

Hard Times & Hope

Episode 20: Nadine Kelly

Jule Kucera 00:07

Hi, I'm Jule. And this is *Hard Times and Hope*, a place for real conversations with regular people about a real hard time. We talk about what it was, how they got through it, and something good that came from it.

My guest today is Dr. Nadine Kelly. Nadine and I met in a podcast workshop, where I was a struggling student and she was a kindhearted coach. Dr. Kelly is a retired physician, yoga instructor, American Council of Exercise certified health coach and senior exercise specialist, founder of YOGI M.D. and host of the YOGI M.D. podcast.

Dr. Kelly believes in making yoga accessible to mature, or as she likes to call them, 'wise women' of all physical abilities by offering yoga in the chair, on the mat, and in the water.

Since 2012, Nadine has been helping her students manage the effects of cancer, as well as a range of chronic conditions, maintain health and perform activities of daily living, and improve quality of life. Nadine promotes holistic health by coaching women to make every aspect of their health a priority.

And for this episode, I actually know what Nadine is going to talk about for her hard time. But I have no idea what she's going to say about it. Let's find out.

Nadine, thank you so much for being here today.

Nadine Kelly 01:34

I am honored and humbled to be here, Jule, I'm looking forward to our chat.

Jule Kucera 01:38

I am too because I know what we're going to talk about! And I want to know more about this decision. So let's just get into it. What's the hard time you'll be talking about today?

Nadine Kelly 01:49

I am going to be talking about transitioning from medicine to full time yogi / health coach / creative.

Jule Kucera 02:00

Cool. Alright, so let's set the stage ...when you were in medicine, where were you? What were you doing? What was your role?

Nadine Kelly 02:08

I was a pathologist. So that's four years of medical school, then five years of residency, and then I did an additional year to specialize in cytopathology, because I wanted to be a little bit hands on. And so that allowed me to do biopsies and see patients.

Jule Kucera

Okay, great, because I was gonna ask you to clarify what cytopathology for those who don't know.

Nadine Kelly

The other thing is psycho pathologist does is look at cells, say you have a superficial bump on your skin, or there's a superficial breast lump that's easy to get to with a needle, then we would do what's called a fine needle, because it's a small needle aspiration, removing biopsy. From there, we would put cells on a on a slide and look at it quickly. So that we can get a sense of is this enough material to make a diagnosis, and then make the diagnosis afterwards formally.

Jule Kucera 03:10

So you had the experience of working with the cells on the slides and examining them but also interacting with the patients.

Nadine Kelly

And I loved that. I loved that.

Jule Kucera

What did you love about it?

Nadine Kelly 03:23

So, with traditional pathology, most of the time, we were sitting behind the microscope and receiving samples from labs, blood samples, skin biopsies, G.I.--gastrointestinal biopsies, specimens from the operating rooms, we would get those specimens and we would take the appropriate samples from them and then diagnose from there.

I was very good at FNAs—short for Fine Needle Aspiration. I was very good at it. And so I'd like to that detective work and interacting with a patient and then allaying a patient's fears, helping a patient feel better and because you didn't just go, "Thanks for the specimen, bye!" You know, we try to give them some sort of encouragement, like. "We got enough material. This is what we're thinking, we want to rule this out. But we won't have a final diagnosis until we really sit down and look at everything."

Jule Kucera 04:26

Oh, and I bet that made such a difference for the patients. Can you imagine if somebody just said, "Okay, got it. Thanks. Bye." That would be awful.

So you had a significant investment: college, medical school, residency, additional year for cytopathology. And yet you aren't a cytopathologist anymore. So what happened?

Nadine Kelly 04:45

A lot happened, Jule. I was ignoring the signals along the way. I was never happy. But my frame of mind was, well you're not supposed to be happy. This is supposed to be hard and anything worth doing, and anything worth this much investment is painful. Why are you thinking you should be enjoying this? This is not supposed to be enjoyable. This is supposed to be really hard. Not everybody can do it. So it's not supposed to be easy. The other thing about medicine is very militaristic. And, and it's hierarchical.

Jule Kucera 05:24

Oh, extremely. I used to work in a clinic. So I was a receptionist because I was working, getting my degree at night, you know where I stood in the hierarchy? Just above environmental. And there's a hierarchy for physicians, as you know. And yes, very militaristic.

Nadine Kelly 05:44

So, I felt that way, essentially, the entire journey of schooling, because my thinking was, because I'm first generation American, born of Haitian parents. They didn't go to college, I was the eldest. And because my parents went through what they went through, they left their country because of political unrest. And because they wouldn't have hope for their family. They wanted to start a family here. And so the frame of mind was hard work is required to succeed. There was definitely a work ethic that was role modeled for us.

Jule Kucera 06:33

Sure, yeah. Immigrants who come to the United States typically work hard, and typically or often come because they want to make a better life for their family.

Nadine Kelly 06:43

Yes. And so that was my frame of mind, implicitly and explicitly. So I went to school, from a very young little girl, I can just remember never really feeling happy, or like learning was an enjoyable process. It was get the job done. You have to succeed. And you have to do very well in school. And it's important that you're smart. And so all of elementary school, all of high school was like that. And then I went to the University of Chicago.

Jule Kucera 07:22

Oh, I'm sorry. I used to work there.

Nadine Kelly

So you know, the motto.

Jule Kucera

Oh, my gosh,

Nadine Kelly

Where fun goes to die?

Jule Kucera

Yes. Yes. It's one of the most brutal places in the whole country you could have gone. Yeah, it's so competitive. And everybody's super smart.

Nadine Kelly 07:43

And I was pre med.

Jule Kucera 07:44

Yeah. Pre med. Pre med!

Nadine Kelly 07:47

Yeah. It was very competitive. And I did very well in college, because all I did was study.

Jule Kucera

Sure.

Nadine Kelly

It's all I did.

Jule Kucera 07:56

Well, you were you were working since elementary school. So you knew how to work school.

Nadine Kelly 08:02

I know how to work, Jule. I know how to work. So no fun, ever. And then I did go to Loyola for medical school. And that was, wow, that was just that was hard. That was very, very hard. That was one of the hardest four years I've ever spent in my life.

Jule Kucera 08:26

Wow. What made it so hard?

Nadine Kelly 08:29

The competitive environment, not as much as University of Chicago. My classmates were nicer than that. But there was still a, "You have to do well, you have to do well, to make it. You have to get good grades. This is it. You can't mess this up" kind of attitude. And just a lot of information, drinking from a firehose, a lot of information. The first two years were classroom setting. The second two years were clinical setting where we were practicing going into the different specialties to figure out what we wanted to do eventually to go to residency. So and I also never felt like I could be wrong. I couldn't be making mistakes. No.

Jule Kucera 09:15

So your standard was perfection.

Nadine Kelly 09:17

Yes. And it was reinforced. So things like going on rounds with your attendings, where you'd be with other medical students who are rotating in that specialty with you. You'd have residents in that specialty. You'd have a chief resident there too. So a fourth year in that specialty, and then the attending and we'd go around and see patients together. And it just always felt horrible for the attending to call on me to say, Okay, what do you think here because it felt like, Oh, if I don't get this right, then I am going to not only look stupid, but they're going to let me know I'm stupid too. Because the attendings had no... they I had no problem telling you that you are not up to snuff.

Jule Kucera 10:04

Yeah, yeah, I've had the privilege—I'm not sure it's privilege—seeing that in action in the clinic where I worked at U of M. Hmm. And especially the surgeons, and especially the transplant surgeons. So you have the medical students in their short white coats. Yes. And then have the residents in their longer white coats, you could always tell who's the chief by the way the chief walks and the attending by everybody's surrounding the attending. And I honestly think they enjoyed eviscerating.

Nadine Kelly 10:34

That's the perfect way to put it because that is exactly how it felt.

Jule Kucera 10:41

I, I can't... Okay. All right. So you've, you've come through this hard experience, you become a cytopathologist. But then, for somebody who's so driven to work, what happened to make you change your mind about, “I do need to stop doing this”?

Nadine Kelly 10:59

Practicing in the community setting was another orientation / disorientation. Because now it's okay, I've arrived, and I can't mess this up. And I have to prove to these people. I was far younger than everyone else when I joined that group. And so it was like, Oh, I have to prove that I deserve to be here, that I can do it, that I can handle being in the community and being capable of doing everything. So more proving and more feeling, I'm on the bottom of the totem pole once again. But if I only work hard, which I know I can do, it'll be fine. And I'll finally maybe be happy. Because I've arrived at the, I've arrived at the place.

Jule Kucera 11:53

Yes. What's so hard for me about this part of your experiences... You've been working, working, working all through education to get that degree and then that advanced degree but, but it doesn't let up even when you've graduated, and you have your position now in the community clinic. You still have to work work, work work.

Nadine Kelly 12:15

Yeah, we were handling three hospitals and several satellite clinics.

Jule Kucera

Wow, very challenging work.

Nadine Kelly

And okay. Remember, I'm going to take you back to the beginning of the conversation. Remember when I said I was raised with education, and family values? They're equally important to me. Family, maybe a little more. I was a mother and a wife.

Jule Kucera 12:37

At this point in your life?

Nadine Kelly

Oh, yeah.

Jule Kucera

So how did somebody who was work work working, manage to meet someone, fall in love, marry, have a baby? How did that happen?

Nadine Kelly 12:48

The one glimmer of hope and joy that I had in college was meeting my college sweetheart. We got married when I was in medical school. A little over a year later, I had my eldest daughter. And the reason why I wanted to be a young mother and do it then is because I was just finishing up medical school. And I felt like number one, I wanted to be young enough. This was my decision. I wanted, I didn't want to delay having kids into my 30s and 40s.

I wanted to be young enough, I wanted to have the energy for it. And I wanted to try to fit it in. I know sounds terrible. But I did have to think about how to fit in being pregnant, and how much responsibility I was going to have. So I felt as a medical student, okay, I could get away with having my first one. And then I had my second one in residency, because that's how it was. But I was not, quote unquote, responsible for cases. It wasn't my name on the report. And so then, because I wanted to go to practice, once I was done with residency, I didn't want to have any more kids after that. So that was very planned, so I could see how that fit into my work life.

Jule Kucera 14:10

Something women physicians have to do that male physicians generally don't have to do.

Nadine Kelly 14:15

Yeah. And so after I was in my practice, it was equally important to me to be with my kids and with my you know, to be a mother. And there was a lot of guilt because part of the reason why I went into pathology is because I really thought that a semblance of a work life balance was possible. Yes, there was a lot of responsibility. But it was modeled for me in my residency. There were a lot of women practicing with children. And they managed the workload pretty well and still managed to have a home life.

In the community setting, I was having trouble with that. I really felt like I was drowning. And I, I was angry and resentful, and depressed. But I kept trying to push all of that aside, I was I was fleeing my depression and trying to cover that with resentments. And my behavior sometimes was passive aggressive too. I'm really not proud of how I was dealing with that at that time. So that that was really the breaking point.

And there was one morning where I got up to go to work. And there was a mirror in my powder room. And I remember looking at myself, and is saying, I hate what I see. That's the thought I had. I hate what I see. I'm not proud of myself. But then my mantra became, well, I have no choice. That was my response, internal response. And on one of the last days, I was practicing, I was looking at a specimen, it was a thyroid. And I remember thinking to myself, and this had never happened before. Because no matter how I felt, I knew I had a job to do.

And I always, when I would get tired, this will be my rule of thumb: remind yourself this is someone's mother or sister or whatever. Yeah. So I was looking at a thyroid one evening, and I remember hearing myself think, "As long as this is cancer, I don't care." And I got really scared. Really scared. Scared. So the next day, I was going to work. And my husband, who is not the most emotional guy in the world, he does not wear his heart on his sleeve. I affectionately call him my Spock. Okay. Yeah. So he turns me around, as I'm walking out of the house, and he says, I am very worried

about you What's going on? And I said, I'll be fine, because I don't have a choice. And so he made me promise that I would call our internist and get an appointment. My very, very busy internist got me in the same day, which was real weird. Okay, so yeah, something was happening that I really needed, because I was really, really, really in trouble. I sat in that man's office for two hours that evening and cried the whole time. And I kept asking, I just remember one of the things I was saying, because a lot of it is foggy now. But I remember one thing specifically, I kept saying, What did I do wrong? What, what did I do wrong? What more can I do? I was trying to manage my stress with exercise. And I did. I am a Taekwondo black belt, and I was also practicing yoga. I was taking care of myself physically. And no matter what I did, I still felt horrible. A lot. So that was the breaking point.

Jule Kucera 18:36

Yeah. I want to clarify something I will not sure I understand. When you are looking at that thyroid slide and you said, as long as this is cancer, I don't care.

Nadine Kelly

As long as it's not cancer.

Jule Kucera

As long as it's not cancer, I don't care.

Nadine Kelly 18:49

So I had lowered my standards, standards that I would have never. That's why I said it was shocking. And I remember it so clearly. Because I would never do that to a person. I would know I went into medicine because I did want to make a difference

and help people and take care of people. I did. And so for this same person who went in to feel that feeling that way, this same person who loved nurturing her children, who loves family, to sit there and think 'as long as I don't miss cancer, then it's okay.' No, it's it was not okay. It was not okay. And this was the first time I had that terrifying thought. It was terrifying.

Jule Kucera 19:40

Thank you for explaining. Wow. Yeah, I can see why that thought was so opposed to everything you were and are that it had to be terrifying. So you see the internist. You cry for two hours. What happens then?

Nadine Kelly 19:57

He says, This is it. You are definitely depressed. I've never said this out loud before, but I'm going to, because this is very important, especially if someone feels... we carry so much shame when we don't need to. I didn't do anything wrong. I know that now, almost a decade later, but I was having suicidal ideations. I was. And so he said, "You are not to return to work. Okay. This is a diagnosis of major clinical depression, you're going to take care of yourself and get help."

Jule Kucera 20:39

And when he said that, and you heard that clinical major depression, what was your reaction to that?

Nadine Kelly 20:48

I felt like I had lost. And it felt like I had finally proven to myself that I wasn't made of the stuff to do this job ultimately, like, I failed.

Jule Kucera 21:07

You failed, and you weren't of the right stuff. Wow.

Nadine Kelly 21:15

And I was scared. Because now I'm gonna go home and tell my husband, this is what like, this is not what you signed up for. You signed up for a strong, intelligent life partner, who could produce, who could do everything. Who could raise your children and be proud of your children. And who was capable of doing this work forever. I was scared of what my parents would think. Because did they waste all their sacrifices on me? I was a little less... Well, I was embarrassed too. I was embarrassed to have to admit this to my coworkers. Our relationship, because like I told you that it was getting so hard to just even be around them, too. And I felt so much resentment. The relationship was deteriorating period.

Jule Kucera 22:18

Well, you were resentful, and angry and depressed.

Nadine Kelly 22:23

And remember, this is still a hierarchy.

Jule Kucera 22:29

And it's still...Yes. And you're still on the bottom,

Nadine Kelly 22:32

Still on the bottom. And it's still no matter what, yeah, you have to keep proving that you can manage this tough practice. I mean, this is how it was discussed. This is a tough practice, not just anybody can do this. It was a tremendous amount of pressure. And I just couldn't find anything to be proud of.

Jule Kucera 23:00

How did you get help? I mean, that's one of the things people sometimes struggle with is when they realize I need help. They don't know where to get it. So how did you get help?

Nadine Kelly 23:08

Well, I always say that the doctor who helped me Dr. Sankari, saved my life, my husband and Dr. Sankari. And of course, my family rallied around me too. My mom and my dad were so supportive, taking me to appointments and things. So he referred me, he just helped me get the tests that I needed to get, and the doctor to follow up with. And that doctor then helped me to get the psychologist because there was not just medicine being involved in diagnosis, there was also psychological ongoing help, cognitive behavioral therapy that I received for Oh, gosh, a long time. Mm hmm.

Jule Kucera 23:49

So Dr. Sankari, was the internist who first saw you and realized this is a problem and who told you, you're not going back to work?

Nadine Kelly 23:58

And he knew I was going to put up a fight. And he said, if you go back to work, I'm going to hospitalize you because this is how serious this is.

Jule Kucera 24:07

Wow. Oh, he's my hero. Wow. Yeah. He knew you. He knew that you were sitting there crying, probably fully thinking. I'm going to be back at work tomorrow. I gotta get it together. I got to sleep tonight, so I can be functioning tomorrow.

Nadine Kelly 24:22

Oh, man, I'm glad you brought that up—sleep. Oh, my God, I had been having so much trouble sleeping for a long time. So I was even thinking, Well, you know, maybe I need to exercise more. And maybe I can take some melatonin to help me, but sleep was really eluding me. It was awful.

Jule Kucera 24:42

And that messes you up too. You use the words angry, resentful, depressed. None of those words comes to my mind when I think about the you that I know. Because I've known... well interacted with... you for little over a year now. And I think joyful, supportive, kind, generous. How did you transition? Not just from medicine, but to this person that you are now?

Nadine Kelly 25:15

Well, first of all, thank you for saying that, that really means a lot. How did I do it? When I was feeling 100% lost after I stopped working, and while I was getting help, we had a local yoga studio. I walked in. And I knew I wanted to deepen my practice

so I could figure out what was next. They were offering a teacher-training program at the time. And the owner talked me into it, because I said, What do you mean teacher? What, what are you talking about? Yoga teacher? Yeah.

So they talked me into it, thank goodness. And he said, Well, you don't have to teach, you can use this to deepen your practice, you'll just learn more about yourself and learn about yoga at the same time. So I did, and my husband, he was jarred by the, the yoga turns, but thank God, I was able to say to him, it's gonna be okay, I just feel that this is the right thing to do. Well, during my training, I met another beautiful, mature woman who taught a slow, yet challenging class.

And that's when my lightbulb went off. And I said, the Nadine who wants to help people, the Nadine who went into medicine, can make an impact in her community. She is going to serve bodies that are not stereotypically thought of in the yoga world. My first position was in an assisted living facility, because I wanted to do things in the chair and with, with people there, and I worked at two or three of those. I went to a community center that was mostly older clients, and taught gentle yoga there.

And then I started to expand into a health club that again, attracted older clients because I wanted to be, I wanted to be the champion, for mature people to continue to be healthy, and to have access to wellness, in the yoga world without having to do a handstand or headstand, which is not appropriate. Sometimes it is, there are older people who can do those things. That's fine. But it shouldn't be a requirement to access yoga, and the myriad benefits that Yoga has. And so that became my mission.

And that's when I started to feel like the person I was meant to be, the person I wanted to be. And it's funny because I shared this with Seth Godin recently, because I had this epiphany. I said, Oh my goodness. I wrote him and I said, I said to Seth, I'm finally the doctor I want to be, and it didn't take being in the white coat.

Jule Kucera 28:15

Thank you for listening. That was Dr. Nadine Kelly. Nadine's podcast is YOGI M.D. You can listen to it wherever you get your podcasts. For resources we mentioned, see the show notes.

I'm Jule Kucera. Host of *Hard Times and Hope*. If you think someone might like to hear this episode, please feel free to share it. My website is julekucera.com, that's J-U-L-E-K-U-C-E-R-A.com

Take care. Take heart. See you next time.