



*Healing the Wounded Healer:
Techniques to Reduce Stress in High-Intensity Practices*
Video Transcript

October 2013

This transcript has been automatically generated and may not be 100% accurate. This text may not be in its final form and may be updated or revised in the future. Please be aware that the authoritative record of Maddie's InstituteSM programming is the audio.

[Beginning of Audio]

Moderator: Now Dr. Michele Gaspar specializes in feline internal medicine and is a consultant for the Veterinary Information Network where she also coordinates groups on mindfulness, medication and job seeking. Dr. Gaspar also holds a master of arts in counseling and is currently pursuing a certificate in adult cycle analytic psychotherapy. Please join me in welcoming Dr. Michelle Gaspar.

[Applause]

Dr. Michele Gaspar: I usually speak at 8:00 in the morning so I'm used to seeing people with Starbucks' Vente with lots of espresso. And 4:00 in the afternoon is a little challenging too so I hope that the material that I'm going to be presenting to today is a benefit to you. You know as veterinarians, as technicians we go to CE conferences and we learn a lot about taking care of the animals in our care and our staffs and very, very little continuing education is

really given to taking care of the people that we are, the medial care givers.

And so what we've been doing on the Veterinarian Information Network is we've been moving more to getting groups online supporting veterinarians who are in the trenches. I've been a veterinarian for 19 years about a third of my clinical practice was done in shelters. I've worked in very large, very chaotic animal control facilities. I've also worked in very, very small cat rescues. When I was in an online group with other veterinarians this week I mentioned that I was coming to this conference and I was going to talk to shelter veterinarians and one of the very, very dear colleagues that has been online every week said, my god, how can they do the work? And the fact is that the work needs to be and so it's a privilege to be here. I've walked in your shoes. I think I know what daily lives are like and we stand as shelter veterinarians really at a crossroads because you seem to be taking not only the brunt of what happens to the animals that come through your facilities but they're also giving an idea of what your communities are like too. And so you're really at the crossroads of a human-companion animal bond that sometimes really goes awry.

So today, I'm going to share with you some techniques that I hope will be helpful to you. But we're going to start with some questions and I think that what we can do is we can do a lot of cognitive work. We can think

happy thoughts. We can get involved in hobbies and activities but the fact of the matter is I think we really need to shine the light for personal insight as to what we do. So we're going to start with some questions and these are large questions that I kind of wrestle with and I think everybody here has wrestled with it too.

And the first question is, how do we sustain ourselves in the practice of shelter work so that we don't experience burnout and compassion fatigue? And I think you've heard from colleagues that they've washed out of shelter practice, that they're burned out. I'm not looking for longevity, although longevity is good, I'm looking for sustenance really being human and humane in the time that you give to the animals in your care. Because what I'm going to be talking about more and more is the recognition that action really takes a second seat to intention. So the fact that you're in the shelter, you're intending to do good actually should be pretty sustaining to you. And that's kind of counter to what a lot of us do because we're doers, right. We fix things. But I think if we move towards intention, it changes the dynamic for us.

The second thing I'd like to talk about is how can we develop self-compassion and get rid of those negative schemas; these are the tapes that are playing in our heads of the “should” and “I think,” our addiction to

perfection. And I would bet that if we took a survey of people here we want to do things to the best of our ability.

David Winnicott was a child psychiatrist during World War II in London. And he studied the children and the mothers who were caught in the blitz. And so for those who really don't know their World War II history very well, what would happen is that the Nazis would bomb London repeatedly night after night after night. And you had to go usually to a subway, maybe to a hospital, maybe to a school, maybe just in the basement of your building and you would wait to see where the bombs fell, so this was a population under tremendous stress. And what Winnicott saw in his practice was that he had children and mothers who were going through the same experiences, they were being bombed every night but there were some kids who were simply more resilient and some mothers who were simply more resilient. And he was wondering what was the difference. Why was it that some families were able to have a fairly normal existence in daytime and others were completely fractured? And he came up with the concept of being good enough. Now if you're a veterinarian and you've gone through veterinarian school good enough is really not anything that you ever wanted to admit to. You were always an excellent student because if you were good enough, at least when I went to school, that was a C student and C students really they never got into veterinary school they did something else, it was a washout.

But Winnicott said that there was a good enough mother. Not the over-anxious mother, not the mother who wanted to do everything perfectly, and there wasn't the dissociative mother the mother who was so depressed she just couldn't do anything but there was, essentially, a B plus to C plus mother, if you want to grade them, who actually did the best. And so what I'd like you to do today is to think about being good enough and that is totally foreign to Western culture and particularly the culture in this country. We want to be the best. We want to be the A student. And that's really very, very counterproductive.

I'd also like us, and this is a huge area for me of actually interest in research, I'm actually starting a study of veterinarians in this area, to see how many times you tell yourself a day that you should do something or how you should do something well. And to ask yourself, you actually told you "the should," because veterinarians, physicians have been shown to have what's called an addiction to perfection. We can't do anything less than the best. And that addiction to perfection just keeps raising the bar. It causes tremendous frustration and also causes a tremendous amount of burnout.

I would say that if you scratch the surface and you ask yourself who has put the tapes there, yeah, Sigmund Freud was right, it's probably some

parental figure, some caregiver, some teacher along the line and you've just kind of integrated this into your own personal. It's not helpful. We talk a lot about compassion as veterinarians and we're going to kind of go through some definitions, but this is what I'd like you to think about, you cannot give others what you don't have. So if you don't have self-compassion, self-love, if you can't cut yourself slack, if you can't realize that some days all we can do is what time and resources allow us to do then you're really kind of dealing from an area of depletion. So if you don't have compassion for yourself, if you can't cut yourself some slack, if you can't say to yourself it's okay, it wasn't the best but it's okay, you can't but other people some slack too and that's a vicious cycle.

So I'd like you to think about whatever bucket you're carrying around, compassion, self-love, you know self-love in Western culture is something that really isn't valued. We tend to think of narcissism but there's a big difference between just having self-love for yourself, I'm a good person, I do good work, and we do. We do incredible work. When you can realize that then you can give it to somebody else. You can give it your staff. You can give it the people that you interact with if you work in a clinic situation and you can give it to the animals.

The third question I'd ask is why do we do what we do? Where does this come from? And for whom are we really doing it for? And this I think is

the hardest question. I do have a small psychotherapy practice in Chicago and I tend to see young, 30ish professionals, mostly lawyers, some physicians and this question comes up a lot. I think it's very important, and this ties into intention, why are we doing the work that we're doing and who are we doing it for? Because implicit in this, figuring out who you're doing it for, are you doing it for yourself and that's not a bad answer. Are you doing it for the animal? Are you doing it for some community for some greater good? But to figure out the answer to that question is ultimately pretty important because I think as veterinarians we have tremendous control issues. And control is not a bad thing when it's just kind of middle of the road control. But if you're looking for outcome, if you're expecting cases to go certain ways, if you're expecting a community that doesn't buy into no kill to somehow turn 180 degrees you won't be able to sustain yourself in the work, it's as easy as that. So once again, these are hard questions and I don't think these are questions that we really ask ourselves but fundamentally this drives what we do and how long we can do it.

I'd also like us to ask about what our personal histories are with loss and attachment 'cause I think this is huge. If we have not mourned big losses and big losses could be the first puppy you had. It could be a grandfather. It could be a parent. It could be a sibling. It could be a spouse. A good friend. If you have not resolved your grief you will be caught in system of

tremendous loss and attachment. So euthanasias, as terrible as they are, will hit you so profoundly that you won't be able to do the work. If you have loss and attachment and haven't gotten to grips with it, I really think it's of utmost importance that you do. Because this will free you up not only to do the very, very hard work, you know, how can people sustain first responder work, shelter veterinarian work, the nuns of Mother Theresa in Calcutta how can they sustain that? They can sustain that because they've asked those questions and they're able to share those questions and those answers in community.

Can you access how you feel or are you living in your head? How do you feel? I feel sad. I feel happy. I think I feel there's a big difference for that. Being able to understand what we feel, how we feel it, and to acknowledged it goes a whole way and this is one of the techniques we're going to be talking about today, which I'm going to give you a little head's up it's going to be mindfulness meditation.

And then the corollary is, if I'm angry why am I angry? What happens is I think we get so wound up in the thinking and in the doing that we don't know how we feel and we don't know what the root cause is so we become reactive. You pull out of the parking lot of the shelter and somebody cut you off. And you either slam on the breaks and the horn at the same time and you give them the finger. What we want to do is – and we're reactive.

When you think about it, we're reactive for most of the day. What we need to do is we need learn to put a pause between the thought and the action and it's a tenth of a second. They've figured this out. We're going to give ourselves the ability to say I'm angry, I'm frustrated, I'm happy and before we act, before we say the unkind word or the kind word we're just going to give ourselves some space. Everybody has a tenth of a second to spare.

We're going to start at the beginning with definitions. And you know we use so many definitions we talk about empathy, we talk about sympathy, we talk about compassion, we talk about burnout, and we talk about compassion fatigue. And so we're just going to start with three key words and the first is empathy. And empathy is actually very personal. It's defined as the identification of another's thoughts when they're really not shown to you. For example, being empathic to the animal who's brought to the shelter. They're frightened. They're stressed. They probably are sad. That's empathy. Empathy is seeing a person sitting alone at a party and thinking he or she doesn't really fit in. You're actually able to put yourself into the other person, the other being.

Sympathy is an impersonal feeling. We kind of feel pity. It's a little apart from us. The best example I can give of this is watching nightly news and seeing a disaster in another country. A Tsunami, for example, and we feel

sorry for the people who are there. This is not a bad emotion but it's very, very impersonal.

And the one that I think really hangs us up at veterinarians is compassion. I'm going to give a little different spin on. Compassion is a feeling of concern for another's needs that's accompanied by a subsequent desire to alleviate it. And the difference is it implies action but doesn't require it. Once again, you can be compassionate and not be able to do what you want to do so it's all in the intention.

We talk a lot about compassion fatigue and burnout and there's a difference between the two. Compassion fatigue is really what they call vicarious traumatization. It's either one trauma or accumulative series of traumas. Depending on the type of work you do you certainly could develop compassion fatigue. I think what's more common in our line of work is burnout and burnout does not relate to trauma, although you can see that you can have compassion fatigue and burnout simultaneously, but it's a cumulative process marked by emotional exhaustion and withdrawal associated with increased workload and institutional stress. And I know I've been there and I've bet many of you have been there as well.

Last night at dinner someone mentioned that there does seem to be at least annually a shelter veterinarian who takes his or her own life. I think we

need to recognize this as a real possibility for any of our colleagues. You can see where you don't have to have a lot of trauma, as a matter of fact, the colleague who was talked about at dinner very positively actually, always had a very happy countenance but over time they saw the withdrawal. And so this is more in keeping with a burnout where you just can't do the work anymore.

Is it burnout or is it compassion fatigue? The stages of burnout – and I think we've all seen this in our own careers, you start with enthusiasm, then things kind of get ho-hum, then there's frustration and then there's apathy. And both burnout or compassion fatigue have some commonalities. There's emotional exhaustion. There's a reduced sense of personal accomplishment or meaning in work, so that which got you going in the morning no longer gets you going. There's mental and physical exhaustion. There's isolationism and there's depersonalization. And if you are experiencing these --I mean these are mental health issues.

What I would like is I would like for veterinarian medicine and particularly I think it should start with shelter veterinarians, there is a caregivers group that a number of the human medical schools are developing as part of a healers art program where there's at least a place to vent for some of this, because community, you know we're wired for relationship, so community is going to be where it's at. What results is

that we can't function anymore. Every situation feels traumatic so we tend to catastrophize. There are no normal boundaries and this I think I've seen in my own shelter work with staff. What happens is you start pushing away certain people and then getting very involved in others.

A common scenario with this is somebody who gets very withdrawn, very sullen pushing away staff members, pushing away even the animals in their care and then getting very involved with a partner to the exclusion of all else.

Waking up tired in the morning, which just could be the fact that you worked but struggling to get to work. Feeling as though you're on the hamster wheel that you are just working too hard and accomplishing less. Becoming easily frustrated or irritated and then, as I said, losing compassion.

The fact is we have all these problems and is there an antidote and I will tell you that there is. There's a lot of recommendations that have been made for burnout and compassion fatigue. Get a hobby. Eat well. Get eight hours of sleep. Find an interest. And those are all, I think, useful but those are things that are outside yourself. When I was going through my own burnout I decided that what I needed was I needed something that I could take with me that was accessible to me at all hours of the day because when do you want stress reduction? You don't want stress reduction at 8:00 at night because stress reduction there is usually going to

be a bottle or a can, you know. *[Laughter]* Right? Been there done that. What I was looking for is I was looking for something that could be accessed the minute I was aware that I was being stressed. And we're not alone.

I'd also like to talk about leisure here. There are two types of leisure and I've seen veterinarians kind of make this error. There's called compensatory leisure and the way that I would describe compensatory leisure is a librarian decides to be a DJ at a hip hop club, okay, so like a 180. Then there's congruent leisure. This is when you keep doing kind of, sort of the same thing. This would be the veterinarian who works in a shelter, does agility, and does some volunteer rabies clinics. Those are all really good but you see it's like just more of the same. Because we want to be well-rounded people, even if veterinarian school did not make us so, we need to get some type of compensatory activity.

But at the core of all these recommendations is the fact that we need to do something different. We need to change ourselves and we need to change the way that we think and that is going to be the antidote.

I'd like to talk to you about mindfulness meditation and I'd like to tell you up front this is a secular exercise. So whatever your religious persuasion is or is not you're welcome. Veterinary medicine is well behind the ball

here. I can tell you that mindfulness meditation is being taught in medical schools, law schools, to engineers, to small children, high schoolers, prisoners, drug addicts, chronically mentally ill people, diabetics, and people with psoriasis. Get the picture? Anybody can do it.

What this does is it is a secular practice that provides focused concentration on a moment-to-moment basis. Go back to 7:00 this morning. What'd you do? If you were brushing your teeth were you brushing your teeth or were you thinking that breakfast starts at 7:15. And if you're sitting here now you might be thinking about yappy hour but you're not here. We're always doing we're never here, we're always somewhere else so we're always multitasking.

I will tell you that mindfulness meditation is an evidence based practice that has been positively shown. Does everybody like P values? Remember those awful P values with the arrows that go all different ways? Most of these of studies are P less than 0.5 so pretty darn significant. It reduces stress, compassion fatigue, burnout by positively impacting the brain; it actually changes your brain for the better and the central nervous system. And it reduces that automaticity, that activity, and it makes us more human and humane. It's an inexpensive practice. You don't have to go anywhere. You can do it anytime, anyplace, you can even do it lying down. It's congruent with modern lifestyles. It's a gift to yourself, your family, coworkers and the animals in your care.

The question your probably asking is so how does it work? How well does it work? Dr. Michael Krasner, who is an internist at the University of Rochester, has had about 3,000 physicians go through his mindfulness medication class. And after 15 months of practice there has been -- everybody who's filled out the form and his forms are returned at an extremely high rate on the survey – 55 percent decrease in anger, 45 percent decrease in depression, 25 percent decrease in fatigue. If you're listening to this now you're probably thinking well, it would be worth a try, sign me up.

I'll give you a short history. Mindfulness comes from the Buddhist vipassana meditation, and lest anyone run out of the room, you know the Buddha never saw himself as a deity. He actually was just a prince; the story goes, about 2,500 years ago, actually 2,500 B.C. He was a wealthy prince the story goes he stepped out of his palace and he saw an old person, a sick person, a corpse and he freaked out 'cause he thought this is where my life is going. And as was vogue in the time what you did was you starved yourself as a mendicant and you just went round doing all kinds of aesthetic exercises to yourself. And he wasn't getting anywhere, and so as the story goes, he was hungry, he was tired, he was thirsty and he decided to give himself one night, one night to come to enlightenment. How can you get rid of old age and death and disease? And so the story goes he meditated under the banyan tree and in the morning he was

enlightened. And what he discovered was, basically, we are in control of how we react to old age and sickness and death. They're ubiquitous. They're ubiquitous. But how we react to them, what emotional input we give to them, the emotional importance, you know, what's the difference between hurting and suffering? Suffering has a psychological component that's the difference. Been there done that. You can hurt but not suffer. What mindfulness does is it takes out that emotional component that we put in, which is basically our self-talk.

Rick Hanson is a neuropsychologist and he talks about negativity as Velcro on the brain. What he says is we have a propensity as a species to like negative thoughts to hang around. It's called rumination. Think about the last time you were really angry at someone, perhaps your significant other. And you keep thinking about it and thinking about it and thinking about it or some staffer or some coworker that does something that really angers you. You can take that person throughout your entire day and I guarantee you'll be eating dinner with them even though they're not physically part of your dinner that night.

And in veterinary practice, you know in clinical practice if you have 15 client encounters that you're thinking about during the day 'cause you can't let it go that dinner table is pretty crowded at night because they're all

sitting there. We only want the people at the dinner table who we invite not the people that we're just dragging along.

Mindfulness kind of goes through this murky kind of 2,000 years where it's kind of done in Asia and then it's brought to the West. John Cabot Zinn, actually at the University of Massachusetts for over 25 years has had his mindfulness based stress reduction clinic. If you want to read evidence based stuff he's used it with cancer patients and diabetics, people with Parkinson's, people with ALS, neurodegenerative diseases and there is a benefit to this practice. And mindfulness now if you just Google mindfulness journal articles there's thousands of them that are being published and it's because now with PET scans and CT scans and MRI's and all kinds of radioisotope studies we can actually study what this stuff is doing. And the University of Wisconsin Madison, Center for Investigating Healthy Minds, if you're at all interested in how to make your brain healthier get on their website. It's fabulous. John Davidson is just doing some pioneering work showing that this is really working.

It's not enough to get the mind going you need to get the body going too. What has been shown to happen to your body when you do mindfulness? You actually go in a hypo metabolic state that's better than sleep. You will actually wake up refreshed. Oxygen and sleep only decrease about eight percent, some long term meditators up to about 20 percent. Lactate

goes down that's aging. Increase of serotonin and melatonin, if you're doing any reading in anti-aging you know that most of the anti-aging researchers are swallowing melatonin themselves. It's a good thing. It decreases cortisol so you're not stressed. And American Heart Association actually put a number of multiple heart attack survivors on a mindfulness program and found out that actually the disease free interval increased and blood pressure went down, all kinds of good things.

We've got the body going but what does it do to the brain? And essentially what happens is it up regulates areas of the brain that deal with the tension, concentration and emotional regulation so this is that reactivity. We think about what we're experiencing so it's not that A to B there's that pause in between. We're able to actually develop more positive emotions with compassion.

I have been offering a mindfulness course on the Veterinary Information Network this will be our third year and we've had about 350 veterinarians go through it and veterinary technicians. We're starting another course in October. It's free. We don't charge for it. I think the benefit is that people need this information. And we have another 350 people signed up for it. I would encourage you if you're at all interested and you're a VIN member, come on down we'd love to have you.

Mindfulness does some shifting and that's what we want to do we want to shift from horizontal to vertical living. Horizontal living is that automaticity that we do and there's nothing wrong with it. If we were not horizontally motivated every time we walked we'd have to learn how to walk again, so there are some things that you want to be very, very automatic. It's with vertical living that we really engage ourselves and I think this is where the burnout comes when we no longer can engage ourselves in the work when the work becomes just overwhelming. We are not looking for detachment so a lot of Western folks have an idea that meditation is to develop a detachment where you don't think, you don't feel, you're kind of an automaton, you push out thoughts. Quite to the contrary, I guarantee you that mindfulness makes you feel much more deeply but it allows you to create boundaries. We think that detachment is a bad thing. Detachment is actually the lifeline that everybody needs who works in shelters you need to be detached. And I mean a detachment that allows you to focus on a patient, on a particular staff member, and then to let it go that's the detachment that I'm talking about. What happens with that negative Velcro thinking is that we get hooked in by it and when we get hooked then we put our own truths, you know, and everybody has their own truths, right? You're thinking about things right now I guarantee you they're not truths with a capital T they're truths with a really, really small T. But it's our perceptions that really get us into trouble, how we see situations.

Mindfulness tells us to really think about what we're doing. It's not about diffusing destructive payloads but it opens up our space to work. It diffuses a them-us mentality. I think there's a lot of opportunity to be entrenched in shelter work. I think it's really very easy to get split between the community or the board, what other dramas have I been with, you know intake versus clinic, all kinds of things, so the them-us goes by the wayside. And what Mike Krasner found in physicians is that you're mindful you make fewer errors and it's a safer workplace. Physician errors in hospitals that have implemented this [*pphhhhh*] have gone like that. Lots of benefit.

You know we are vertical, most of the time, right, but I would encourage us to live vertically. And so that's where we're developing a greater empathy and there's no depersonalization. And what we do is we notice where we are, we prioritize our tasks and we're not fragmented and this is very, very counter cultural because we are led to believe that we can multitask. The brain can't multitask. A computer can multitask pretty well, we cannot. And as people are looking into mindfulness they're having people do a whole bunch of different things, it doesn't work. And when we live vertically, as I said, our truths are just truths. They're not cut in stone. They're not the basis upon which we judge other people.

You knew it was coming; we're going to practice some mindfulness meditation.

Does anybody here have a regular meditation practice? Don't be scared.

[chuckling] What I would like you to do is just play along. You've done a whole lot worse things for 10 minutes. *[laughter]* I guarantee you. I guarantee you. This is what we're going to do it's a body-mind exercise and by that I mean it's not all up here. It's going to be pretty easy. I'm going to put you through a relaxation exercise. I'm not going to hypnotize you. *[laughter]* What I would like you to do – so we're going to do a body scan. I'm going to tell you right now you're going to close your eyes and your feet are going to be on the floor uncrossed, but you don't have to do that now.

What I'd like you to do is just count each inhalation and exhalation as one. And you're going to go from 1 to 10 so 1, 2, 3, 4, 5. Now, you will be at 19 very soon I almost promise you, if not 34, those are very familiar numbers to me, 19 and 34, just come back. Because remember it's a self-compassion exercise so don't beat yourself up like you idiot, you can't talk to 1 to 10. Just be kind to yourself. Thoughts are going to come and go - this is the dumbest thing I have ever heard; I wish there was a third lecture on ringworm. *[laughter]* I know these things. I know these things. Just watch them. Just watch them. Don't say ugh, don't think about that third lecture in ringworm or am I going to have red or white tonight or is there going to be salt on the rim, all those things that we could be thinking about. I should have gotten the Starbucks. Why didn't I go back to my room? All those things, all those things, you know, just kind of notice them. Just notice them.

Some meditation teachers, and I am not a meditation teacher I refer to myself as a facilitator of mindfulness meditation on the Veterinary Information Network, but

some meditation teachers talk about the monkey mind. And that's a good thing for veterinarians, right, a monkey mind, yeah, just kind of like chatters there. And to kind of give it kind of a little woo-woo effect, right, I brought my bell. And I'm going to tell you how much do I care about you? I paid extra to check my bags because this does not go through TSA. *[laughter]* This is a club. So I have been told. So I have been told. And as much as I like the harp on this, not the same. The bell is not woo-woo. What the bell does is there's a beginning and there's an end that's what the bell does, okay. Are you ready? What I'd like you to do is close your eyes and sit tall and straight. This is a practice of flexibility so no rigidity. Nothing is rigid. I would like us to put our hand palms down, fingers spread, somewhere between the knees and the hip crease on your thighs and separate your knees just a little bit. Feet are on the floor.

What we're going to do is we're going to go through an exercise to bring attention and awareness to most every part of our body and it's to notice what we're feeling without giving it emotional input. Before we do that though, what I'd like you to do is I would like you to just start breathing normally. Don't force the breath. Don't judge the breath. Most of us are chest breathers and by the end of a stressful day I guarantee you that your breath is located just under your clavicle. As a matter of fact, some people come home and they can't even talk, they're winded. That's the breath of stress. What we're looking for here is we're looking for a fuller, deeper, richer breath that expands the belly on inhalation and on exhalation the belly comes back to the spine. If it's not coming right now it's okay. The fact is that you're practicing mindfulness, you're taking care of yourself, you're giving your brain better health.

What I'd like us to do is start at the top of our head and notice the muscles of the scalp. We're surveying for tension and we're relaxing the top of our heads. Similarly, I would like the brow to be unfurrowed. The jaw is dropped just a little bit so there's not tightness, there's no tension. And the eyelids are just gently draped over the globes of the eyes so nothing is tight. Soften the face. Spend a few breaths noticing the quality and the symmetry of the breath that is coming in and out of your nostrils. What is coming in is life; the life around you. And what we do is we heat it with our fire and our passion and our compassion and we let it go, so there's a give and take.

The tip of the tongue rests just gently on the back of the upper teeth. As Westerners we carry a lot of tension in the neck and the shoulders and so I would invite you to relax the neck any way you can. You might move it laterally. You might move it up and down, anything that gets out the kinks. Now take the shoulders and take them down from the jawline. Shoulder blades are down the back. And we turn our attention to the arms. Starting with the shoulders what do you feel? Just notice it. The upper arms should be getting heavy. Just suspended and held by the thighs. The elbows drop. The forearms, what sensations? The wrists turn your attention to the palms and the fingers what good work comes from them.

And now we turn our attention to the heart. And what I'd like you to do is to just think about the goodness that you are. We are not perfect people but we are good and kind people. And thank yourself for sitting here and for the goodness that radiates from you on a moment to moment basis. And now think about the

goodness that has come to you in large and small ways maybe today, maybe some other day and just be grateful.

Let's turn our attention now to the abdominal area. What do we hear? What do we feel? Just notice. Don't give it any emotional ammunition. And this is usually a good time to change our posture maybe we're slouching a little bit. So it's a practice of being alert to the environment so we can be responsive to the environment but not rigid. And now we turn our attention to the thighs. What do those muscles feel like? Our knees, do they hurt are they kind of creaky? And let's do the same with the shins and the calves, the ankles, the feet, the toes. Spread your toes in your shoes or sandals so that they're active so nothing in the body is constricted nothing is curled.

I would like to point out to you that whatever you think you are at this moment you are beautiful and this is the body that allows you to do the very, very good work that it does. We're just going to sit for 10 minutes.

[bell rings]

[silence]

[bell rings]

And welcome back. What was it like? Interesting. Stupid. *[laughter]* All the above. None of the above. We're you kind of intrigued with the thoughts that just kept rolling? That's always been the most intriguing to me. Now we know what it's like.

I have some final thoughts and everyone should have a copy of Chris Adrian's *The Question*. I want to thank the best friends group for making those copies available. If I was able to drop this out of airplanes across the country, I would that's how keen I am on this. I'll tell you a little bit about Chris Adrian. He's a pediatric oncologist. He has a Masters in Divinity from Harvard and he's a novelist. He's written three pretty well received novels. Just a real renaissance man. Chris and I feel that there's some commonality, my undergraduate degree is in journalism; I was a reporter with *The Chicago Tribune*. Then I became a veterinarian. I was a chaplain for a year and now I'm a therapist. He thinks that the next think on the agenda is nail technician and hair extensions. [laughter] But the reason why I am so keen on this article, which appeared in *The Journal of the American Medical Association* in December of 2012, is because it asks the question and tries to answer it. Chris starts out by saying that when he was in his early days of fellowship training in pediatric oncology they told him and his fellows not to tell people what you really did for a living. Just tell them that you're a pediatrician 'cause if you tell them that you're a pediatric oncologist that's just going to bring people down. And do you get that question too? What do you do? I work as a shelter veterinarian. I don't know how you could to that work. It's what he calls the cocktail party question. He needed a fellowship paper and the needed a thesis for his M.Div. so he decided that he was going to interview pediatric oncologists and the question was how can you keep going to work every day? How after having miserable days where children die where you cannot cure them how do you keep coming to work every day and becoming engaged? And isn't that the big question that we asked ourselves sometimes in shelter work how can I keep doing this work? This is one of the most elegant

pieces that I have read on it and I hope that you will consider this to be the gift that it was meant to be.

He was asking how do you do the work? And I think the most beautiful parts of this incredible last piece are on the last page and I'll read them to you.

"It took me weeks to gradually wake up to the implications that suffering is everywhere and it's for everyone to acknowledge and share. Hospitals are no barrier to the radiating agonies of dying children and grieving parents. So why is it any worse for me than for anyone else to stand in consideration of the world's unfairness? Yes, I'm reminded of it daily but is it really any comfort to forget? Is forgetting even possible, indeed, I've come to believe that it's psychologically and spiritually damaging for a person not to be forcibly reminded of all the suffering in the world. I think I finally understand what my attending physicians meant when they said there was something about this work that sustains you that's not predicated on rewards, good outcomes, gratitude or relief. It's not so bad being me because my responsibility is to minimize parental regret. I can return to work every day because sometimes all we have to offer is radiation and kindness. Anyone can and most everyone does recognize that suffering of children with cancer and of their families but who among a world witnesses gets to care for them? And then aren't we the lucky ones we who are always generating awkwardness and bringing people down at cocktail parties. We pediatric oncologists but we really we physicians or we anyone who's profession put us in the way of other people's pain."

It has been my privilege to talk to you as witnesses to suffering, witnesses to good. I hope this was helpful to you and many, many thanks for the work that you do.

[Applause]

[End of Audio]