

*Self Care*  
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I chose today's topic because it is something I know a little bit about, both personally and professionally. But also because it gave me the opportunity to look at self-care with beginner's mind. I passed a church billboard on the way to work and it read, "You talk the talk, but do you walk the walk?" It gave me pause. Do I walk the walk?

I can say with conviction that I do walk the walk of which I talk, most of the time. But, it wasn't always this way. I have been on a decades long journey of trying to figure out how to best care for myself, how to practice compassion and self-acceptance when I fall into older, less helpful habits, and upon recognizing those old habits, how to gently come back to what I know works best for me. And I keep molding and re-shaping what I know, as I learn more. Not really as I gain more knowledge, but more so as I gain continued and deeper insight into myself as a human being, all the parts of myself, even the parts I don't like so much. I suspect this will keep evolving over my entire lifetime.

There is a crisis among physicians and health care providers. This group of "healers" who provide care for so many are struggling to care for themselves. In fact, the rate of depression among physicians is twice that of the general population. And likewise, the rates of suicide are on the rise.

Much of this is attributed to something we now are recognizing as burnout. Burnout is a syndrome characterized by emotional exhaustion that results in depersonalization and decreased personal accomplishment at work. The emotionally exhausted clinician is overwhelmed by work to the point of feeling fatigued, unable to face the demands of the job, and unable to engage with others. The burned out clinician may develop a sense of cynical detachment from work and view people—especially patients—as objects. Fatigue, exhaustion, and detachment coalesce such that clinicians no longer feel effective at work because they have lost a sense of their ability to contribute meaningfully. In the past few years, the growing prevalence of burnout syndrome among healthcare personnel has gained attention as a potential threat to health care quality and patient safety.

Surveys of doctors have shown that 54.4% of physicians reported at least one sign of burnout. Similar studies of medical students show that as many as 44% screen positive for burnout symptoms. The highest rates of burnout occur in those specialties that we consider to be the most important, primary care doctors and pediatricians. But really, this phenomenon is now recognized in significant proportions across all medical specialties. And the numbers have been trending up over time. And it is more prevalent among physicians than the general U.S. working population. This is "a finding that persisted after adjusting for age, sex, hours worked and level of education."

I didn't know it then, but I know for a fact that I experienced burnout during my residency training. I recall feeling bitter, angry, tired. At that time, I would drink to excess on my days off, I only sporadically engaged in some sort of physical activity, and I can't even recall my dietary habits, but I'm pretty sure it wasn't very good. So, there was a clear correlation between lack of my own self-care and my experience of burnout. Now, there was little time to be had out of the

hospital, but the time I did have was certainly not spent doing things that might have helped me cope better with the demands of training.

Think for a moment, did you ever think about the doctor that cared for you the last time you went for a doctor's appointment? Doctor, yes, but human, too.

What does it say that the people we entrust with caring for all of us and inspiring us to make changes to benefit our health are likely not all that good at caring for themselves? They are talking a lot but not walking the walk.

In May, I was fortunate to have had the opportunity to attend a 3.5 day Mindful Practice for Quality Care meeting at the Zen Buddhist retreat center in Batavia, NY. Being someone who already practices meditation, I knew I would enjoy this experience for sure. At the time that I left for this workshop, I was desperately in need of getting a break from the office and even a break from the home routine. I have had experiences in the past where breaking away from the day-to-day rush of life and attending a meditation retreat was a great re-set point that allowed me to become more regular again with my meditation and other spiritual practices. So, I was optimistic, no, actually, desperate for a re-set.

I spent the next three and a half very rainy days going through a series of listening and connecting exercises with a group of 41 other health care providers, with the goal of developing presence and listening and support skills. The most basic premise is that if I am more present with my patient, not lost in my own thoughts, such as thinking about what's for dinner tonight or last night's chaotic school concert or even the last room I was in and how that patient shared a story of heart-wrenching personal tragedy, or whatever might be spinning in my head, then I will provide higher quality care to my patient and make fewer mistakes. It is so simple, of course, this makes the most perfect sense to any rational mind. The workshop leader, Dr. Ron Epstein, in his new book, "Attending," states, "Stimuli compete for clinicians' attention in a time-pressured, psychologically demanding, and unforgiving environment." He later goes on to say that "In addition to information that comes from the outside world, we are constantly processing information that comes from the sixth sense--the mind itself. While focusing on a task, we all have spontaneously arising thoughts, emotions, and visceral sensations that may or may not be related directly to the situation at hand." It is easy to see how things can get missed, how errors can arise.

The other thing that moved me at this workshop was that all of the providers that were in attendance with me who were all at different points in their vast careers, but we all shared some common feelings. We felt lost, tired, and somewhat out of touch with ourselves, who we are and questioning whether we are living the life and serving the role we were meant to serve. These were surgeons, OB/GYNs, transplant teams, pediatricians, family doctors, emergency medicine doctors, psychologists, and others. All of them suffering, dealing with loss, grief, errors, but all of us suffering by ourselves, alone. Badges of shame that we have to keep secret from one another. The workshop was a first step for many of us, in sharing, for forming connections and realizing that there are other health care providers out there, who feel very much the same way.

So, the people who try to restore health and prevent or treat disease are suffering so deeply. But our patients are suffering too. I know firsthand that the patients that I work with have a hard time making changes that will help them live healthier, happier lives, whether that's exercise, eating better, meditating, yoga, or stopping using substances, they struggle mightily.

Why is this thing called "self-care" so hard?

In her most recent book, “Hallelujah Anyway”, writer Anne Lamott states, “I want to change, but it hurts; waking up is miserable, and transformation is terrifying. Given the choice, who would decide to grow from a clueless, shiny black tadpole to a skittish baby tree frog on a twig? The Indian Jesuit Anthony de Mello said that most people don’t want this metamorphosis--they just want their toys fixed or replaced. Well, yeah. He made this sound like a bad thing. If against all odds and indoctrination, you do seek to emerge from tadpole stage to a wilder, more expansive, bouncier kind of life, it is probably not going to go well. Maybe this is good news, that we must crave evolution, must be willing to pay, because it means we may stick it out when life seems too hard, and take shards of progress where they come, wherever unlikely place we find them.”

With my own patients, as their doctor, I believe that my role is to help them take better care of themselves. In my clinical practice focused on nutrition, usually, this involves figuring out ways for them to move more, make better food choices, and often, eat a little less.

To accomplish this, I very often employ a strategy called Motivational Interviewing. This technique, which originated in the substance abuse field in treating alcoholics, is now being used in all sorts of settings that require working with people to set goals for behavior change. It was discovered that the old fashioned paternalistic model of advice giving “I know more than you. I know what you need to do to get better, now go home and just do what I say” was not that effective with getting alcoholics to stop drinking. Then, it became clear that it was not that effective for most anyone we give advice to. You see, anything “bad” we humans do nearly always has some quality that we experience as “good” and helpful, or we wouldn’t do them. Things like tobacco, alcohol, drugs, food, gambling provide happy-feeling neurotransmitters to flood our brain and make us feel a tad bit better, at least for a little while. That’s why we do these things, even when, as we are engaging in the action, we know it isn’t quite the best thing for us. But in the moment, it’s ok. In the moment, it’s enough, and it might even feel good.

So when it comes to getting someone to make a different choice, they can have a hard time with that, even when they would like to make that different choice. I describe it to my medical students like this. The patient is driving the bus, the doctor is like the bus monitor, sitting behind or beside the driver, helping them with directions and to avoid dangers, but the patient is behind the wheel and setting the course they want to travel.

I believe that to be human is to have an intention toward something, to hold values that are strong and true, but to have a very difficult time aligning our actions with our intentions. That is the definition of being human. A patient-centered approach like motivational interviewing also helps us as health care providers, because it takes away a lot of the heaviness and frustration associated with being a physician and seeing patients who just can’t seem to take your advice or follow your directions. It can lead to less burnout and more compassion. Instead of asking “why can’t they do what I tell them? Why do they keep coming back for me to tell them the same thing I said last time?” you actually let them define their commitment, however, small, and use that to measure success. And when I remind the students to think of the last time they tried to change something in their lives, suddenly, there is much more compassion to be had for all. I help the students see that we are no different from anyone else. We all struggle to align our actions with our intentions. And, maybe that’s ok.

Anne Lamott writes, when referencing Paul of Tarsus, in his teachings. she said that “he knew the struggle with our dark side. I do not understand what I do. For what I want to do I do not do, but what I hate I do. And he preached willingness to be loved and included anyway, as is. He knew that people...would want to have the willingness to have the willingness, but that is scary

and hard. He knew that it comes from the pain of staying the way we are, cut off from ourselves, squandering our lives, envying others, bingeing on whatever, terrified of making mistakes.”

See, ambivalence is common, it is a fundamental part of being human, and we should expect it, but oddly enough, we don't. We expect the exact opposite! We expect perfection, and we want it now, or yesterday! We want quick fixes that don't really require us to have to look at ourselves in an honest, critical but compassionate way. Anne Lamott calls it wanting “our toys fixed or replaced.” So, we struggle to change, cycling back and forth with difficulty in developing consistency. Feeling tired, frustrated, burnt out.

So, I am constantly trying to cultivate patience with myself and my patients, accepting “shards of progress” as success, as not just good enough, but as representation of what is actually true for someone, the long, thorny path to figuring this out for ourselves, with permission to fail and fail again and again along the way. John Moffit's poems said, “ Be the thing you see: You must be the dark snakes of Stems and ferny plumes of leaves, You must enter in To the small silences between The leaves, You must take your time.

This is a journey.

But I do have some suggestions about the things I have found helpful for doing this self-care thing better along the way.

Set a totally achievable goal. One that you feel pretty darn confident you can do. On a scale of 0-10, that means a 7 or higher in the scale of “confident you can achieve this goal.” If it's any lower than a 7, you must adjust your goal until you get to something you know you can do.

Set, also, a reach goal, one that gets you really uncomfortable. For me, this is my racing. It is easy to look at me and think this athletic stuff comes easily, but it simply doesn't. The discomfort, especially physical discomfort for me, staying with it and getting through it is such a wonderful visceral metaphor for life itself. Reach goals, once achieved, also give us those precious moments of celebration and pride that I think are pretty important memories to call upon our most challenging times.

Get a cheerleader, a support crew, or a coach that will provide accountability with flexibility for being human and times of failure. These people can be your family members, friends, your doctor, other professionals. Maybe they are right here in this room. Be sure these are the people that will support you, keep you safe, but not shame you. I am so grateful to have so many people on my support crew. Bryan has seen me at my lowest and helps me to find some way to get back out there and finish a race. I have a coach who guides me and pushes me, but understands when I can't quite complete a task. We all need help with this, and we shouldn't go this alone.

Be ready to adapt. As in Jane Hirshfield's poem, “finding the light newly blocked on one side, it turns in another.” You have to be ready to change, adapt, modify, as you meet the roadblocks that are inevitable.

Include critical and planned pauses to rest, reflect, re-commit. The solstices, birthdays, other rhythms of life that remind us to pause, are good choices for this. I have a practice of defining goals and dreams each year. These aren't resolutions, but rather what I plan for in different categories of my life (self-care being one of them) for the coming year. I take weeks to develop them and try to revisit them a few times a year, allowing room for revision or adaptation.

As you figure it out, come back to what you know works for you, even when you have drifted far away. Come back, keep coming back. With compassion, the diversions become shorter and happen less often. You soften and forgive yourself, allowing more opportunity for change rather than the shame and self-punishment you may have tended to in the past. Commit to acceptance of all the parts of yourself with as much self-compassion as you can muster.

To look at any thing,  
If you would know that thing,  
You must look at it long:  
To look at this green and say,  
“I have seen spring in these  
Woods” will not do — you must  
Be the thing you see:  
You must be the dark snakes of  
Stems and ferny plumes of leaves,  
You must enter in  
To the small silences between  
The leaves,  
You must take your time  
And touch the very peace  
They issue from.  
So may it be, amen and blessed be.