Few of us talk about our embarrassments. We don’t like to bring them up in conversation. And when others mention these disturbing (to us, but to them often humorous) events, we work hard to try to change the subject as promptly as possible. We do so even if we detect no ill will or antagonism, but recognize merely an anecdote being related quite good naturally. Coping with personal embarrassments is difficult enough. But when a professional faux pas is made public, the anxiety aroused can verge on the disabling. Nonetheless, these distressing incidents do occur. And, of course, we do have to cope. This is one of the realities, not only of human life, but also of being a professional.

Fortunately, recent studies have cast new light on the subject of embarrassment, virtually all of it helpful and reassuring. There is, it seems, much we can do to lower our self-consciousness, redeem ourselves, and re-instate our self-esteem when flustered.

The intensity of the pain of humiliation anyone feels depends on the nature and seriousness of the embarrassment, which may range anywhere from grave and critical to frivolous and inconsequential.

**Moderately Serious Embarrassment**

Moderate forms of embarrassment are commonplace and create considerable discomfort for the practitioner, but do not usually result in more than client dissatisfaction. At worst, they may cause loss of a client, plus loss of any future referrals that client may have made. This is bad enough, but still it represents only little damage to one’s professional status. Embarrassments in this category include the following.

- A patient is discharged with fecal accumulation between the toes and/or on the perianal area.
- While focusing earnestly on the patient on the table, the client’s eyes suddenly open wide and stare spell-bound behind you. Turning about as inconspicuously as you can, you can see what upset the client—a big, fat roach ambling peacefully along your counter’s edge. Worse, of course, it might have been a tick nimbly ascending the wall.
- A veterinarian gets bitten, scratched, kicked, or stepped on. The owner laughs. The veterinarian gets angry and takes a swat at the patient.

**Not Serious at All: Often Frivolous**

These minor embarrassments occur most frequently, may cause some discomfort to the practitioner, but rarely result in client loss or professional misconduct charges. They include such forgivable events as dropping a syringeful of vaccine while en route to the patient, sticking oneself with a hypodermic needle, or having one’s fly open or blouse partly unbuttoned during office hours. Events such as these happen to everyone. They are never more than inconsequential, and never status threatening. It takes only a small amount of aplomb for the victim to join the client in chuckling over the incident. Nevertheless, even here an inappropriate response can turn a trivial embarrassment into a much more serious affair.

**Coping Strategies**

Because everybody, bar none, becomes embarrassed from time to time, it is a good idea to see what experts in the field have discovered about this ubiquitous difficulty. The greatest problem, according to these experts, is not the event itself. No matter how serious, frightening, or distasteful we may imagine it is to the owner, it is the practitioner’s reaction that makes the difference between strengthening or rupturing the doctor/client bond.

When we are embarrassed, we feel helpless. Also, we are usually too upset to be able to look at the situation objectively. Certainly we cannot see it through the client’s eyes. All we can do is imagine the worst. This is why we make inappropriate responses, which turn out all too
often to be destructive coping procedures. The key, it seems, to handling embarrassments effectively is to learn how not to feel helpless in a helpless-inducing predicament. To this end, recent studies have disclosed insights and produced strategies calculated to improve mortification management.

The first and truly most astonishing revelation to come out of the research is that, when we are in an embarrassing situation, people do not necessarily judge us negatively. We expect them to, of course, but in fact most often they do not. What do they do? Unbelievably, most observers empathize with the embarrassed person and end up liking that individual better than they did before. Why do such unexpected results happen, and how can practitioners make use of the findings?

There are 3 possible responses people can spontaneously make if they find themselves in an embarrassing situation:

- They can attempt to dissociate from the event, deny responsibility, blame someone else, walk away, or pretend nothing happened. For example, after dropping a syringeful of vaccine, the veterinarian picks it up, looks at it critically, thrusts it angrily into the needle decapitator, all the while muttering loudly enough for the client to hear, “When will those stupid manufacturers learn not to make that plastic so slippery you can’t get a good grip on it?”

- Exert a determined effort to preserve one’s dignity while trying to make amends or rectify the situation. (“Would you believe it, that’s the first time in 16 years of practice that I’ve ever dropped a needle. But don’t worry, it’ll take only a few minutes for me to get another one ready.”)

- Admit and express embarrassment honestly, then go about rectifying the mishap in a businesslike manner, as good-naturedly and even-temperedly as befits the occasion. (“Boy oh boy, I must have butterfingers today. It’s OK though. I’ve got another dose of vaccine right here, and I promise to be extra careful with it.”)

In several studies, with many hundreds of participants, excuses and attempts at justification simply did not work. Observers were not impressed, and frankly did not believe the victims. Nor could they relate to or empathize with them. In fact, they took an immediate dislike to those who denied their predicament or tried to dissociate themselves from it.

What did the observers appreciate and admire? They virtually always approved of and felt closer to people who displayed their embarrassment without feeling self-conscious. They related easily to someone who could make a verbal or a nonverbal acknowledgement of humanness. Most observers, after all, have experienced embarrassment themselves. Thus, they would tend to place a high value on a person who could admit to fumbling or stumbling, or in any other way appear less than 100% perfect.

Observers tended to do another thing. They quite often made efforts to rescue someone who obviously had fallen into embarrassment trouble. Studies have shown that about two of three observers empathized with the victim, came forward with support and help, or offered assurance, “Don’t feel so bad. I’ve done the same thing myself.” From my personal practice experience, clients have often retrieved something I’ve dropped, so I know the studies are valid. Before I knew about them, however, I’d compete with the clients, making an effort to grab the item first. Now I let them help me. I hope you believe it when I report that, as a result, we both feel better about the incident.

**Specific Tactics**

There seems to be general agreement among specialists in the field on a few simple techniques to help make our embarrassments come out in a positive, even endearing, way to clients.

Do absolutely nothing for a few moments. The chances are that two thirds of the observers will rescue you. If no one steps forward soon, however, play it safe by going to one of the next steps.

“Try humor, but make sure to direct it at yourself only. ‘Well, I seem to have vaccinated the floor against distemper and parvo, so now, Skippy, it’s your turn.’ Putting another person down to get yourself out of trouble is the worst possible reaction to embarrassment.

Apologize right away, while you feel the embarrassment most deeply. This is the point at which you have the best chance of being and sounding sincere. Phoning the client later, or the next day, offers but a pale imitation of genuine sincerity. The very worst of all techniques is to delegate regrets. How do you imagine the client feels, hearing a staff person on the phone say, “Doctor says he’s very sorry that . . .”

Do not offer excuses. Clients tend to perceive them as attempts at justification, efforts to avoid accountability.

Act promptly. Start antiembarrassment procedures the moment you feel certain that no rescue is forthcoming.

Don’t hide your embarrassment. All the accumulated evidence shows that you’ll be better liked and probably forgiven more easily if you show your embarrassment, then act.

Try not to worry about the negative impression you assume you’re making. First, you can’t read the client’s mind; second, even if you could, that client
would probably be having positive thoughts about you, plus empathy besides.

Learn by watching others who handle their embarrassments well. You can even learn a few don’ts by observing people who are ineptly embarrassed. It’s fairly easy in that way to avoid the failings of the flustered and copy the triumphs of the successful.

Finally, use the veterinarian’s advantage. People are likely to trust someone they see is kind to animals. Clients observe us in that role many times each day. So, should we occasionally fall into embarrassment, we have this great cushion of trust to prevent bruising our delicate egos. More important, though, this built-in trust prevents serious damage to the doctor/client bond we have worked so long and hard to forge.