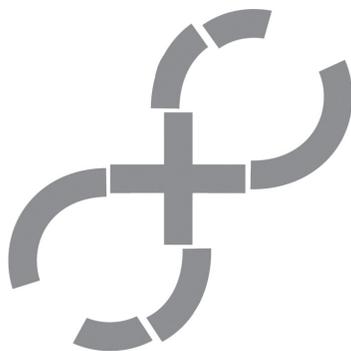


PAST PRESENT

PAST PRESENT

HOW TO STOP MAKING THE SAME
RELATIONSHIP MISTAKES—
AND START BUILDING A BETTER LIFE



SCOTT VAUDREY, MD



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BOOKS

An Imprint of Thomas Nelson

Past Present

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ISBN 978-1-4002-1338-2 (PB)

ISBN 978-1-4002-1340-5 (audiobook)

ISBN 978-1-4002-1339-9 (eBook)

Library of Congress Cataloging-in-Publication Data

Written by [[Name goes here]]

Illustrated by [[Name goes here]]

Images used under license from [[licensor]]

Printed in United States

20 21 22 23 24 LSC 10 9 8 7 6 5 4 3 2 1

To my children:

Matthew and Andrea,

Bethany and Ryan,

Katherine and Samuel,

and September and Scott.

My world—and the whole world—are better because of you.

I love you,

Dad

We all come by our stories and our interpretation of the world through the lives we've led and particularly through the earliest formative years of our development. Yes, we are capable of adjusting the landscape, and reworking the frameworks, but first we have to see them!

—Pamela McLean, *Self as Coach, Self as Leader*

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An Invitation to Do the Rest of Your Life Better

If I told you there was a way to make your most troublesome relationships better, would you be interested? Most people find this offer intriguing. They'd love to get to the root of a problem and resolve those nagging patterns that sabotage harmony and connection with the people who matter most. However, when I share that the pathway to healthier relationships will require an exploration of their story—their childhood and the family that influenced and shaped them—the less-motivated people suddenly become less interested.

I wish there were an easier path to the life and relationships we all want. There just isn't. And sometimes even the most motivated people struggle to overcome the behaviors that damage their relationships.

I have a friend named Brian. In his best moments, Brian lives out his deep desire to be a great dad, husband, boss, and friend. He responds to his wife and kids in a nurturing, kind, and patient manner, and he treats his friends and coworkers with respect.

But in his worst moments, Brian is not fun to be around. He can be insensitive, impatient, and demanding. He overreacts

when certain people let him down. In those moments, he knows he causes damage to his most important relationships, eroding the tender bond that his typically good behavior creates. He sees how he is hurting others, and it bothers him deeply.

Brian often stops by my office after having one of his destructive outbursts. He wants to understand: “Why do I keep behaving this way?”

I also have an executive coaching client—we’ll call her Gwen—who is a district manager for a global company. On good days, she relates to her husband, kids, friends, coworkers, and boss with kindness and courage. By nature, she is a helper and nurturer, and she strives to live out her natural wiring without losing her own voice. Her desire to be a gentle, strong adult is sincere.

But on too many days, Gwen finds she lacks backbone. She caves when her boss, a marketing vice president, makes excessive demands. She routinely picks up the slack when a peer underperforms. She tackles a long to-do list when her husband and children don’t do their share of managing the home. Certain people always seem to get the best of her. In the heat of battle, she fails to advocate for what she believes is right, surrendering her voice and giving in to the demands of others at the cost of her own health and self-worth.

I met with Gwen in her office after one of these destructive moments of giving in and people pleasing. She was distraught. Gwen, like Brian, wants to understand: “Why do I keep behaving this way?”

Ever feel like Brian or Gwen? I do. I believe, in some way, independent of our gender, ethnicity, sexual orientation, or socioeconomic status, their story is our story.

Perhaps you have people in your life who regularly trigger you, either toward irritation and anger or toward submission and surrender. Perhaps you picked up this book because you want to learn how to change your reactions. You want insight or tools to help you improve your relationships. If so, we have a lot in common.

I can trace my interest in improving relationships back to a single moment many years ago. I was sitting at my desk in the loft of our home one balmy afternoon and reflecting on my life. From the outside, it looked as if I had it made. I was married to a lovely woman. I had a bunch of great kids. I loved my job as an emergency medicine physician in a trauma center. I served as an elder in my church.

And yet things were not as they appeared.

When I looked beneath the surface, I spotted relational tension everywhere I looked. Things were strained in my marriage. I felt a nagging distance from my kids. I wasn't managing conflict well at work or at church. And I was estranged from one of my parents.

Why is all of this relational pain around me?

The deeper I explored, the more I began to sense that other people weren't the problem, and that perhaps it was my automatic, unproductive reactions to people that were at the center of the problem. That's when a painful reality sunk in: the unifying thread running through all of my relational chaos was me. *Dang!*

On the one hand, the reality that much of the problem lies within me was disappointing. But, on the other hand, I felt empowered. I realized I couldn't change anyone else, but I could change myself. I was curious: *What is it about me that keeps*

landing me in these reactive moments? Why do I respond so poorly and with such consistency?

About that same time, I was doing a lot of reading about the concept of story, not in the literary sense, but in the personal sense, as in “each of us has a story.” What I discovered is that our story impacts our reality today. This truth prompted the title of this book. Our past is present today in every aspect of our lives, influencing our thoughts and behaviors and reactions. This is why attention to our story is so important. Story matters. My story matters. And so does yours.

I was a skeptic at first. But I’ve long since come to learn that exploring where I came from and how I got where I am today brings healing and growth, not just in my relationships, but in every area of my life. I am slowly doing the rest of my life better as a result.

This reality sparked what would become a lifelong ambition: understanding and improving my own behavior in relationships. That afternoon at my desk, I set a life goal: *From this moment forward, I want to screw up my relationships a little bit less every day.*

Not a very lofty goal, right? But I knew I hadn’t developed my relational patterns overnight and changing those patterns would take time, practice, and more than a little hard work. Pursuing this goal led me to spend the past twenty-five years exploring healthy and unhealthy relationships. Specifically, the origins of destructive relational patterns and how we can break free from them.

Now here I am, many years later. I have close relationships with my kids. I have deep friendships with people I value and admire. And my wife and I share the sweetest marriage I know. I certainly don’t count myself a relationship expert, but I have

become my own expert on how to screw up my relationships a little bit less every day.

In short, by improving how I relate, I am doing the rest of my life better and getting the life I want.

The concepts and principles I've learned on this journey have found their way into the consulting, coaching, and training I do. In fact, the topic of this book emerged from *Relate*, a series of workshops I developed and field-tested with thousands of participants in recent years.

Past Present is laid out in three parts:

- Part I explores the concept of story: why it's so important to know your story and how to define and understand the concept of that story going forward.
- Part II examines some practical tools and strategies for understanding and telling your story. You'll discover two different vantage points from which to view your past, explore deeper nuances of your story, and learn about some bumps you'll want to avoid when sharing your story with others. You'll also see what it looks like when the painful parts of your story and your "lizard brain" collide.
- Part III explores the question, How do I heal my broken story? Once you've identified parts of your story that need healing, you'll learn how to process and heal those broken parts, resolve any unhelpful relational patterns that are getting in the way, and take steps toward better relationships a little more each day.

My hope is that reading this book will give you greater insights into yourself and your most important relationships.

An Invitation to Do the Rest of Your Life Better

However, I want you to do more than just read these pages. I hope you will act on them by taking simple steps to screw up your relationships a little less. I believe it will be as transformative for you as it has been for me.

Here's to doing the rest of our lives better!



PART ONE

WHY STORY MATTERS

Most self-help books send us in the direction of focusing on today or tomorrow, which admittedly makes sense. Don't we need to do some things differently moving forward in order to do the rest of our lives better? Yet few of us are able to sustain those well-intentioned changes we think will improve our lives. I believe this is because we don't understand the profoundly deep connection between our yesterdays and our tomorrows.

This is a book about stories—your story and mine. And like every good story, it's best to start at the beginning. In a good movie script, backstory matters. What happened to a beloved character before the current plot points explains so much. It gives us insight into that character's motivations and decisions. It makes the story meaningful and riveting.

The same is true in the story of our lives. Backstory matters. In part I of this book, we start at the beginning by asking two key questions: What is a story and why does understanding our story matter? In chapter 1, we explore why pausing to pay attention to

our stories is not merely helpful but essential in helping us do our lives better. In chapter 2, we learn how to get clear on our stories, mining them for insights that empower us in our relationships.

Better relationships hold the key to doing life better. Let's dive in and build the crucial foundation of understanding your story.



Story: Why Bother?

God made humankind because God loves stories.

—Elie Wiesel, *The Gates of the Forest*

NO CLUE

As the paramedics rushed the gurney into room 10, the looks on their faces told me this patient was in trouble. The young man lying before me was unconscious, his skin pale and covered with sweat.

This case began like so many others in the emergency room department of Deaconess Medical Center, where I was working my favorite shift—the night shift—as an attending physician. The ambulance arrived with lights flashing and sirens blaring but no information on the patient: no history, no clues to his condition, nothing. He was simply “found down,” meaning unconscious and unattended. Was this an assault? An overdose?

A stroke? An attempted suicide? A heart attack? Diabetic coma? Mental breakdown?

In those first two or three precious minutes of a patient's arrival, my role was twofold: to stabilize and to gather data.

This young John Doe was in serious trouble. He was comatose. His heart raced at more than 180 beats per minute and his blood pressure, which had been wildly fluctuating, was now dangerously low. No immediate physical findings gave clues to the cause of his condition. No needle tracks, breath odors, signs of trauma, pupillary changes, or visible injuries.

The ER staff and I began our quick first look at the patient. I intubated him to secure his airway, and the team began vital sign monitoring and blood draws.

I turned to the paramedic who had brought him in and asked, "What's his story?"

"His girlfriend found him down in the hallway outside his apartment," he said. "She has no clue what happened or how long he'd been down."

"Find anything inside his apartment?"

"Nothing unusual," he said. "No drug paraphernalia, no sign of violence."

No help.

Within the first few minutes, we ruled out the usual culprits behind a found-down John Doe, which included obvious trauma, opiate overdose, heart arrhythmia, low/high blood sugar, catastrophic central nervous system injury, or carbon monoxide poisoning. Yet this young man was deteriorating fast. His heart rate began fluctuating again and was now soaring at over 200 beats per minute. When I glanced at his EKG, it showed signs of impending collapse.

“Blood pH, 6.9,” a nurse said.

All terrible signs. And I was no closer to knowing what was killing him. If we didn’t do something right now to reverse whatever was going on, he’d be dead in a matter of minutes.

About then, the charge nurse rushed into the trauma room. “His girlfriend just arrived,” she said. “We took her to the family room.”

I made a beeline to the private room reserved for the families of critically ill patients, and I hoped this woman could offer some clues as to what happened to her boyfriend. She sat alone, looking a little worried, but not nearly as worried as I knew she should be. I approached and introduced myself.

“Hi, I’m Scott Vaudrey, and I’m the doctor treating your boyfriend.”

“Is he okay?” she asked. “What’s wrong with him?”

“I was hoping you could tell me,” I said. “Do you have any idea what happened?”

“No, I just found him passed out like that in the hallway.”

“Does he have any medical problems that you know of?”

“No.”

“Does he take any medication?”

“No.”

“Does he have allergies to any drugs?”

“No.”

“Does he use drugs or abuse any substances?”

“No.”

“Has he ever tried to hurt himself or ever talked about wanting to hurt himself?”

“No.”

This woman was not exactly brimming with information.

“Okay, well, thank you for answering my questions,” I said. “We’ll keep you informed.”

I turned to hurry back to the trauma room, but before I reached the door, I stopped to ask one more question. “Is there *anything* about your boyfriend—anything at all—that you think might be useful for me to know?”

She took her time pondering my question. With my patient at death’s door, every second mattered.

“Well,” she said, “There is one thing . . .”

“Yes?”

“He works with a lot of weird chemicals at his job.”

“Seriously? Like, what kind of weird chemicals?”

“Like . . . cyanide,” she replied matter-of-factly.

I turned and sprinted toward the young man’s room. Halfway there, an overhead page sounded: “Dr. Vaudrey, phone call, line 2.”

Back in the ER, I picked up the phone. On the other end was one of my favorite police sergeants, a guy I’d come to know well over my years on the job. He had responded to the call on this young man and was still at the apartment clearing the scene.

“Scott, you’ll never believe what I just found in this kid’s bathroom,” he said.

And in unison we both said, “Cyanide!”

Here’s the thing about cyanide toxicity. Every board-certified ER doc in the country knows how to treat it, not because it’s common (it’s not), but because a scenario involving cyanide poisoning is always on our national board exams.¹

Cyanide ingestion is exceedingly rare. Accidental cyanide toxicity can occur when someone inhales the smoke from a house or industrial fire. But intentional cyanide ingestion is almost

unheard of, mainly because cyanide isn't readily accessible to the general public. Most ER docs will go their entire careers without ever treating an acute cyanide ingestion.

Not all poisons have an antidote, but luckily for this young man, cyanide poisoning does. The treatment includes administering a series of specific drugs in a specific dosing sequence. Every hospital pharmacy stocks these drugs in a user-friendly package nicknamed the "Lilly cyanide kit" (for Eli Lilly, the pharmaceutical company that created it). We secured the Lilly kit, rushed it to room 10, and began administering the drugs.

Within a couple of minutes, this young man's symptoms began making a dramatic reversal. Soon he was sitting up in bed and eating Jell-O. He went from death's door to Jell-O in a matter of minutes. It was remarkable to witness.

I was a well-trained emergency physician, working alongside an amazing team of nurses and staff in an ER with an excellent reputation. I had many years of experience diagnosing found-down patients. But even if I'd had instant access to the best consultants in the world or all the latest research articles about found-down comatose patients to help manage this patient's presenting symptoms, none of it would have helped. He would have been dead before I found the answer. Why? Because the answer wasn't in his symptoms but in his story.

WHY YOUR STORY MATTERS

I think of this case every time I talk to someone about why it's so important to examine and share our stories, especially when we're trying to break free of self-defeating behaviors and improve

our relationships. It vividly illustrates what can go wrong when we try to fix personal and relational problems by focusing on symptoms alone. Symptoms are simply the outward behaviors that cause relational problems. (For Brian and Gwen from the introduction, the symptoms were impatience and people pleasing, respectively.)

When we go after symptoms, we can read all the latest books and seek wisdom from the best mentors or therapists and still remain stuck. That's because the critical clue we need isn't in our symptoms. It's in our stories. Reading books and consulting mentors or therapists are excellent ideas, and I believe *everyone* should read lots of books and go to counseling. But these efforts need to take place in *addition to*, not *instead of*, understanding and sharing our stories.

I have known many people who have been in counseling for years, but because they chose not to deal with their past in those counseling sessions, little has changed in their relational worlds. They are still stuck in self-defeating behaviors and still struggling with the same relationship-damaging patterns. They periodically change therapists because the last one "couldn't help me." But they continue in the same cycle of relational pain because they are determined to focus on their symptoms rather than deal with their root issues.

Based on the research of many experts, my personal experience in dealing with my own relational junk, and years of walking alongside thousands of people during their relational crises, I have come to believe that we cannot make sustained progress in resolving our unproductive relational patterns without having some clarity about how we came to possess those patterns in the first place.

Most of us learned these patterns when we were young. Back then, our behavioral and relational patterns shielded or protected us. For Brian, his impatience and angry outbursts kept bullies (particularly his older brother) at bay. For Gwen, her compliance and withholding her protests allowed her to coexist with her critical mother and volatile father. These defense mechanisms were a means to an end. They were Band-Aids covering the real problems beneath the surface. Getting clear on how and why we do what we do is essential if we want to grow beyond the patterns of yesterday that are causing us trouble today.

To say it another way: *We can't get where we want to go until we're clear on where we've been.*

I believe, to my core, that your story is your pathway to healing. If you are willing to engage your past and your story with courage, I believe you will discover the clues to help you get unstuck and do the rest of your life better.

TWO FORMS OF RESISTANCE

When I suggest that digging into family-of-origin issues is a necessary step for understanding relational patterns, I often encounter two forms of resistance. And I get it. In fact, I put up the same forms of resistance many years ago when I was first asked to tell my story.

The first form of resistance sounds like this: "I don't want to be one of those whiners who blames Mommy for all my problems. My parents were good people. They did the best they could. In fact, I had it better than most. I certainly had it better than my parents did."

If you're in this camp, breathe easy. I agree with you completely. This outlook is a good and healthy place to be. There is nothing about where we're headed in the coming chapters that seeks to pin the blame on anyone else for our problems. In fact, one of the benefits I discovered when I began to understand my story was that I was actually better equipped to take ownership of the patterns that were holding me back. Even if some of my choices and behaviors were heavily influenced by my family of origin, I am now the only one responsible for those behaviors and choices. The same is true of you. Looking back at your family of origin isn't about looking for someone to blame. It's about gaining insight and understanding. You're seeking to answer the question "Why do I do what I do?" so you can choose differently in the future.

The second form of resistance sounds like this: "The past is dead and gone. I can't change my past, so why revisit it? No sense in crying over spilled milk. Forget the past. I just want to look to the future."

I'm sympathetic to this line of thinking as well. For too many years, this was my go-to argument when friends or mentors suggested I needed to do some story work. But there is one problem with this line of thinking: it's not true. As American author William Faulkner wrote, "The past is never dead. It's not even past."²

If you just want to look to the future, here's my invitation: humor me on this exploration of your past despite your reluctance and see what good can come from it. I was well into my thirties before I overcame my resistance to examining my story. I regret I did not engage this healing, liberating work sooner. I've found that those of us who use this form of resistance often have

the most to gain by engaging our story. When we honestly face the reality that patterns from our past are contributing to the relational disharmony in our present, pathways to lasting healing will open up. The investment of time and energy is well worth it.

The past is not past. The past is present.

It takes courage to dive into our stories and get to the root of why we do what we do. And once we realize that we all have relational work to do, we will find the courage we need to answer the questions “How is it that I have come to this place?” and “Why do I keep behaving in a way I know isn’t working?” Addressing these questions is an essential step to living a life of maximal impact and relational fulfillment. We all want to do the rest of our lives better. And the first step is to get curious about our stories. Let’s begin by defining what story is in the next chapter.



For Reflection

Spend some time reflecting on the questions below by journaling your responses. Then, if you are comfortable, share your observations with someone who is safe and trustworthy (a close friend, a therapist, or a significant other).

- How open and motivated are you to explore your past?
- If you have some resistance to examining your family of origin and story, what do you think you

Past Present



are afraid of? For example, are you afraid of being perceived as a whiner? Wasting time? Reliving the abuse? Challenging a “perfect” childhood?