, I came back. I worked incredibly hard during that time. I saw a psychiatrist, a therapist and, and I got back to a point where I felt like I could function again. The funny thing is I jumped right back into the exact situation I was in when I had such a terrible time. My job description did not change. I thought I had changed enough to be able to drive. So I jumped right back in and was kind of muddling along. I wouldn't say I was driving. I was muddling along. And then 2020 happened. And 2020 with all the, the distress that came with this past year, that was the point where I realized I needed to make big changes. So I made the decision to leave my university's position and take a 50 percent position at our VA hospital. It was a hard decision for me. The first thing that I did when I realized I needed to make a big change, my first kind of path through was like, "OK, I'm going to, how can I cut down and keep my important leadership role? How can I keep my job with the nonprofit and my associate program director job with the residency program?" It was an absurd way of thinking about it because it was those things that were preventing me from cutting down.

I realized I needed to let go of those things and something funny that came to me actually when I was watching a, a show with my son. My 10-year-old loves fishing, so we watch these fishing shows together. And in these fishing shows, the hero of the show, the famous fisherman, hooks what they think is like a giant fish, like their dream fish, and they start to reel in the fish. And like everyone cheering and the fishermen forgets about everything else around them except for the task at hand, which is reeling in this fish. And sometimes it goes on for a really long time, like, I don't know if anyone knows what these fishing shows, but sometimes it's like through the night and they're reeling in the fish. And the longer they're pulling in the fish, the more difficult it becomes to think about cutting bait and letting it go. So they just keep fighting on. And watching these shows, I realized that's in some ways a weird analogy for my life. I think in medical school, I hooked this fish, like my dream. I got into medical school and I started reeling it in and you get a lot of pats on the back and cheers for that work.

People actually praise you for self-sacrifice. They praise you for your perseverance and your hard work. As you're reeling the fish in, at least I told myself that once I caught this fish, once I landed the fish, it would all be worth it. It'd be all, all worth the things that I sacrificed and missed out on, but as time went by, I realized, like, "I'm still reeling in this fish. This is taking a long time." And I realize too, that I was missing things. In the thing that I realized, and this is where it comes to again that idea of stepping back, the thing that was, was holding me back from making a big change is that I spent so much time reeling in that fish, even though I wasn't sure I really wanted that fish anymore. I thought, "Oh my God, I would be nuts to cut bait now because I put in so much time." But I realized that if I really, truly wanted to transform my life, if I really wanted to get healthy, I had to cut bait. And so that's what I did. And that's what it took for me to say, "I'm quitting my job."

Whitney Johnson: What did your colleagues say when you did this?

Meghan Rothenberger: You know, it's interesting. The vast majority of people were encouraging, amazingly encouraging, and many of them were surprised. There were a few people that I think expressed some disappointment, although that was the vast minority. And now actually I've talked to a number of colleagues are like, "I'm kind of jealous."

Whitney Johnson: What about your family? What did they say?

Meghan Rothenberger: You know, the initial transition phase as I was struggling to make these changes was hard on them, because I was an emotional wreck. But now it's so much better. My life is really different.

Whitney Johnson: Yeah, that's what I was going to ask you is, so you took the step back, but we think about this personal disruption as you take a step back to grow. In what ways have you grown personally, professionally, your relationships?

Meghan Rothenberger: Yeah, I mean, I think I have grown most personally, and I feel like that is the first most important step for me. I think the professional growth will come later, but for me, I think there are three big things that I've worked very hard on, really changed who I am. And the first thing is, for the first time in my life, I've had a sense of self-compassion. I think about how I used to talk to myself and I would imagine like talking to my children the way I talked to myself. It was horrifying. Or I think about the sense of compassion and acceptance that I have for my patients and then realized that for most of my life, I had none of that towards myself. That sounds like a silly thing, but you have to spend time to practice accepting yourself. The second thing that I've worked really hard on is trying to develop a new perspective. This sounds pretty dark, but actually have a sense of my own mortality. I think it's funny that physicians of all people should be very keenly aware of mortality. And we see death, often unexpected death all the time. But I think we tend to live our lives as if we will be alive forever. We're really future focused. We have a tendency to think, "I'll enjoy life at some point in the far-off distance, like when I get this grant, then I'll be able to do X, Y and Z. Or once I become a full professor, then I'll do X, Y and Z."

While we're working so hard and thinking about those points in the future, we forget that our children are growing, our parents are aging. These things are happening all around us in the present moment. The one thing that we all have that is absolutely certain for all of us is that we have a set number of days to live on this planet. Five days, five years, five decades, I don't know, but that has given me the sort of sense of, "This is my chance, this is my life. And what do I want to do with this time that I have here?" Not, "What do other people want me to do? What do I think other people want me to do? But truly, what do I want to do?"

The third thing is truly getting to know myself, who am I as a person? Who am I and, and how is that different from my accomplishments and the things I do? The questions I've been asking myself when I think about how I'm going to spend the rest of my time is what do I love? When do I feel the most joy? How can I best contribute to the world? What is my purpose and my purposes? In cultivating these three things, self-compassion, the sense of perspective, and then the deeper personal understanding I think has really helped me feels like OK. And really from a career perspective, I think I'll be OK. I do feel like I will find work that continues to be fulfilling, but I think I will continue to have a much more vibrant life outside of my work.

Whitney Johnson: So, you took a step back from a career perspective, but you took a step forward as a human being?

Meghan Rothenberger: Yeah, I really did.

Whitney Johnson: With all this self-reflection. Meghan, what have you discovered that you like about yourself?

Meghan Rothenberger: I discovered that I really like the fact that when I go through the world, I pay attention to things and I look for stories everywhere. I love stories. The other day I got out of the car and there was a cigarette butt laying on the sidewalk, when I got out of the car. And in my mind, I imagined the story of where the cigarette butt came from. I find that I have created a more sort of comforting world through the stories that I see around me, and I never honestly had time to do that before.

Whitney Johnson: Mm hmm. So there's this natural storyteller in you that you've basically invited to come out to play?

Meghan Rothenberger: Yeah, exactly. Like I daydream now, I've never been a person who would daydream, because I would either be like working hard on any sleep I could, like if I let my brain be quiet for a minute, I would just fall asleep. So it's amazing to let your brain, like, play a little bit.

Whitney Johnson: Now, one of the things that I thought was just so lovely is the very beginning of the conversation, you talked about how you loved the natural world and you loved caregiving, and then you saw your father and he had so much joy that came from being a physician. Are you finding yourself as you're making your way forward, exploring and thinking about what it's going to look like five, 10 years? Your children aren't going to be at home forever. What does that look like today and maybe even in the future for you?

Meghan Rothenberger: Yeah, one thing that I've noticed that has been amazing and my new job is that I have much more time for my patients. And like I said, I love stories, and so I have time to really listen to my patients' stories and to really connect with my patients, and that's been something that has been so missing from my life was amplified during COVID when I was doing so many visits over the phone. But having the time to sit with a patient and really connect with them on a human level has been amazingly fulfilling to me. This is why I went into medicine in the first place.

Whitney Johnson: Let's now start to zoom back out. You talked about in 2018, you have the suicidal thoughts and for people who are listening and saying, "All right, so I'm going to get help." I hope if you're listening, you're going to get help. What have you done to help move beyond that? Because once you get into that habit or pattern, then that's a pattern, a neural pathway that's set. So, as you started to feel better, what have you done to move beyond those thoughts?

Meghan Rothenberger: For me, it was the combination of medication. And like I said, I've had depression for years, was started on antidepressants a long time ago, but have always, until now, self-discontinued my antidepressant for a variety of reasons. This is the first time that I really committed to saying, "I'm going to stay on this. I know I need to stay on this." Working with a good psychiatrist, being willing to deal with the adjustments of medications, and then the realization that some people need to stay on medication is something that I needed to come to terms with. And then for me, it's been crucial to continue to have therapy. In the past, I've only taken medications and been engaged with therapy, when things are bad and as soon as things feel good, I've stopped. Finally, this time, I learned that these are really important investments that I need to continue. The most important thing is just reaching out to somebody.

Whitney Johnson: So, given all that has happened this past year, I, I suspect, I hope, that we are a little bit better at understanding all of the stresses that health care workers are dealing with, including being exposed to trauma on a regular basis. One of the things I'm wondering, and I saw this really terrific speech that you gave, and we will include it in the show notes. You shared some data, some statistics, and maybe you have those or don't, but they were staggering. And I'm just wondering, why do you think it's so hard for people who are in the health care professions to say, "I'm struggling with, with mental health"?

Meghan Rothenberger: I think there is a number of factors at play. Clearly stigma plays a huge role and that's really unfortunate, but the messages throughout medical training that mental illness is a weakness is really pervasive. And so, I mentioned in my talk, my very first medical school interview. I had written about my struggles with anorexia in my application as something I was proud of because I had worked really hard to get over it. And in the interview, the physician interviewing me said, "It sounds like you have a really long history of mental illness. Do you think you're really going to be able to make it in medicine?"

And so those are the messages that you hear from the time you hit the door in medical school. Stigma's huge. Another issue is that there are implications for licensing. This is a state-by-state issue, but in multiple states, you have to disclose if you have taken an antidepressant, if you've been in mental health care. And then I think the other kind of factors is that no one wants to be a burden, and I think particularly in medicine, we are trained, and

doctors are notorious for going to work when they're sick. They're notorious for working all vacation. So, the idea that if you have to take a leave because of a mental health issue, you feel like you're a huge burden to your colleagues. And that is also something that no one wants to be. So, I think it's a complex problem that is going to require really addressing it on multiple different levels if we really want to see things change.

Whitney Johnson: As you've been willing to talk about this out loud, how have people responded?

Meghan Rothenberger: You know, it's been really amazing, I've had people that I don't know at all reach out and just thank me for being willing to talk about it, acknowledging that they've struggled as well. The more sort of interesting thing has been that I've heard from people that I know that I feel like I know well, but I've worked closely with, that I look at and have always felt like, "They sure have it together, like they're so amazing." And those people have reached out and have said, "You probably don't know this, but I've really struggled." That's so powerful because you just realize, "I'm around you all the time and I have no idea."

Whitney Johnson: For people who are listening and are struggling with suicide or depression, more generally, what would you suggest they do as a first step? They're listening to this and they're like, "I got to do something." What would you suggest?

Meghan Rothenberger: The first step is telling someone you trust. You have to talk about it. I think that there's often a sense of shame and it feels almost embarrassing to talk about it. So, the first thing is just talking to somebody. And I found I needed help. I couldn't even make my own mental health appointments. My husband needed to do that for me. And if you don't have somebody, there are amazing resources in terms of suicide hotlines. You can always call your primary care doctor. That's another resource. Your doctor can address it in some ways but can also refer you to mental health programs that are more specific for addressing depression. You know, if people feel suicidal to the point that they have a plan and are planning on acting on it, that's when you need to get emergency care.

Whitney Johnson: You know, as you were talking, making the thought that occurred to me for people who are not currently depressed, I've struggled with depression. I struggle on an ongoing basis with anxiety. I do think that one of the things that we can all do is be more willing to talk about the struggles that we have. Like you said, when you talked about it, you had colleagues who confided in you said, "Yeah, I'm struggling, too." I think if we were more willing to talk openly about, "Yeah, I struggle with this," that would destigmatize it for everyone else. And as you said, we'd realized, "Oh, a lot of us are struggling with this." I know that there was a statistic from the CDC that stated in 2020, the number of people who are experiencing symptoms of depression was three times higher than 2019. I mean, it's, it's, it's high. I think if you're talking about it, I'm talking about it a little bit. It will make a difference for other people as well.

So, Meghan, if people want to reach out to you, where can they find you?

Meghan Rothenberger: So, you can reach me by email at roth0134@umn.edu.

Whitney Johnson: All right, so if you want to reach out to Meghan and say hello and thank her for sharing her story, please do.

A couple of final questions for you. What's been the gift in all this for you and your family?

Meghan Rothenberger: I think the gift has been letting go of the sense that my identity is what I do and what I achieve. For so many years, my identity was so intimately linked with my identity as a physician and it's so freeing to no longer feel that way.

Whitney Johnson: It's beautiful.

So, one of the questions that I ask at the end of every coaching conversation and now I'm asking you is what was most useful to you in this conversation? It may be something that you said. It's probably not something I said, because I didn't talk very much, but it's probably some thought that you had, something that occurred to you. And

the reason that we do that is so that your brain can tag it and say, "Oh, I want to act on that, or I want to do something with it." What was useful for you today?

Meghan Rothenberger: You know, it was actually something you said. I think it was the realization that in stepping back, thinking about the next phase of my life, the first thing that I have really dealt with is myself. I think I really wasn't conscious of that. I put my career aside for a little while and really focused on myself. And it's exciting to think about the future.

Whitney Johnson: Exactly. And what I love about that is your children are young enough that they are watching, right? Our children, they see every single possible thing. Someone once said to me that 90 percent of what our children grow up to be is not anything we said, it's all in what we modeled for them. And so, it's pretty exciting that your children are getting to watch you model this for them at a young enough age where they're very impressionable.

Meghan Rothenberger: Thank you so much for having me on.

Whitney Johnson: It was a delight. Thanks, Meghan.

I have four takeaways.

Number one. If you are struggling with mental health, tell someone you trust and if you're the person being trusted, be worthy of that trust.

Number two. Separating out COVID, it had not occurred to me that this was a challenge, even a crisis for doctors, the stress and the strain they undergo. My conversation with Meghan helped me see something that I had not seen. The next time I go to the doctor, and I'm going in just a couple of weeks for a checkup, I will see her differently.

Number three. Start talking about your mental health just like you would about having high blood pressure. In my 20s and 30s, I wouldn't tell anyone. I was embarrassed, but this isn't this isn't a TMI. This is talking about your life. It's, it's real talk. "Yesterday when I saw my therapist" or "Oh, yeah. I struggle with anxiety, too." Destigmatizing starts with me. It starts with you.

Number four, it is really, really hard to step back from who you are today, and I know I'm not supposed to say it's really hard, but it is. To jump to a new S curve, while it's happening, it can look and feel really bad, because it feels like you're obliterating a piece of who you are today, and you are. But I found myself thinking, trying to reverse this, this is really hard. Instead, frame it as much as possible that you're making a choice. You're choosing to give away this piece of yourself. You're grateful for it, but you're giving it away because it no longer serves you.

Which brings me to bonus number five, which is the gift in all of this. Meghan has realized that her identity is more than being a doctor. She stepped back from a career perspective to slingshot as a human being.

Thank you again to Dr. Meghan Rothenberger for being our guest. Thank you to one of our longtime listeners, Sherri Novitzky, for helping me understand, for helping me see the importance of us hearing Meghan's story.

If you found this episode useful or meaningful, don't reach out to me. Reach out to Meghan and let her know.

Thank you again to you for listening. Thank you to our team, Emily Cottrell, Steve Ludwig, Whitney Jobe and Melissa Ruddy.

I'm Whitney Johnson.

And this is Disrupt Yourself.