



WEIGHT LOSS FOR BUSY PHYSICIANS

— with Katrina Ubell, MD —

Katrina Ubell: You are listening to The Weight Loss for Busy Physicians Podcast with Katrina Ubell, MD, episode number 207.

Welcome to Weight Loss for Busy Physicians, the podcast for busy doctors like you get the practical solutions and support you need to permanently lose the weight so you can feel better and have the life you want. If you're looking to overcome your stress eating and exhaustion and move into freedom around food, you're in the right place.

Hey there, my friend, welcome back to the podcast. I'm so glad to have you here on this last episode of 2020. We're doing it, people, we are going to be done with this year. We are going to be done with all the things that have come with this year. I have a really, really good episode for you. I think of it as a gift for you heading into the new year. This is like if I could just package up a gift for you and hand it to you, it would be this podcast. So please, please, listen. I know it's not one of my shortest ones. But this is everything that you need to be hearing heading into a new year, starting off with a new clean slate. It's going to be so, so, so, so good. I know you're going to love it.

Okay, so really quick though, before we head into the interview. I want to let you know that Weight Loss for Doctors Only for January is full, and we've fully enrolled it. But I wanted to let you know that we do take a wait list

because it does happen on occasion that people back out. So, we love having people on a wait list so we can give you that opportunity to come join us. We start January 11th. So, if you're interested in being placed on the wait list, just go to katrinaubellmd.com/enroll, E-N-R-O-L-L, and you can place your deposit there in your spot, and if something opens up, then we'll put you in, in January. Otherwise, we will put you right into our next group, which will be in May of 2021.

So, again, if you are interested on that wait list, if you're like, "Shoot, I missed it. How did I miss it? I want in on that." Just get yourself on the wait list. I know we're always like, "Oh, I don't know if I'll get off it." But I'm telling you, things happen and so it's worth it to be on there. So, go to katrinaubellmd.com/enroll. I'm so, so, so excited for everybody in that January group. It's just going to be a fresh clean start. And there's nothing like the new year to give you some motivation to just get yourself straightened out, and sort out all of your issues with overeating, and over-drinking if you do that as well.

Okay. I have got someone really amazing in the podcast today. His name Rick Hanson. He is a PhD Psychologist. And he's written several books, I'll tell you all about it in just a minute. But he is, first of all, just a lovely human being, as you're going to be able to tell as you listen to our conversation. He is just... I wish he could just sit on my shoulder and talk to me all day long and just he's very soothing, honestly, in a way that Mr. Rogers was soothing to me as a child, literally I got that kind of vibe from him. It was amazing.

I was not really allowed to watch television very much at all growing up, we lived in Southern California, my mom was like, "Go outside and play." So we did. But anyway, I was allowed to watch Sesame Street and Mr. Rogers, because they were on as she was preparing dinner. So, I think that kept us out of her hair, so she could make dinner, and by that point we were tired and stuff. So, I

didn't have Saturday morning cartoons, none of that is nostalgic to me. But Sesame Street and Mr. Rogers are. And Rick just really hit me with that safe feeling that I always got when I was watching Mr. Rogers. Anyway, that's an aside.

Okay. Let me tell you about him. So, he's a Psychologist, senior fellow of UC Berkeley's Greater Good Science Center and New York Times best selling author. His books have been published in 29 languages and they include Neurodharma, Resilient, Hardwiring Happiness, Buddha's Brain, Just One Thing, and Mother Nurture. There's 900,000 copies published in English alone of those books. And the main books that we're going to be discussing on this interview are Resilient and Mother Nurture. But, after we finished recording, he was telling me about Neurodharma, and how great that was and if you want to take a deep dive, that is an amazing book as well.

His free weekly newsletter has 185,000 subscribers and his online programs have scholarships available for those with financial need, which is awesome. He's lectured at NASA, Google, Oxford, and Harvard and taught in meditation centers worldwide. An expert on positive neuroplasticity, which he will explain and go into depth on, if you haven't heard of that term, which I hadn't. His work has been featured onto BBC, CBS, NPR, and other major media. He began meditating in 1974, maybe that is why he's so calm and makes me feel so good, because he's been meditating for so long. And he is the founder of The Wellspring Institute for Neuroscience and Contemplative Wisdom. He loves the wilderness, and taking a break from emails, which sounds really smart to me.

I enjoy nature, and taking a break from social media, that would be my version of that, it's so good. So anyway, we talk about so many good things I can't even begin to touch on it. We talk about self-compassion, we talk about resilience, we talk about women in the workplace, we talk

about what to do when you feel like you're not doing a great job in every single area of your life and you feel like you're letting down people constantly. I mean, I'm telling you the way he describes how to handle that, I'm like, "Oh yeah, that will be new for me moving forward, I will never forget that. So good."

So, please, enjoy this interview with Rick Hanson, he is really... he is a good egg, and he's got some really good information that I know so many of you are going to benefit from. So, as I said, consider this my gift to you and his gift to you on tying up 2020, and starting 2021 with a new, fresh set of eyes, and experiences, and just really creating exactly what you want for yourself in your life. Okay, happy new year. I will check in with you in 2021. Enjoy this interview, and I'll talk to you next week. Take care.

Well, Rick Hanson, thank you so much for coming on to the podcast. I'm so excited to have you here.

Rick Hanson: Well, Katrina, I'm glad to be here as well and honestly, it's a lot out of appreciating you and frankly the stream of benefit that flows through you to physicians and others, and then through them to many other people. So, I definitely wanted to do this, and I'm glad to be part of the contribution you're making.

Katrina Ubell: Thank you. It's funny that you say that about how it all flows through. I think about that too, I think about when I was in practice, I felt really actually very connected to helping the families and the children that I took care of and I really felt like I made a difference. I had lots of evidence that what I did was valuable. But when I transitioned to this line of work, I was like, "Oh my gosh, I'm touching so many more people." And then, they go and touch their patients, this helps everybody. It's very cool, I love that. So, I always like to have any guest come on and just give a brief introduction, I would love to just

hear a little bit about your story, how you got into this work and what you do now.

Rick Hanson: Okay. I'll start at the end. I'm a Clinical Psychologist, and author, and teacher, including through online programs, which people can find out at my website, which you'll have in the bio, but also it's rickhanson, S-O-N, .net. And almost everything I offer is for free, so people are welcome to go to my website, see all the resources there, short meditations, videos, PowerPoint slide sets for professionals, greatest hits of scientific papers, all kinds of really practical things to do, mindfulness and instructions, et cetera, et cetera. So, guys, check that out. How I got here it's really interesting, what a long, strange, trip it's been. That's a Grateful Dead lyric. I got started-

Katrina Ubell: I'm old enough to know that lyric.

Rick Hanson: Yeah. I was a shy, nerdy kid, started college young, at 16, and pretty miserable. Fairly soon, I realized that things began to change when I deliberately looked for ways to internalize the experiences that were good for me, so that they gradually left residues inside that I could feel that helped me feel more confident, secure, worthy of love, like I existed, and so on.

And then, as the years have gone by, I've come to understand, through what's called positive neuroplasticity, how that intuitive embodied process of internalization I would do, and someone just smiled at me, or someone said good job, or some super-duper quarterback in my intramural football team threw me the ball and said, "Good catch, Hanson." Whatever it might be, large and small, if I slowed it down to feel it in my body for a breath or longer, later on, decades later as I became a Psychologist, I learned that I was actually hardwiring those experience into my own nervous system and gradually building up traits of self-worth, confidence and capability.

So, I really set me on my way, I would say professionally I'm centered at the intersection of three circles, clinical psychology, neuroscience, and perennial wisdom. I also began to meditate in 1974, did it in a pretty sloppy, casual way for many years. But then, starting around 30 years ago, I got pretty deliberate about it. And that material, by the way, just passing, I should say, is front and center in my latest book called Neurodharma, which is a way of talking about the practical tools we can find at the intersection of these three circles, clinical psychology, neuroscience, and contemplative wisdom.

So, that's me. Today, I think of what do is really at the heart of, and I think you too, at the heart of self-reliance. I mean, it's easy to frame what we're talking about as some kind of yuppie luxury. But actually, the harder the life is, the less people are supported, the less privileged or advantaged they are, let's say, the more important it is to grow inner strengths, inner resources of various kinds inside themselves, that stick to their ribs as it were mentally, so that they can then draw on those positive traits every day.

Katrina Ubell: Yeah, yeah. That's so interesting. Tell me more about positive neuroplasticity, because I know about neuroplasticity, and I know about positive psychology, but diving into your work was the first time I heard those words together. So explain a little bit more about what that is.

Rick Hanson: Yeah, it's a very simple notion that's centered in the stress-diathesis model, that's familiar to healthcare providers, which is that the course of a person's life or day is a function of three factors, three kinds of factors, challenges, vulnerabilities and resources. And so, if we are to meet our challenges out in the world or in our physical body or in our mind, or address vulnerabilities out in the world, in the physical body or in our own minds, we need to grow resources out in the world, in our physical body and in our mind.

I focus on resources in particular, because that's where the greatest opportunity is, generally speaking, challenges and vulnerabilities can be pretty intractable. And then in terms of resources, I focus on resources in the mind, probably because I'm a psychologist, and also because though, mental resources such as grit, gratitude, compassion, commitment to weight loss, clearing away as you write so clearly about, clearing away those beliefs and ideas and so forth that get in the way.

Those all have to do with mental resources. Well, mental resources are something we can intervene in all the time, though we're limited in when we can intervene in out in the world or in our physical bodies, and then also we take the fruits of our practice wherever we go, because wherever you go there you are.

Katrina Ubell: There you are.

Rick Hanson: There your mind is. Yeah. So, okay. So, then the question becomes, how do people develop whatever would be useful these days? For example, commitment to treatment for patients, adherence to treatment goals. Of if you think about the AMA's estimate that roughly 50% of the disease burden in the developed world has to do with psychological factors primarily, stress, addictive behaviors, reactions to things, depression and so forth. So, if we want to help people, for example, develop commitment to treatment compliance, that's an internal resource. If we want to help people learn how to feel more securely attached in their adult relationships, even though they had a rocky childhood, that's an inner resource.

If we want to help people be more resilient, if we want to help people retain a fundamental sense of inner peace, even in the middle of a very serious plague, that's an inner resource. So, then the question becomes, how? How do people become, as traits, increasingly happy, loving, and resilient, and wise? How does that actually happen?

Well, the change process of any durable kind requires a lasting physical change in the body, particularly in the nervous system and its headquarters, the brain. This is a very key point. Think of all the advice we give our patients or clients, think of all the positive resolutions we have, think of all the good feelings we get after some Pilates or yoga or meditation. Great, how much of that actually lasts? An hour, or week or year later. Extremely little.

That's because we're not converting states to traits, we're not learning from our experiences. Experiences are easy. Where the gold is, is the, particularly, implicit learning is called, the residues in the body, in our attitudes, in our moods, in our sense of self, that remain and gradually shift who we are along the way. That process neuropsychologically is summarized as positive neuroplasticity, plasticity being the capacity of a system to change, as you know, neuroplasticity, the capacity of the nervous system to be changed by the experiences and information flowing through it. And positive neuroplasticity is simply changing your brain for the better.

My own particular interest here is in how people can be active agents of their own change process, in other words, of their own learning process. How people can be super learners, because learning is the strength of strengths, it's the one that grows the rest of them. So, if we learn how to actually register whatever it is that someone like you, say, is trying to teach them, or if we get better at helping people learn not to shame themselves for the current physical state of their body, while nonetheless doing what they can to change it for the better, this is a really important learning.

Critically important, yeah. If we are interested in helping people learn in those lasting ways, well, there are things people can, and there are things that we can teach people to do just simply inside their own minds while they're feeling something, while they're experiencing something, to heighten the neuroplastic processes that

convert that experience to lasting changes of neural structure or function.

And the how of it, I've written extensively about it in my book Resilient, and also in Hardwiring Happiness. But the gist is really simple, it's summarized in that classic saying, I'm sure you know it, "Neurons that fire together, wire together."

Katrina Ubell: Wire together, yeah.

Rick Hanson: So we have the two-stage process, firing and wiring. Wiring is where the money is. Wiring is where the real gold is. Because that's the lasting value, that's the return on our investment as it were. That's what we earn from our experiences. So, from a practical standpoint, whenever we're having a beneficial experience that we want to internalize, could be a moment of just looking out the window, and taking a breath, that 10-minute break at the ready room or whatever, it could be a sense of comradery with other people who are with us on the frontline of healthcare, whatever it is. Stay with it for a breath or longer.

The longer neurons are firing together, the more they'll tend to wire together. Feel it in your body, the more embodied the experiences are, the more that there are wider, or wider scale, patterns of neural activation that underpin our experiences through feeling it in the body, the more we're going to tend to internalize it. Focus on what's rewarding about it. What feels good about the sense of comradery? What feels good about feeling reassured that something we worried about, we're okay, we dodged that bullet, what feels good about it? Which by the way, highlights activity, focusing on reward, what feels good about it, or is enjoyable or meaningful.

Highlighting the reward value of experiences increases dopamine and norepinephrine activity in the hippocampus of the brain. And to unpack that mumbo jumbo maybe for

people who didn't go to medical school, dopamine and norepinephrine are neurochemicals that are associated with reward, and norepinephrine in particular is associated with a sense of heightened alert, that something's important, pay attention, this matter. Well, when we are having a sense that our experiences, and we're focusing on the sense of them as rewarding, as dopamine and norepinephrine activity increase in the hippocampus, a key part of the brain that's involved with learning, the experiences at the time are flagged as keepers.

They're flagged for prioritization during consolidation over hours and days and even weeks into the neural nets of memory. So, the bottom line is really simply, have it, enjoy it. When you're having useful experiences, a useful idea, a useful experience, a feeling in your body, enjoy it, slow it down, have the humility of receptivity to appreciate that. We need to help our brains receive beneficial experiences in general, period. And also to compensate for the brain's negativity bias, which makes it very good learning from that experiences. And relatively bad at learning from good ones, even though learning from good experiences, those psychological resources, it's how we grow them.

Katrina Ubell: Yeah. Learning from bad experiences is how we stay alive, right? Now, learning from good experiences is how we have that fulfilling, enjoyable life that we want, that we know we're capable of. It's like deep down I think we have this inner knowing that that's possible, but I think so many of us, myself included, for really most of my life, I just didn't know to get there, I kept thinking that it was other things that were going to create that for me, that we're not the thing at all, that we're not actually creating that.

Rick Hanson: Can I comment on that?

Katrina Ubell: Yeah, of course.

Rick Hanson: You may know this metaphor from Tibet, it's a hell realm. They talk about these heaven realms, and hell realms metaphorically or, who knows, cosmologically. But anyway, there's a particular hell realm of the hungry ghosts. These are beings with godlike powers, sounds like people on the developed world, godlike powers with enormous appetites symbolized by these gigantic bellies, who can satisfy their appetites only very, very slowly through pinhole mouths.

Katrina Ubell: Interesting.

Rick Hanson: It's hell realm. And to me, it's a poignant metaphor for a lot of consumer culture, and a lot of driven professional life in Western countries. People, a lot of, me included, history have driven us, history of success, history of ambition, and always moving on to the next thing before registering and receiving and slowing down to take in the current thing. It's like we're having one typically neutral or positive experience out for another, most people are, some very important exceptions, but on the whole, people tend to have predominantly neutral or positive experiences.

But we tend to move on from the current positive experience, held in short-term memory buffers, so quickly that whatever was held in memory buffers does not have time to begin to transfer into long-term storage. Before the next experience, the next post, the next Twitter item, the next Facebook thing, the next call, the next page, the next patient comes in to dislodge the current experience, before it has a chance to sink in.

Katrina Ubell: Yeah. That totally resonates completely. And I just think too, even when my children were younger, like the mother of toddlers, and how they'll say something cute, or whatever, but then before you know, something has spilled, or they melt down so quick and then now you're trying to deal with that, or whatever it is. I remember sometimes just thinking, "These are the good moments.

Remember this." Otherwise it really does feel like it wasn't fun at all, like you didn't have a good experience of it at all. I think that toddler, mothering toddlers, is like a really-

Rick Hanson: It's a great metaphor.

Katrina Ubell: ... defining time like that period—

Rick Hanson: Oh no, it's funny. Our kids are now 33 and 30, so I've been down this road a while. My first book, *Mother Nurture*, published by Penguin in 2000, was really central about that. I was very interested in the long-term stress and depletion of the people who were doing all of the bearing and most of the rearing of our children. And I've come to believe, based on the evidence, research evidence, for it that the long-term stress and depletion of mothers is the greatest unacknowledged public health problem in the developed world, clearly. It's so obviously clear that if we wanted to change the planet in a generation, we would make the welfare of mothers our number one public policy priority.

Katrina Ubell: Yeah. Yeah. Well, I hadn't planned on going down this route, but let's talk about that a little bit more, because something that comes up for, obviously not all women are mothers, but many are.

Rick Hanson: Three in four in America.

Katrina Ubell: Yeah, in America.

Rick Hanson: Ballpark.

Katrina Ubell: So, what I find has happened, I mean, I coach on this all the time, is so many women, and it's not just doctors, any woman who's working really full time, or in a kind of consuming professional environment, but particularly with doctors, where often they are also the breadwinner of the family, that they feel such a conflict of they want to have their family, then they have children, and this conflict of when you're home feeling like you're doing a bad job at

work, like you should be there, and helping your patients more. And then, when you're at work, feeling like you're doing a terrible job at home.

And I also am curious what your thoughts are about whether women physicians maybe take more of that nurturing tendency to their patients, and in a way almost create a very large family for themselves in terms of their patient panel, where men might have a different boundary for themselves, or a separation that women have a harder time drawing as a line.

Rick Hanson: It's a hugely interesting topic, it's loaded with landmines. So we have to be careful. So, acknowledging upfront that we're using generalizations and then people can see what fits and so forth. Well, so much we can explore here. Some facts that I think are really quite shocking when they actually land, and that book, *Mother Nurture*, which is very well referenced, is really about supporting the long-term health and well-being of mothers in body, mind and intimate relationships, important relationships.

So, there's the statement of the problem, but there's this comprehensive approach to deal with it. That said, couple key facts. Number one, studies have shown that in a typical heterosexual couple raising children, the woman is on task on average about 20 hours a week more than her partner is, whether or not she's also drawing a paycheck. And as a side point, in one in four heterosexual couples in America, the woman is earning more than the man.

So, times have definitely changed since our parents' generation. So there are clearly major inequities in the workload, and in particular in the stress load. Mothers in heterosexual couples, and this finding might also be present perhaps in same gender couples, same sex couples, they tend to do the higher stress activities, like settling sibling quarrels, while fathers do lower stress activities like, I don't know what, bouncing the checkbook or mowing the lawn, which I can tell you, are both kind of

meditative and peaceful, much easier than trying to get a toddler into a car seat, who doesn't want to go there.

That's really quite profound to realize. It's also profound to realize that's studies shown, in terms of cortisol release, that being a stay-at-home parent is more stressful physically than most jobs, you have to look to people who are maybe in an ER, let's say, or working in a combat zone, or a inner city police officer, let's say, to find comparable levels of stress. All of that's really, really quite shocking.

And I find that, while mothers have moved into the work, women have moved into the workplace, including mothers, long overdue. Still incomplete addressing of inequities there. Men, as a generalization, have not equally moved into the home front. So, you still find this disparity, this inequity of effort, while also the so called village it takes to raise a child is now generally hollowed out ghost town for all kinds of other sorts of reasons. So, you see the combination of thing, demands on working mothers going up, modest uptick on average in support from a male partner, while simultaneously the support system that is designed to optimize bearing and rearing of our precious children in hunter-gatherer environments, until only 10,000 years ago, has been just falling away. Especially in America, I think, compared to any other developed country in the world.

So, it's a mess. And I think that's why it's so important to do what we can at the policy level, but meanwhile, while we're waiting for the cavalry to come, and it's slow to come, what can we do individually to respect and honor mothers, including the ones we work next to, and to really have a kind of compassion and respect. It's a kind of diversity issue. If you're not in that boat yourself to open your eyes as I had to as a man, as to what you all are dealing with in all kinds of ways, one. And two, obviously, if someone is a mother, it's so central to really, really, really use the lingo, empower yourself, I think of healthy

entitlement that your needs really, really, really, really, really matter, period.

And also, pragmatically, for the sake of others that you care about. You need to put your own oxygen mask on first, et cetera, et cetera.

Katrina Ubell: Yeah. I think that for so long, people would speak of a woman, particularly if she was in a mother role, as being so selfless, like that was the best possible thing you could say about a woman at her funeral or something.

Rick Hanson: Yeah, right.

Katrina Ubell: But being selfless means that you're giving everything to everyone else and never taking good care of yourself.

Rick Hanson: True.

Katrina Ubell: That's not sustainable usually. And still then having a fulfilling and satisfying life for yourself. I mean, maybe it is for some people, but I think that when, if women are raised with this idea of like, "You should be selfless," or, "A good mother or a good woman is selfless." And they're like, "Maybe I'm giving so much, but there's nothing to receive, no one's giving to me." And I think that's where it has to circle around, you give to yourself first. That like you were saying with the oxygen mask.

So, let's talk a little bit about resilience, I love the image on the front of your book, Resilient, is of a tree that looks like it's in a windstorm, it's really, really blowing off to the side, which I think is just such a good visual of-

Rick Hanson: It's good.

Katrina Ubell: ... resilience. It's like, there are going to be storms that we're weathering, and can we stay rooted? Or are we going to get ripped out of the ground? And that's what we don't want.

Rick Hanson: Bend but not break.

Katrina Ubell: Bend but not break, exactly. And the subtitle is, How to Grow an Unshakable Core of Calm, Strength and Happiness. And I just think that, I mean, what does everybody want? That, right? We want to be happy, and calm, and content, and secure, and feel strong in our lives. So, thinking about resilience, actually let's just first, I wanted to know what your definition of resilience is.

Rick Hanson: It's the psychological capacity to recover from stressful challenges while still staying on your course toward important goals. So, that definition of resilience, which is a pretty standard one, encompasses both recovery from the worst day of your life, and thriving every day of your life in the face of life's challenges. As a simple metaphor, I think of the keel of a sailboat, which I especially value, because I was once taught to sail in a boat that had no keel, which I managed to capsize due to lack of skill. Next thing I knew I was bobbing up and down in the Pacific Ocean thinking, "Dang, I should have buckled my life jacket, my life preserver before I fell into the drink."

Okay. So, the keel, and I think of resilience as that keel, and especially as we deepen, as we grow our resilience in effect it's like deepening the keel on a sailboat, which means then that the inevitable of life and storms that blow may bonk us, they may shove us one way or another, but they don't flip us over. And also, as we deepen that keel, we feel more confident about taking on challenges, trying new things, of all kinds, whether it's applying for a step up at work, or being one step more vulnerable and speaking from the heart about how things are landing on you, or what you might need personally, which also requires inner resources to be able to be comfortable doing that and manage any kind of disappointments you might bump into.

So, that's what resilience is about in a nutshell. And we grow resilience. And resilience is the result of

psychological strengths of different kind. In my book, Resilient, I go through a 12 strengths model that I've developed here, but I'll just name some of them, which people, I think, can probably resonate with, including these strengths as, in some cases umbrella terms, that include other things within them.

Grit, gratitude, mindfulness, compassion, learning, learning is a key strength of strengths, motivation, intimacy, aspiration, generosity, courage. I mean, these are the kinds of strengths that make us resilient. And if we are to become more resilient over time, that means necessarily hardwiring these strengths into our brains as lasting changes there.

Katrina Ubell: I think this is so interesting when you described those 12 characteristics, those qualities. I just think that that describes everybody in my medical school class. I think there's a certain resilience just being-

Rick Hanson: Oh yeah, fair point.

Katrina Ubell: ... pre-med students that you have to have to even get to that point.

Rick Hanson: It's like Navy SEAL training. It weeds out the weak. Only the strong survive.

Katrina Ubell: Exactly, exactly.

Rick Hanson: Although, maybe the strong and neurotically driven, as some of my physician friends have said to me.

Katrina Ubell: But so you make it that far, and then of course you have to go through your training, which is of various duration and various toxicity, as we say in the field. Some programs are more supportive than others, but regardless, nobody gets through that training going like, "That was a breeze. That was just the easiest thing I ever did." So, I think we come into that already with some resilience, or maybe we build it as we go through all the

undergraduate, I mean, even sometimes in high school, there's just a lot of preparation to get to that place. And then, we probably develop it some more while we're in our training.

But here's my question for you, I just think that doctors in general are pretty resilient people, but do you think that it's possible that once a doctor becomes an attending, and they have, I want say they have more control over their life, except they don't really, we just delude ourselves into thinking that we have that control. But instead, maybe that just the challenges aren't quite as intense, it's kind of like we're enjoying the fruits of our labor, we put in a decade or more of basic our whole life.

I used to always joke that we were developmentally delayed as 20-year-olds, and then 30-year-olds, because all of our friends had all these life experiences, had been making money, meanwhile we were just still in school, or making no money or barely any money, not really doing all those fun things. So, I just wonder, do you think that over the course of someone's life, that they can lose some of their resilience and the be challenged and have to develop it again?

Rick Hanson: Ah-ha, so much. And I should say, so you know and people in general know, I've been with and worked with a lot of physicians. I worked for many years in a multidisciplinary clinic setting with physicians and other people in healthcare, and also my own interest is very much in mind-body medicine broadly. I come at it from the mind side, but still add integrations. So I have a fair amount of... And in social friends, and all the rest of that.

So, I hear what you're saying, and that rings true for me, in my experience of physicians who've gotten through the training phase, and they're sort of established, and there's a contentment there on the one hand. On the other hand, I think of many people in medicine as beleaguered right now in a lot of ways, even before COVID came in, with

insurance billing changing, and the Landscape Managed Care coming in, and specialization, and now we have COVID.

So, what it makes me think about, if I could, or just to add two key points. One is, resilience is more the just coping and adapting with a circumstance. The point of resilience, biologically actually, is the maintenance of internal well-being. That underlying core sense of basic all rightness, around which can swirl pain, pressure, weariness, yet another 80 or 100-hour week, yet another night on call. But in the core, there's a basic sense of well-being, which, for me, I operationalize as an underlying fundamental sense of needs met enough in terms of our three core biological needs for safety, satisfaction and connection. So that underneath it all, there's a basic sense of peacefulness, contentment, and in a word, love, in terms of those three basic needs being met enough.

So, if we're to have that core of contentment and well-being deep down inside ourselves, it's not enough to be able to muscle our way through medical school, internship, residency-

Katrina Ubell: Fellowship, yeah, right, all the things.

Rick Hanson: ... fellowship and so forth. You can do that, but that's not true resilience. True resilience is to be able to do that while preserving some underlying sense of well-being, and happiness, and meaningfulness, and satisfaction with your life in a way.

Katrina Ubell: Yeah, I don't think that that's the case for—

Rick Hanson: No. And I've known a number of people, I think of them as crabs, they have a very powerful exoskeleton, defensive structure, they can white-knuckle their way through almost anything, but if life comes along, and for something happens maybe later in life that cracks that armor, there's not a lot of internal infrastructure, and you can fall a long way before you hit anything very solid. So,

to me, that way of being resilient, armoring up in a brittle sort of way is not the ultimate way to do it. The ultimate form of resilience is more Aikido style, it's subtle, it's like a willow tree rather than an oak tree that will crack when the winds blow. Very important point.

Second point, thinking about you and also other people in general, including like myself, who when they're doing work, they wish they were with their families. When they're with their families, they don't think they're a good enough professional. Then maybe they don't think they're a good enough spiritual practitioner or athlete.

Katrina Ubell: Like this general not-enoughness.

Rick Hanson: Not-enoughness. And what I came realize for myself, it's true in a way that if you specialize in just one thing, you can get really good at it. Martin Seligman, who's a very well-known psychologist, came up with the theory of learned helplessness, made a comment that is if you're willing to work for 20 years, if you're willing to work 100 hours a week for 20 years, and you have an ability, you can get world class in anything... With a lot of sacrifices along the way, including in his case, his marriage.

So, yeah, we can do that, but at least, to my point. We may not be able to be world class or really excellent, or superb, I'll say superb, in any single thing we do as a parent, a mate, a businessperson, and a clinician, let's say, let alone any other major roles that interest us. But on the other hand, we can all become superb at the package, the unique package of the things we do. It's a little bit like being a decathlete. Decathletes, they're world class at the package of 10 events, while rarely being world class in any single one of them. But it's the package.

And to me, that's a way we can judge ourselves. Not in terms of any particular part of our lives, but how do we do the package as a whole so that at the end of the day,

when we're looking back at our day, we can say to ourselves, "This was a good day. I was sincere, I showed up, I did my best, I brought a good heart to it, I acknowledged my errors and faults, I repaired when I could, and I'm glad I lived, and I learned a little bit, and I healed a little bit today."

Katrina Ubell: Yeah, oh my gosh, that's just a totally very different perspective, for sure. I think, so many doctors are so incredibly hard on themselves, so that's actually transitioned into compassion and self-compassion, because that is one of the elements that you discuss in the book. I always, I tell my clients sometimes, I'm like, "Isn't it so interesting how we believe so deeply that something is wrong with us, that we're doing a bad job," something negative about ourselves, and then someone comes in and says, "Hey, listen, I want to actually let you know the truth, you've been confused the whole time. The truth is you're perfect the way you are, you are the perfect amount. You're not too little, you're not too much. You're just the perfect amount. You are valuable. You are just an amazing human being."

And instead of us going like, "Oh my gosh, seriously? That's amazing." We're like, "You're wrong. She doesn't really know who I am. She doesn't really know how bad I am." So when I tell my clients like, "You can't hate yourself then, you can't hate yourself to a better life, a better experience of your work, or your relationships. Self-loathing or beating yourself up is not going to be the ticket." They really do think that treating themselves in that way has helped them, because what they'll do is they'll look at their medical education in particular, and maybe if they didn't get a grade that they thought was good enough or something, they would just beat themselves into submission, study more, get the grade, and their brain decided, "Oh, okay, this is how we create the results that we want."

I always say, it's like, "Well, that's fine, but you still had food, or maybe alcohol, or overexercising, or something that you were able to do in order to neutralize the negative experience that you were having in beating yourself up. And now what we're trying to do is we're trying to stop overdoing something. So, that old way isn't going to work anymore."

But so, anyway, no, you dig into compassion and self-compassion in the book, and I would love to hear your thoughts about why we actually deserve our own compassion.

Rick Hanson: Yeah. Pain is a primitive motivator. It's a very powerful one. And research shows that we tend to be more motivated by avoiding pain than by achieving broadly, pleasure, enjoyable, meaningful experiences. That's really true. On the other hand, most pain has no gain, it's just pain. And over time, pain, including negative emotions, using that term loosely, such as anxiety, anger, sadness, or shame, and feelings of inadequacy. Those tend to wear us down over time. And actually, reduce performance over time.

So, we can motivate ourselves with sticks, let's say, for a quarter, or a semester, or maybe some kind of really demanding rotation. But over the course of a 40 year or 50 year professional career, pain as a primary motivator will actually lower performance as well as have other kinds of consequences in terms of physical health, risky behaviors for self-medication and so forth. So, that's a bit of a framework here.

Compassion, in a word, is a response to suffering. It has two primary elements, empathy and benevolence. So, empathy, we feel it, we don't, we have the courage and the large-heartedness enough to let the other person land, at least a little, in our own heart, we feel it. But we're not just empathic, like a con artist can be empathic to rip

off their marks, there's a benevolence, there's a tender empathic concern.

Often with a third element of wanting to help if we can, wanting to do what we can. Key point, oftentimes, we're compassionate for forms of suffering subtle to anguish, physically and mentally, we're compassionate towards them, but we can't do anything about them. This diagnosis is terminal. This person has only one way out, and it's through very difficult pain. You are not going to be able to feed those people down the street or across the world. But our compassion is still genuine.

Okay. Self-compassion just applies that to the one person among all others who wears our name tag. And much research shows, "Wow, this self-compassion is like a wonder drug." It's funny, it makes people stronger, not wallowing in self-pity. Compassion is where we start, it's not where we end. You're smacked in the face by life, or you're grappling with something difficult. Let's say you feel you're carrying around 20 or 30 more pounds than you really want to carry around, it's tough to gradually get rid of, that's... So, you feel that, you feel that, you pause, you bring a tender feeling of support and respect to yourself that you would to a friend, let's say, with a similar situation. Then, you dust yourself off, you take a breath, and you figure out what to do.

So, that's self-compassion. Research shows it makes people more resilient, they recover faster from trauma, it makes people more ambitious actually. Speaking of motivated professionals like physicians, it makes them more ambitious because they're more willing to risk failure, they're more willing to take a chance, because they now have an internalized resource, self-compassion, that can buffer them against oppressive, harsh, scornful, derogatory self-criticism. Self-compassion is great, and we can cultivate it. We can cultivate it in simple ways.

Katrina Ubell: Yeah. I think that so often I see this where women will say, "I'm afraid to sign up for your program and lose this weight, because what if I fail yet again? Will this just be another time?" But if you have that self-compassion really cultivated then you know like, "Yeah, maybe that will happen. Anything is possible, it's also possible that it could work."

Rick Hanson: That's right.

Katrina Ubell: Like let's allow ourselves to go there. But if it doesn't, I know I've got that soft place to land, because I refuse to give myself up. Yeah.

Rick Hanson: I think of a classic structure in psychology, you may know it, goes all the way back to Eric Berne and scripts, people lever, games, people play something. It's the idea that inside us in effect, the structure of our psyche has three parts to it, inner child, nurturing parent, critical parent, that was the original formulation. In trauma work, there's the victim, the perpetrator and the protector. In which a lot of the action is with failed protectors.

Well, you could think of it more generally as a sense inside oneself of a beleaguered inner being, a beleaguered self with an inner attacker and an inner nurturer. Okay. For most people, that inner attacker is big, like Simon Legree scaled up to King Kong. And the inner nurturer is sort of like a feeble fairy godmother, "Oh, don't hurt little Ricky." That's me, I'm little Ricky.

So, what we can do is we can argue against the inner attacker, and there's some place for that, it's using cognitive methods, where you dispute those kind of thoughts and you disidentify, you separate yourself from that inner critic, and you have it, which is different from being it. It's like that annoying person who every so often has something useful to say in the committee. It's like, "Okay, Bob, I got it. I got it, Bob. We got it, Bob. We got it,

we got to pay attention to the pennies. I got it. Be careful about pennies. Thanks, Bob. Now, Martha."

But where the real opportunity is generally is to grow the inner nurturer. And we grow the inner nurturer through the internalization of all kinds of nurturing experiences, a sense of being validated by others, our wounds and burdens legitimized, we get a sense of being appreciated by others, others who are kind, who are compassionate themselves, who see the good in us, and so forth.

So, through having and then repeatedly internalizing those kind of experiences, we can grow what I call the caring committee inside. Yeah, who's in your caring committee? All right. If you think about a committee of the inner allies, who are supportive, encouraging. Who's on your caring committee?

And for me, for example, it's a combination of certainly my wife, a dear friend of mine for a long time before he passed away, my kids. Tough but encouraging rock climbing guides I've gone out with, "Stop winning, Hanson, and start climbing." But they're not mean about it.

Katrina Ubell: Right. But they push you when you need to be pushed.

Rick Hanson: Yeah, a Gandalf, Galadriel inside, and so forth. So, who's on your caring committee? That's something that we can really grow and develop, which then enables us and encourages us to be our best, and to dream big dreams, dare greatly, as Brene Brown puts it.

Katrina Ubell: Right. Right, right. When I think of all the factors that go into resilience it's like, I mean, it all makes sense. Doctors deeply are motivated and are aspirational, and all of that, like that all comes together, just it makes so much sense. I mean, we could keep going forever, but okay. Let's now talk about doctors heading into this third wave now. I was talking before we start recording, I was telling you about where doctors were and how the approach to this has

changed just from a mental standpoint, where doctors are.

And what I'm really feeling now is this sense of fatigue and just like, how much longer? I think there was a lot of, "I can sprint for several months." Even though everybody was saying like, "This will be a marathon." I think a lot of us were really just like, "No, it's not. It's going to be fine. I'm just going to white-knuckle it and get through this." And it's just everything is pointing to that's not going to be the experience that we're going to have.

So, I think that it's always perfect timing whenever you get a message. Because I think that's another way that we beat ourselves up, it's like, "I should've paid attention. I should've known it was going to be different." No, no, no, no, you're here now, you're hearing this now, this is the perfect time for you to hear this message. But addressing that fatigue, those who are having thoughts of like, "I don't know how much longer I can do this." Not in a suicidal sense, but in a, "Maybe I don't want to be a doctor anymore," sense. There are definitely a lot of people who are like, "I didn't sign up for this." Kind of thing, which of course they did when they became a doctor.

There was no like, "Oh, and by the way, if there's a pandemic, you don't have to actually help out with that." But I don't think that it's a good idea for us to just look at this like, okay, well, we're going to end up losing some of our best doctors to their emotional states throughout this pandemic, and then we don't have really excellent people taking care of all of us. So, I'm just curious what your words of wisdom would be for somebody who's really feeling like they're struggling, especially from a resilience standpoint.

Rick Hanson: Yeah. They're lessons from people, unfortunately, because of America's long wars over the last 19-20 years really unprecedented in our nation's history as well. There's a lot of research on the differences that help get

through multiple tours of combat with relatively little psychological wear and tear, or less than others. So I'm going to name a few key factors, think of them as a mental checklist.

Number one, sense of meaning and purpose, it's a sense of mission, that what I'm doing matters, even if I can't see the immediate results, it's part of a larger process that is worthy and even noble. Second, sense of comradery with your folks you're with, people on your shift, your team, the janitors pushing the brooms. I mean, I think a lot about the people who maintain the infrastructure of our medical system, the cafeteria workers, the custodians, the people cleaning the toilets, the people bagging all that garbage, again, doing it safely. And often going home, and living in fairly risky environments themselves, for economic reasons. So, the whole package, sense of comradery, that's important.

Third, a recognition of what you don't have control over, and coming to terms with that with a focus on where you actually do have agency. The words I choose to use, the words I choose not to use, bringing my best effort every day, helping myself learn and grow. What can I have agency toward? And I think here a close companion of self-compassion is broadly speaking the growth mindset, Carol Dweck's work.

Katrina Ubell: Carol Dweck, yeah. I love that book.

Rick Hanson: Originally in education environments, but we can certainly broaden it, and it's very akin to my own focus on self-directed neuroplasticity, helping yourself grow and learn every day. That's what under our control as well, we can have a sense of agency that every day I've become at least a little more skillful, or a little wiser, a little more large-hearted, a little more soulful, my heart's been tenderized by the suffering I'm dealing with. And you're redefining the gain to one you can win at every day.

Maybe I can't win at slowing down the rate of people coming out of the hospital, because I'm in a Midwestern state in America that's going nuts right now with COVID spikes. But what I can win at is I can continue to grow a little bit every day and my reactions to, or my own attitude about what's coming in the door, and becoming deliberately a little kinder myself while still doing my job in the face of this fire hose of incoming patient crisis.

So, those are the big three, meaning and purpose, comradery and focus on sense of agency. I'd really highlight those. And then with that, obviously going back to the stress-diathesis model, as challenges rise, resources must as well, otherwise, you're going to start running on fumes, running on empty.

So, here's where I think it gets very interesting morally, and this goes back to parenting too. How we make a decision to give them a little less today, to give ourselves a little more today, so we can give everybody more tomorrow? That's a tough call, whether as a parent, or as a physician. But I think sometimes we have to just make that call and make it with clear eyes, and it's a necessary call to be able to sustain what, I think by all accounts, is certainly going to be ballpark a year, from reasonable public health estimates, before we really start to lean into this thing, absent significant public health measures.

Obviously, as you well know, if we had adopted the practices in Mongolia, let alone South Korea or New Zealand, we would be far ahead of this curve, and I just, in my view, it's just been insane, I bet you agree, that we've closed schools but kept bars open. It should be the opposite.

Katrina Ubell: It's been a time of really just like... You know what it is? It's really recognizing how the circumstance can be the same, and how different people's thoughts and beliefs can be.

Rick Hanson: Yeah.

Katrina Ubell: How it just seems so obvious, and then someone else thinks that that's the wrong thing, and thinks that they should be doing something different.

Rick Hanson: One thing I will say to add, probably, in a way, because I'm a guy, I could see really clearly the sort of shocking burdens and hormonal and psychological disturbances that women go through, of all kinds. Just the demand, the output, the perturbations, the disturbances. Because as a non-physician, I want to say to you people, what I'm observing is that, I think in a funny way, in the Western world, but especially in America, there's a kind of waking up from the spell of the last several years, or even the last several decades, that has disrespected expertise, and relentlessly and deliberately dismantled the network of the common good, including in terms of public health systems, that knits a country together, and it's really about resilience.

Because you can get away with that, kind of like you can get away with hollowing out a house with termites, for years, until a storm finally comes, which reveals then what's been hollowed out from the inside. And I think for many people, there's just an unavoidable, inescapable teaching, going back to my roots in the '60s and '70s, that's just a reckoning and a deep lesson about the importance of the common good, and also a deep, deep appreciation for people in the front lines, physicians, healthcare providers, firemen, paramedics, people in law enforcement who are doing the right thing every day, those who are. A new appreciation. So that's something too to carry with you that I can just say, as a non-physician, I can even feel a little chocked-upness about it, there is an enormous gratitude for people in healthcare really, enormous gratitude for you all.

Katrina Ubell: Thank you. And I just want to encourage everyone listening to let that land. Because what we tend to do is,

"Oh, he's not talking about someone like me. What I do isn't what he's talking about. Or it's not as impactful. Or isn't as important." And that really is just not the case. So, wow, okay, on that note, thank you so much for saying that.

On that note, I'll of course give everybody the names of your books, we'll them linked in the show notes page. You gave us the name of your website. I think that this is all such good stuff. What I loved in Resilient is how you really divided it up and you weren't like, "Listen, you need to do all these things all at once." You could it like a chapter a month and really just dig into a certain topic and keep that top of mind for yourself for that month. And there's lots of ways to address it and dig deeper into this.

And I love what you're talking about with the crab, like really thinking, "Did you develop a tough exoskeleton and you're kind of mush on the inside? Or do you have the keel?"

Rick Hanson: Do you have defense and depth?

Katrina Ubell: Defense and depth, exactly.

Rick Hanson: These are football terms. Layers and layers-

Katrina Ubell: Layers.

Rick Hanson: ... and layers of resilient resources inside. Yeah.

Katrina Ubell: Yeah. And your care committee, you got to be a member on that committee too.

Rick Hanson: That's interesting, yeah.

Katrina Ubell: You have to be, you got to lead the way in terms of your opinion of yourself. You've got to think, because I feel like, all the people around you can tell you how great you are, and so, I see it so often, people just cannot let it, they cannot let it really come in as the truth. Then they feel like

it's totally imposter syndrome. They're like, "See, they think I'm so great. But they don't really know." I really don't know what I'm talking about or something like that, which of course is—

Rick Hanson: If I could, yeah, and we're wrapping up, and kind of as a parting comment, one, I really want to underline the thing I said about evaluating yourself as a decathlete, evaluating yourself in terms of the total package you are in the context of the challenges you're dealing with, including in the context of maybe what you weren't... Well, maybe in the context of what wasn't well nurtured or developed in your childhood, depending on your own background. So, judge yourself as the total package first. And second, this might sound a little too mushy, but it's true, getting in touch with your own fundamental, inherent basic goodness.

Katrina Ubell: Yeah, that sounds mushy. It's so good.

Rick Hanson: Without needing to have a halo.

Katrina Ubell: Yes. Yes.

Rick Hanson: Yeah, but there's a kind of, much as in other people, I don't know you well, Katrina, I can see, I saw it immediately that you're a basically good person. I can see that about you.

Katrina Ubell: Thank you.

Rick Hanson: Right. It doesn't take-

Katrina Ubell: I can see it about you too.

Rick Hanson: ... a lot. Okay, cool. And we see that about others. We can see that about the person we're passing on a street who nods at us, or they've adjusted their mask for a little better coverage. We can see that in other people fairly quickly, and we recognize as true. And you go, "Yeah, there might be things about them that... Not my cup of tea

politically, or not going to be my best friend." And still, they're a basically good person. And that is almost a taboo to give ourselves that same recognition in a felt way, not just intellectually, but to feel it. We feel it about other people, I feel it about you, I appreciate you feel it about me, but can we feel it about ourselves? Fundamental basic goodness. And can we take refuge?

And again, a term, can we rest in or can we return to or resort to a sort of internal home base? That's our resting state, inner core, that includes the felt sense of our own basic goodness, our basic lovingness, our good intentions, sure, some exceptions, but a basic inclination toward the good. And I think, other than Hannah Bull, the cannibal, very, very, very few people go into healthcare who don't have a fundamentally good heart.

Katrina Ubell: I try to remind them of that all the time. You don't go into this for the money anymore.

Rick Hanson: Yeah. That's right. Or the hourly rate, that's for darn sure.

Katrina Ubell: Or the hourly rate, or even just the respect and adoration of the community. Because even that, as you mentioned, has really gone by the wayside so much. You go into this because you care about people and you want to make a difference. And just even having that intention is so pure, even if every day you're not 100% showing up with that at the forefront of your mind. I love the decathlete thing, I'm for sure going to use that from now on, kind of like the whole package. This is so good.

Rick Hanson: I use it for myself honestly. It came out an experience I had about 30 years ago, which I was a new parent, I was in grad school, I was a dedicated spiritual practitioner, I was starting a business, and I had vision of really trying to breakthrough in my career. And I was interested in physical health too, training and so forth. I'm a long-time rock climber, and I was telling my friend that I just felt,

much as you said, inadequate if I judged myself by the standards of each one of those parts of my life.

And he turned to me and he said, "Rick, as a package, as a householder, who's in grad school... you're doing that package pretty much better than anybody I know." I was like, "Whoa." And this is a friend who's not a flattering kind of person, he was a hardheaded, deeply grounded, honest person. And I was touched by that. And I think that's how to judge ourselves, as the package.

Katrina Ubell: Yeah. I love it. It's so good.

Rick Hanson: Great.

Katrina Ubell: Well, thank you so much, Rick.

Rick Hanson: It's been a pleasure talking with you.

Katrina Ubell: Yes, you too. And thank you so much for coming on. I know this is going to help so, so, so many people. So thank you again.

Rick Hanson: Completely my pleasure. Thank you.

Katrina Ubell: Did you know that you can find a lot more help from me on my website? Go to katrinaubellmd.com and click on free resources.