



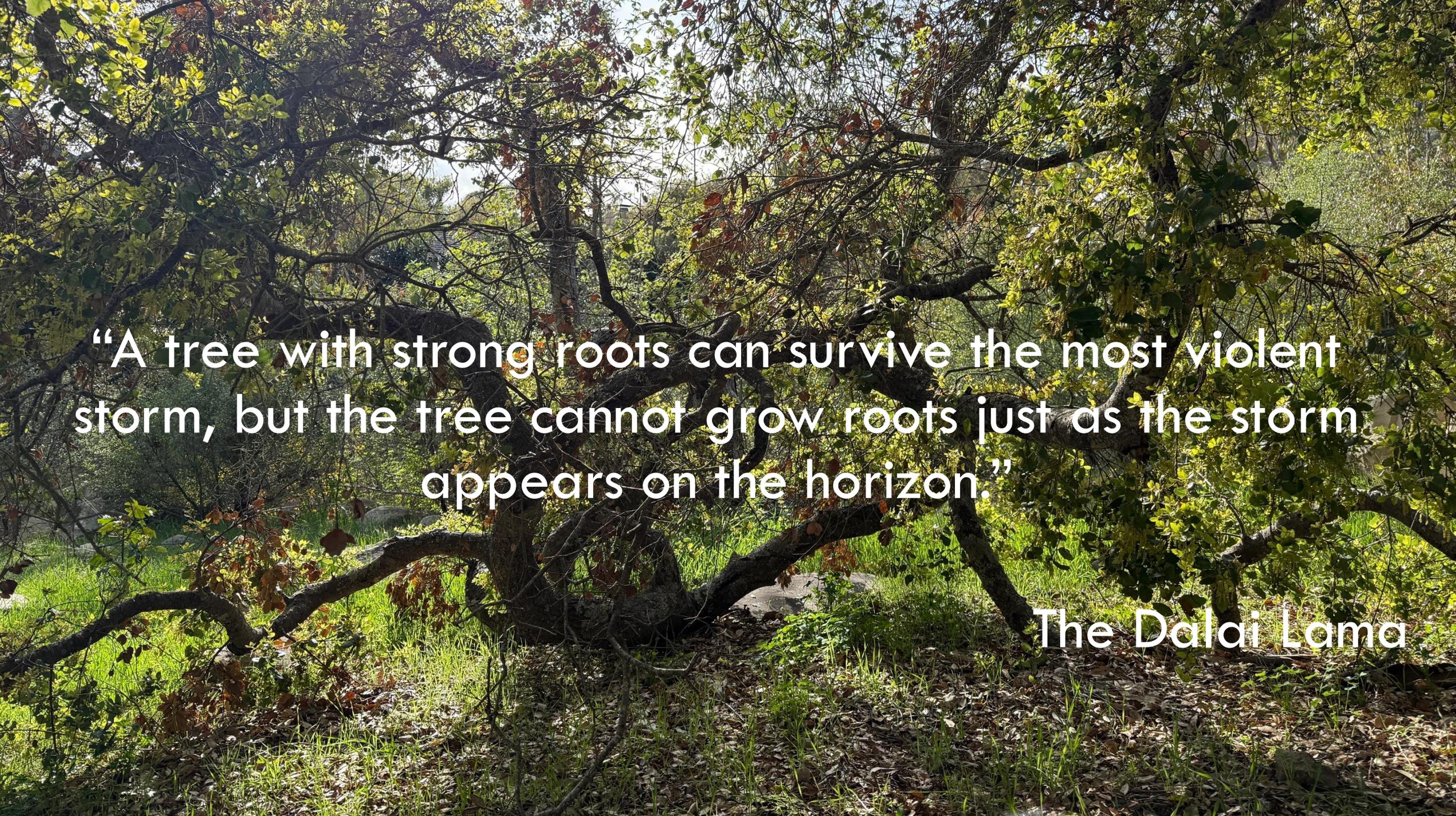
**Deep Resilience**  
When Self-Care is not  
Enough

**Michael Kearney MD**



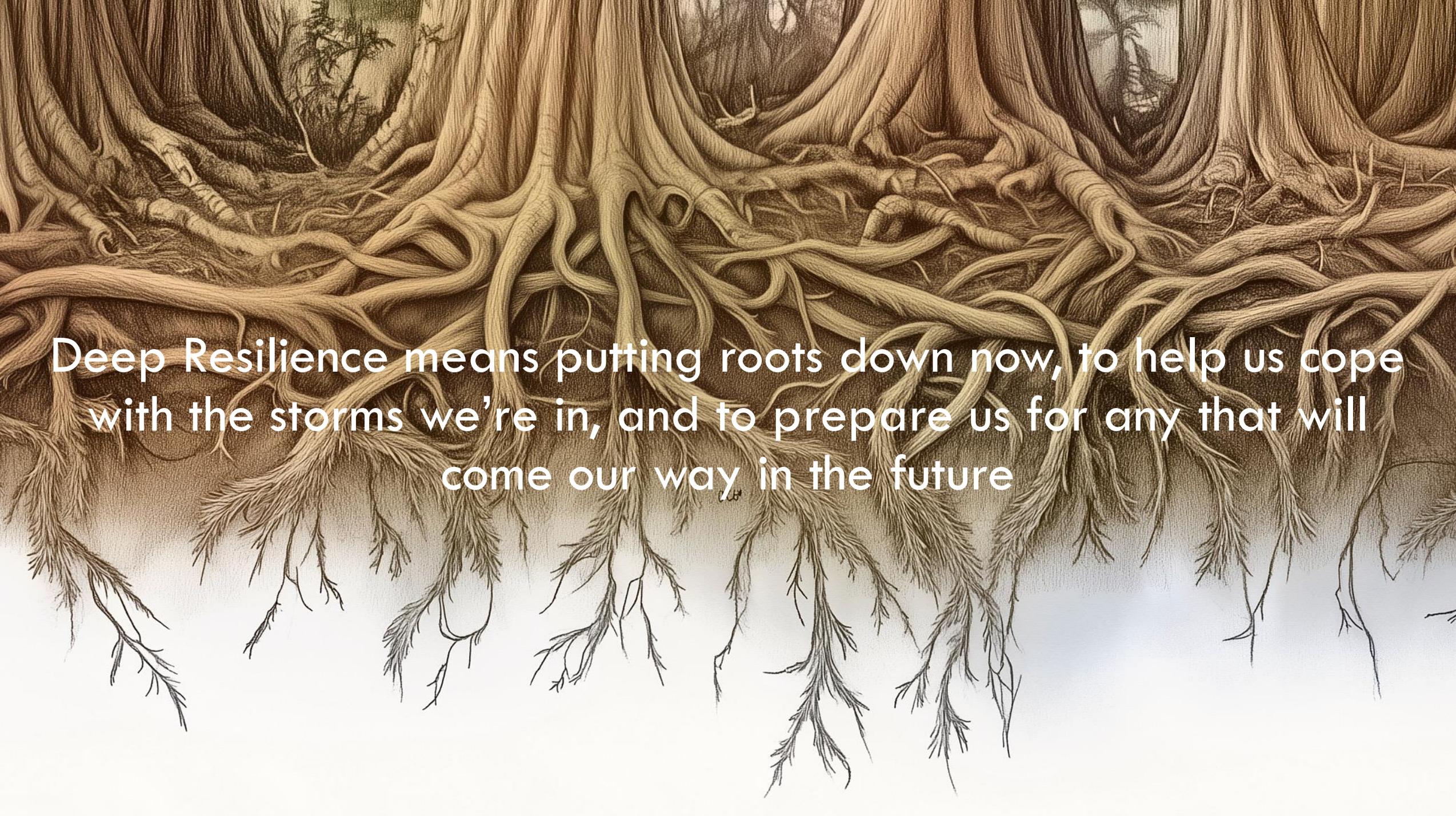
**What is “Deep Resilience”?**





“A tree with strong roots can survive the most violent storm, but the tree cannot grow roots just as the storm appears on the horizon.”

The Dalai Lama



Deep Resilience means putting roots down now, to help us cope with the storms we're in, and to prepare us for any that will come our way in the future

**We need strong roots**

**Strong roots help us not only to survive,  
but to stay open-hearted, present, and  
engaged in a stressful world**

**But, for many of us, this is not how  
it is...**





We're in the midst of a pandemic of  
burnout

# Self-care of Physicians Caring for Patients at the End of Life

“Being Connected...A Key to my Survival”

Michael Kearney MD

Radhule B. Weinger MD, PhD

Mary L. S. Vachon RN, PhD

Richard L. Harrison PhD

Balfour M. Mount MD

JAMA, March 18, 2009 –Vol 301, No 11,1155-1164

# 2009

## Self-care of Physicians Caring for Patients at the End of Life “Being Connected . . . A Key to My Survival”

Michael K. Kearney, MD  
Radhule B. Weinger, MD, PhD  
Mary L. S. Vachon, RN, PhD  
Richard L. Harrison, PhD  
Balfour M. Mount, MD

### THE CLINICIAN'S STORY

Dr C is a 45-year-old hematologist-oncologist in private practice for 11 years at a large, urban, community hospital. Dr C directs his hospital's clinical research program in oncology and has an appointment at the nationally ranked medical school in his city. He sees about 500 patients a month, 6000 patients a year, of whom 60 to 120 require end-of-life care. Dr C is married, with 3 school-aged children. He enjoys music, travel, tennis, and good food with friends. Dr C shared stories of Ms J and Mr B, 2 patients who had recently died on the same day. He had very different relationships with each.

Ms J, a 55-year-old woman, presented in 2003 with lymphadenopathy in the groin that proved on biopsy to be poorly differentiated adenocarcinoma. Further workup revealed an ovarian mass, liver metastases, and a CA 125 level of more than 1000 units, leading to a diagnosis of ovarian cancer. She did not smoke or drink alcohol. Ms J was single and was cared for lovingly by her mother. Ms J underwent surgery for debulking and then received 6 cycles of chemotherapy with carboplatin and paclitaxel, achieving good response. After approximately 12 months of remission, her tumor progressed, at which point she received cisplatin and gemcitabine, initially with good response. Subsequently, she developed symptomatic bone metastases. Renewed chemotherapy included doxorubicin, then topotecan, neither affording a response, and radiation therapy was given for the bone metastases.

When Ms J first came to see Dr C, in his words, “She was riddled with disease and in a lot of discomfort.” Under his care she was able to work, travel, and enjoy her life for 4 years, at which point she had significant worsening of dis-

Physicians providing end-of-life care are subject to a variety of stresses that may lead to burnout and compassion fatigue at both individual and team levels. Through the story of an oncologist, we discuss the prodromal symptoms and signs leading to burnout and compassion fatigue and present the evidence for prevention. We define and discuss factors that contribute to burnout and compassion fatigue and consider factors that may mitigate burnout. We explore the practice of empathy and discuss an approach for physicians to maximize wellness through self-awareness in the setting of caring for patients with end-stage illness. Finally, we discuss some practical applications of self-care in the workplace.

JAMA. 2009;301(11):1155-1164

www.jama.com

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**Author Affiliations:** Palliative Care Service, Santa Barbara Cottage Hospital and Visiting Nurse and Hospice Care of Santa Barbara (Dr Kearney), and La Casa de Maria Retreat and Conference Center (Dr Weinger), Santa Barbara, California; Department of Psychiatry and Dalla Lana School of Public Health, University of Toronto, Toronto, Ontario, Canada (Dr Vachon); Counseling Psychology Program, University of British Columbia, Vancouver, Canada (Dr Harrison); and Department of Medicine, McGill University, Montreal, Quebec, Canada (Dr Mount).  
**Corresponding Author:** Michael K. Kearney, MD, Palliative Care Service, Santa Barbara Cottage Hospital, PO Box 689, Pueblo at Bath Street, Santa Barbara, CA 93102-0689 (mkearney@sbch.org).

Perspectives on Care at the Close of Life is produced and edited at the University of California, San Francisco, by Stephen J. McPhee, MD, Michael W. Rabow, MD, and Steven Z. Pantilat, MD. Any J. Markowitz, JD, is managing editor. Perspectives on Care at the Close of Life Section Editor: Margaret A. Winkler, MD, Deputy Editor.

CME available online at [www.jamaarchivescme.com](http://www.jamaarchivescme.com) and questions on p 1183.

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**30% burnout**

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## Prevalence of Burnout Among Physicians: A Systematic Review

Lisa Rotenstein, MD, MBA, et al., JAMA, 2018 Sept 18; 320(11): 1131-1150

A metanalysis of 182 studies involving 109, 628 physicians in 45 countries between 1991 and 2018, found a prevalence of burnout of:

**2018**



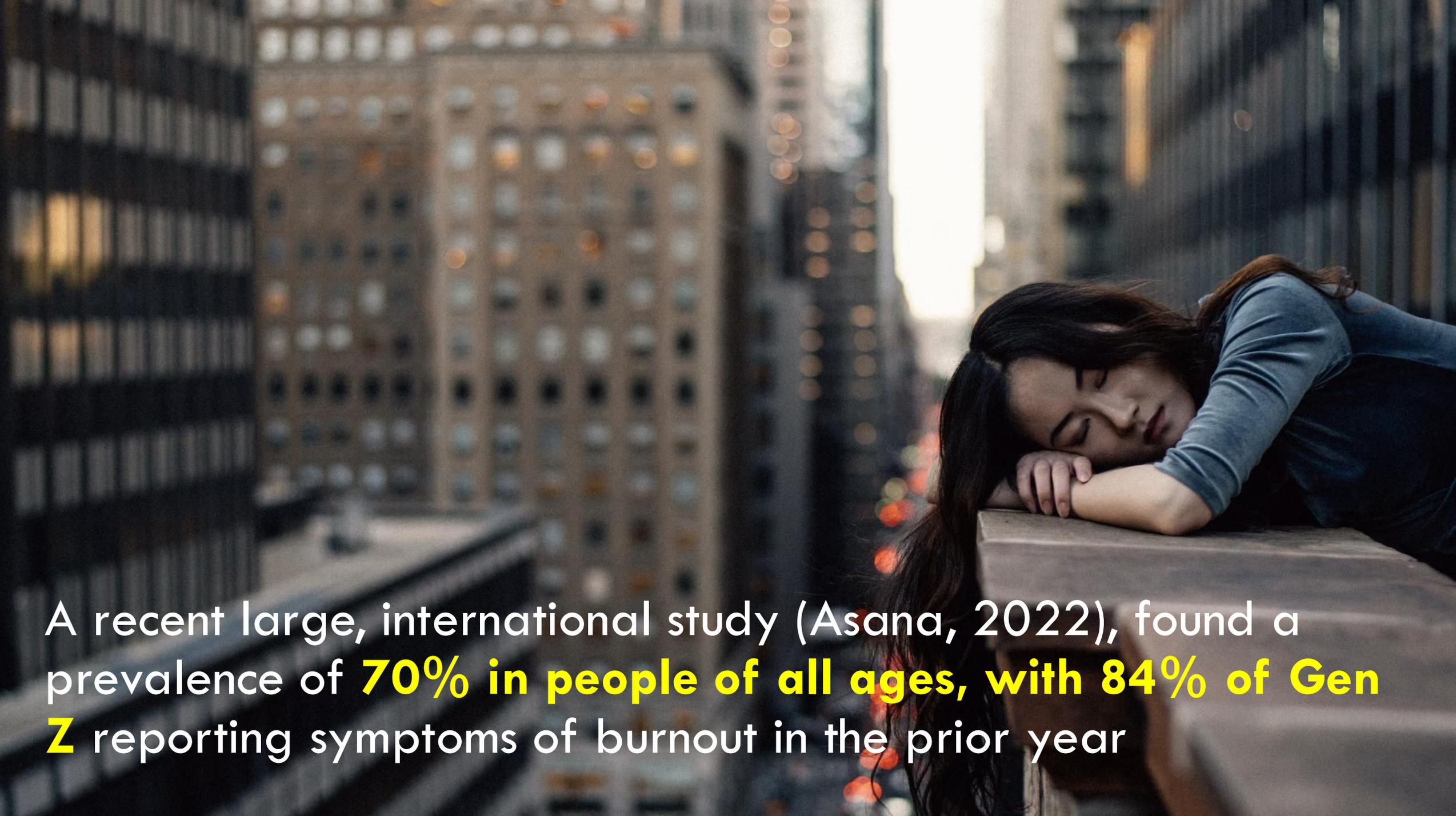
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A metaanalysis of 182 studies involving 109, 628 physicians in 45 countries between 1991 and 2018, found a prevalence of burnout of:

**67% burnout**





A recent large, international study (Asana, 2022), found a prevalence of **70% in people of all ages, with 84% of Gen Z** reporting symptoms of burnout in the prior year



Why?



- We're being exposed to constant stress



- We're being exposed to constant stress
- Burnout is difficult to recognize



- We're being exposed to constant stress
- Burnout is difficult to recognize
- We don't understand what causes burnout



- We're being exposed to constant stress
- Burnout is difficult to recognize
- We don't understand what causes burnout
- We don't have good ways of responding to it

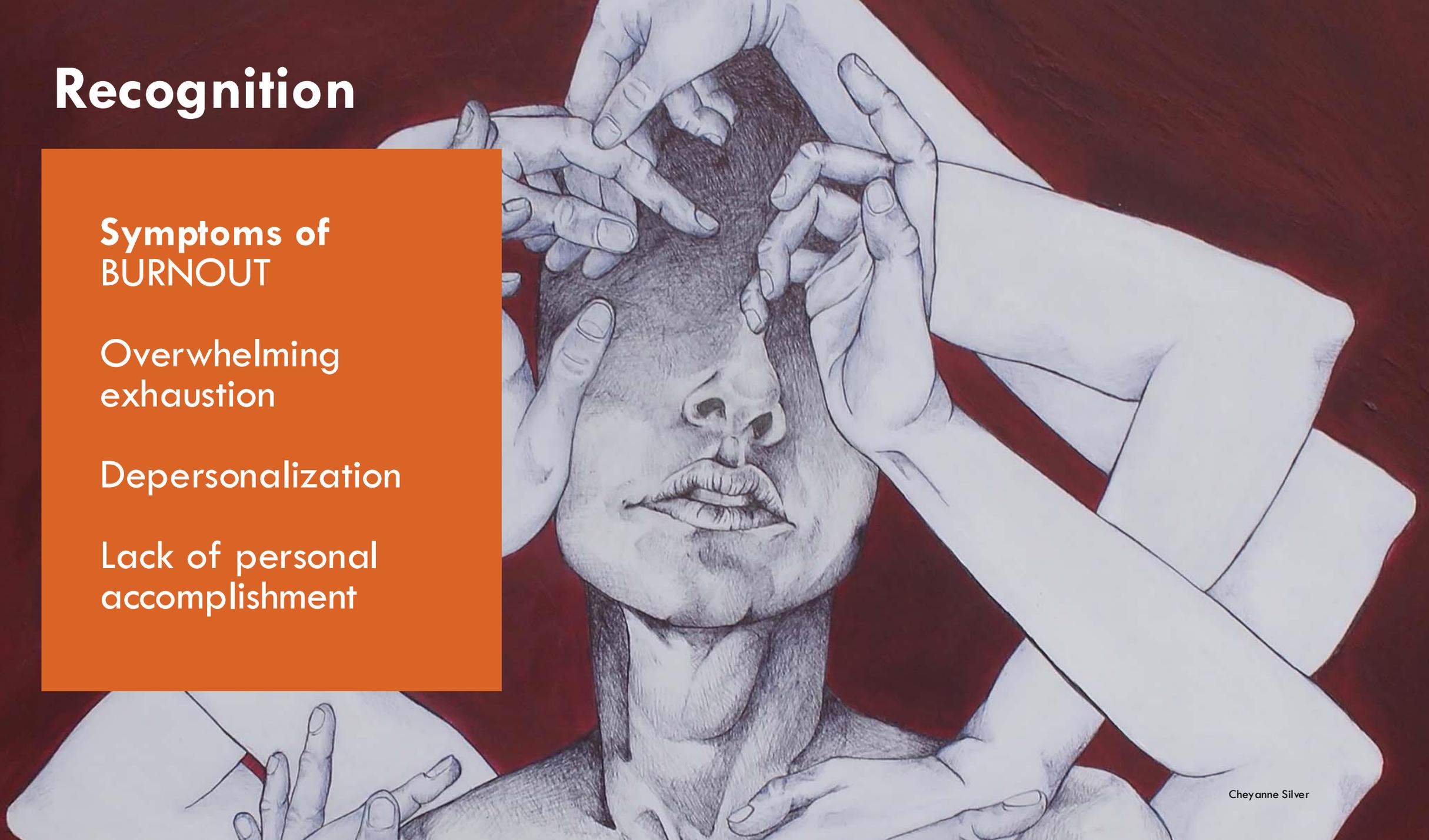
# Recognition

## Symptoms of BURNOUT

Overwhelming  
exhaustion

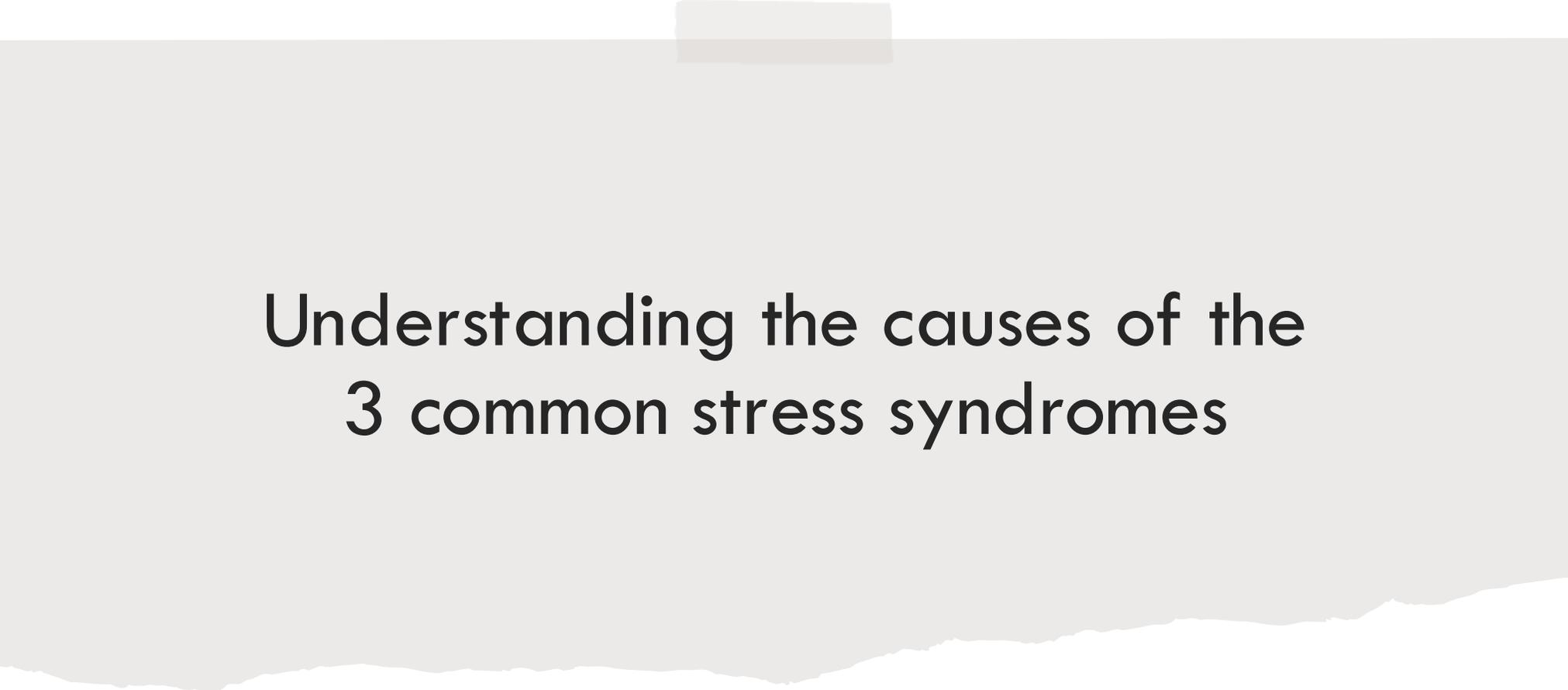
Depersonalization

Lack of personal  
accomplishment



## Could this be you?

- Do you feel anxious, overwhelmed, and depleted even after you've had a chance to rest, or even after a good vacation?
- Do you feel numb, surreal, disconnected or disengaged from yourself, from others, from your work and life?
- Do you feel like you're always falling short in your efforts, and your work isn't as meaningful as it was in the past?



# Understanding the causes of the 3 common stress syndromes

# Burnout





A big cause of burnout is an ongoing interaction with “mindless bureaucracy,” and a mismatch between our values and those of the organization we’re working in



“What burns me out is fighting with insurance companies”

Dr C, oncologist

# “Compassion Fatigue”



Where we're  
secondarily  
traumatized by our  
empathic connection  
to another who is  
suffering

# Vicarious traumatization



Where we're secondarily traumatized by our empathic connection to another who is suffering

**Moral Distress**





PATIENT  
CURARISE



A patient is lying in a hospital bed, covered with a patterned blanket. The bed is surrounded by various medical devices, including monitors and IV stands. A prominent monitor in the background displays vital signs and waveforms. A sign on the equipment reads "PATIENT CURARISE". The scene is dimly lit, typical of a hospital room.

This isn't just in healthcare...



**A forest in Sumatra, Indonesia, is clear cut to make way for a palm oil plantation.**





Ukraine



# Sudan



Gaza



# Minneapolis

# Moral distress

When we see and feel that something is wrong, and want to do something about it, yet are prevented from acting by external or internal constraints

While each stress syndrome has its own short-term symptoms, if the stress or trauma is ongoing, the inevitable endpoint is

**burnout**

**We need self-care**

---

**Self-care is essential**

---

**Self-care is a survival skill**

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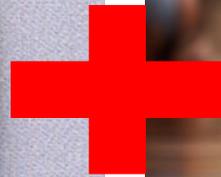
**“Self-care 1.0”**

---

# What self-care 1.0 looks like



**Protection**



**Restoration**



But self-care 1.0 isn't working

(70% of people of all ages & 84% of Gen Z burned out)

Or, at least, it's not enough



**We need self-care 2.0**



**“That sounds burdensome”**

**“I can’t manage even self-care 1.0 yet  
you’re talking about self-care 2.0!”**



We need  
**deep resilience**



We need  
**EFFORTLESS**  
**deep resilience**

Some images and metaphors of  
**effortless deep resilience**





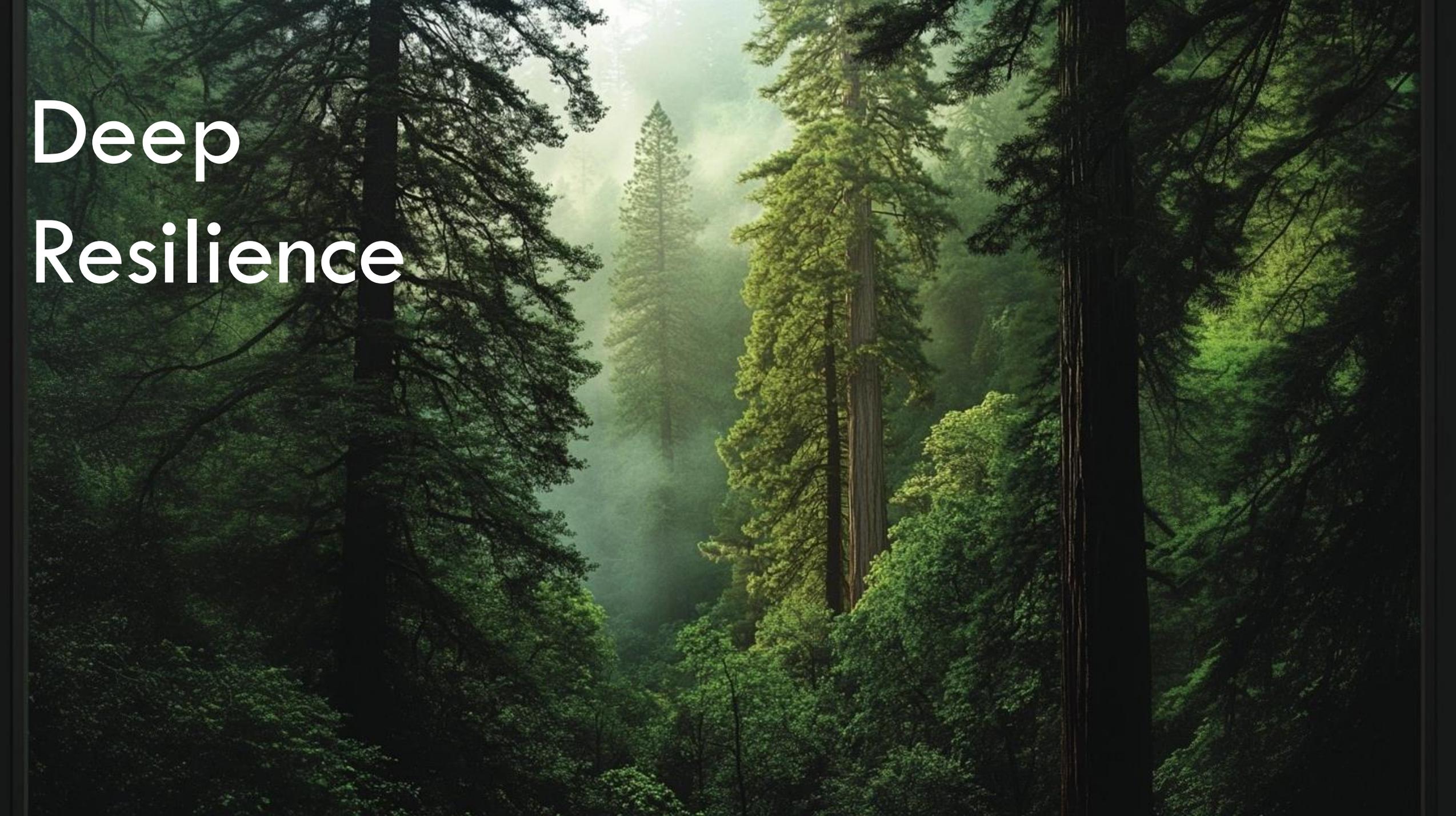


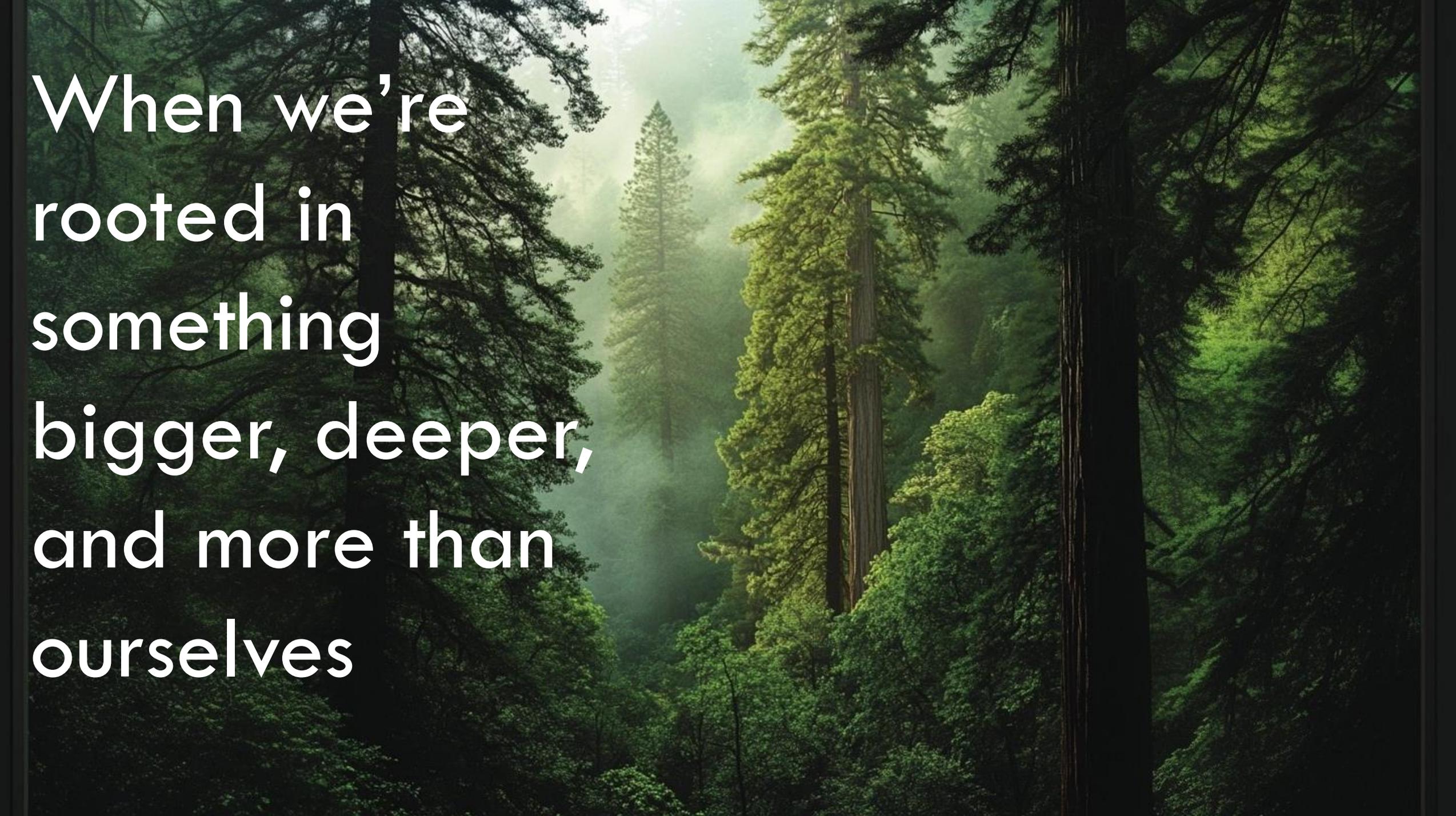






# Deep Resilience

A vertical photograph of a dense forest. The scene is dominated by tall, slender trees, likely pines or firs, with their trunks extending from the bottom to the top of the frame. The foliage is a rich, vibrant green, and sunlight filters through the canopy, creating a soft, hazy glow and highlighting the texture of the leaves. The overall mood is serene and majestic, suggesting a deep, ancient forest.

A vertical photograph of a dense forest. The scene is filled with tall, slender trees, likely pines or firs, with their trunks reaching towards the top of the frame. The foliage is a vibrant green, and sunlight filters through the canopy, creating a hazy, ethereal atmosphere. The lighting is soft and diffused, highlighting the textures of the tree bark and the density of the leaves. The overall mood is serene and majestic.

When we're  
rooted in  
something  
bigger, deeper,  
and more than  
ourselves





“effortless”

**“What does that mean?”**

That it's already here

Tapping in to, remembering, a  
capacity we already have

remembering

re-membering









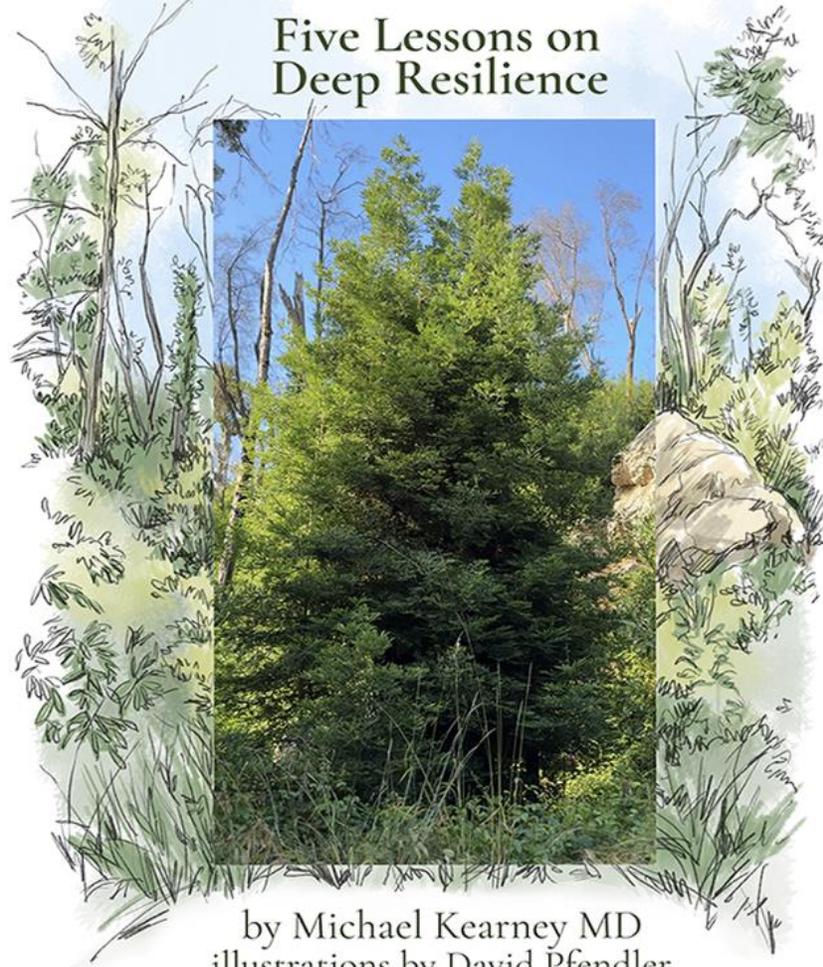


How?



# MY REDWOOD TEACHER

Five Lessons on  
Deep Resilience



by Michael Kearney MD  
illustrations by David Pfendler

2019





2021



2025







# The Five Lessons

# Lesson one

“How do you protect and restore yourself?”



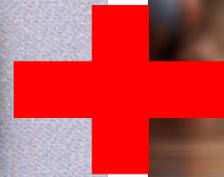
An artistic illustration of a hand touching a tree trunk. The hand is light-skinned with a gold ring on the ring finger and is wearing a blue sleeve. The tree trunk has dark, textured bark with vertical lines. Green pine needles are visible on the left and right sides. The background is a soft, hazy green, suggesting a forest setting.

How do I protect **and** restore myself?

# Self-care 1.0



**Protection**



**Restoration**

# Lesson two

“What are your healing connections? And how can you make these stronger?””





**How can I build and strengthen my chords of connection?**

## *Original Article*

# Healing Connections: On Moving from Suffering to a Sense of Well-Being

Balfour M. Mount, MD, Patricia H. Boston, PhD, and S. Robin Cohen, PhD  
*McGill Programs in Whole Person Care (B.M.M.), Department of Oncology, McGill University,  
Montreal, Quebec; Division of Palliative Care (P.H.B.), Department of Family Practice, University of  
British Columbia, Vancouver, British Columbia; and Departments of Oncology and Medicine (S.R.C.),  
McGill University, and SMBD Jewish General Hospital, Montreal, Quebec, Canada*

**“A purposive sampling of 21 participants...”**

**“Existential anguish”**

**“Wholeness”**

## **“A purposive sampling of 21 participants...”**

### **“Existential anguish”**

1. Sense of disconnection
2. Crisis of meaning
3. Preoccupation with future or past
4. Sense of victimization
5. A need to be in control

### **“Wholeness”**

## **“A purposive sampling of 21 participants...”**

### **“Existential anguish”**

1. Sense of disconnection
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4. Sense of victimization
5. A need to be in control

### **“Wholeness”**

1. Sense of connection
2. Sense of meaning
3. Capacity to find peace in present moment
4. Experience of a sympathetic, non-adversarial connection to the disease process
5. Ability to choose attitude to adversity

# What made all the difference?

## “Existential anguish”

1. Sense of disconnection
2. Crisis of meaning
3. Preoccupation with future or past
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5. A need to be in control

## “Wholeness”

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**“The presence or absence of healing connections”**

# **“The presence or absence of healing connections”**

## **A sense of bonding to**

- **Self** – self-empathy, forgiveness, compassion
- **Others** – family, friends, community
- **Phenomenal world** – nature, music, art, yoga, sports
- **Ultimate reality** – “A sense of unity with the cosmos, The More, or for many, a personal experience of God”

# “The presence or absence of healing connections”

## “Existential anguish”

1. Sense of disconnection
2. Crisis of meaning
3. Preoccupation with future or past
4. Sense of victimization
5. A need to be in control

## “Wholeness”

1. Sense of connection
2. Sense of meaning
3. Capacity to find peace in present moment
4. Experience of a sympathetic, non-adversarial connection to the disease process
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# Meaning

“What seemed increasingly evident to the interviewers was that meaning was not an end in itself, but a by-product of a related experience, a sense of connectedness.

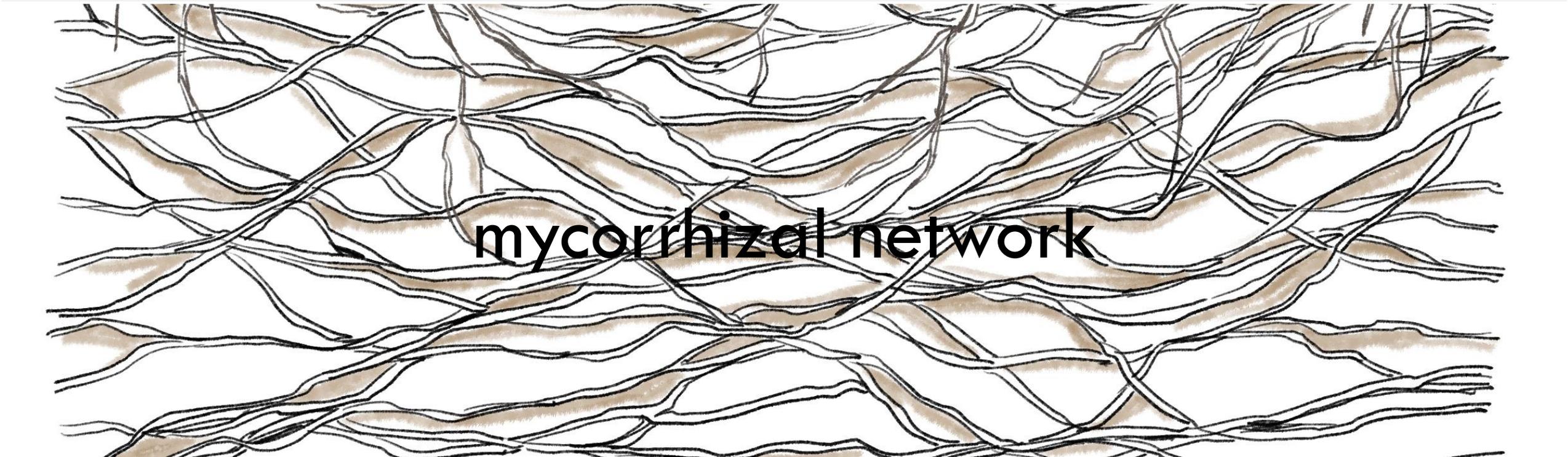
It was not meaning, per se, that brought the person alive but the underlying experience of being part of something greater and more enduring than the self.”

# Lesson three

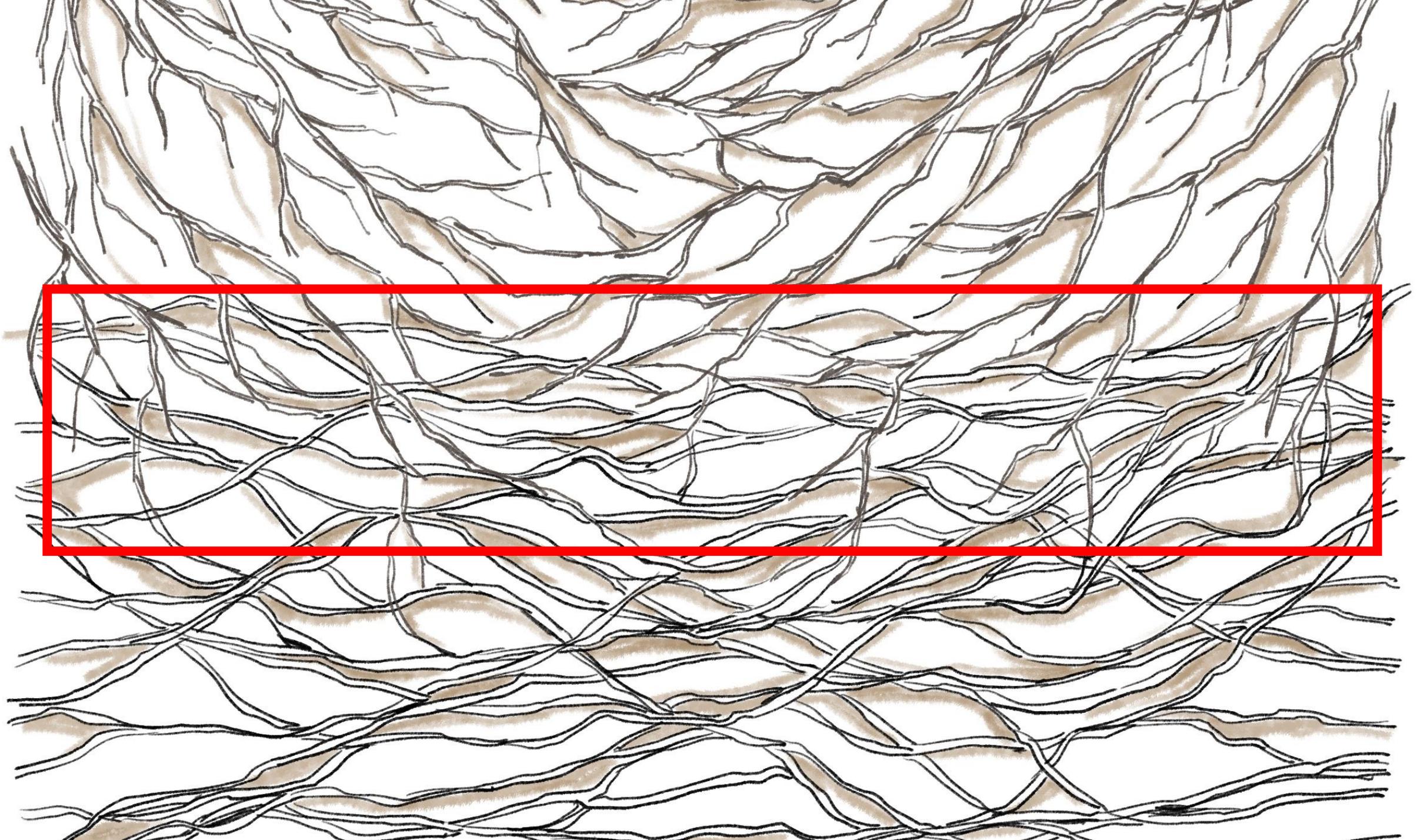
“Ask yourself, ‘Who am I? Keep on asking until you remember who you really are.’”

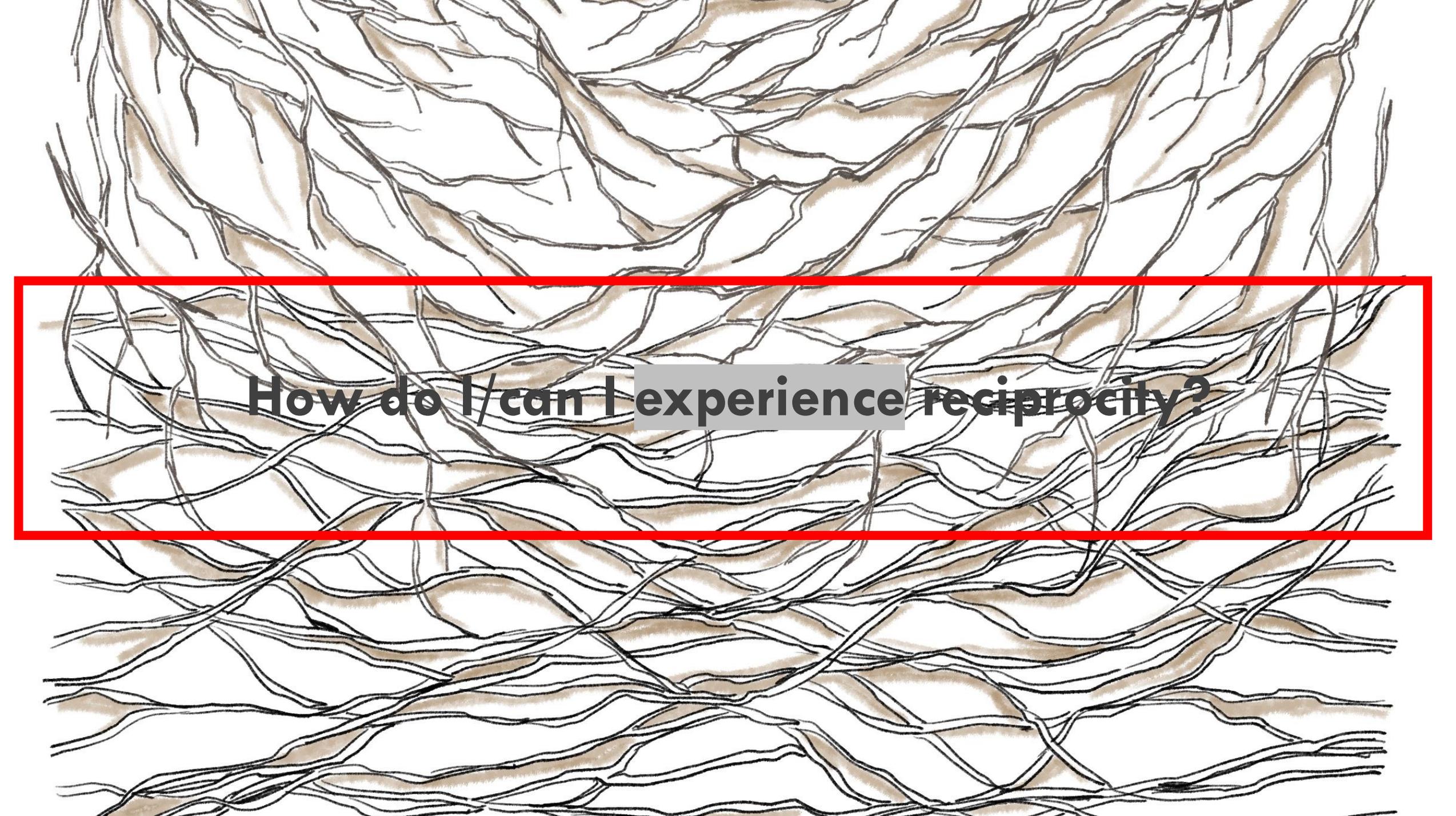


redwood rootlets

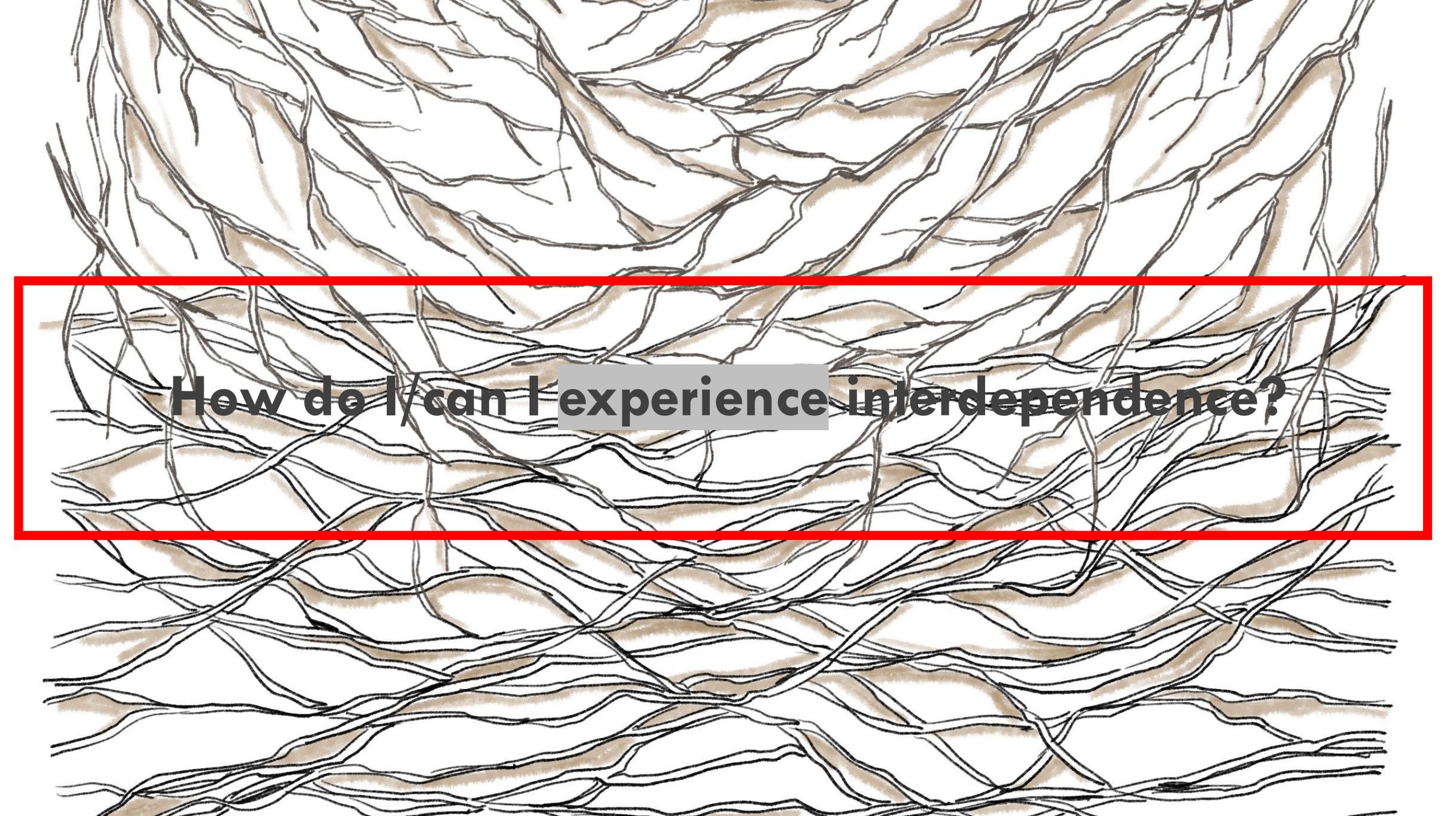


**mycorrhizal network**





**How do I / can I experience reciprocity?**



**How do I/can I experience interdependence?**

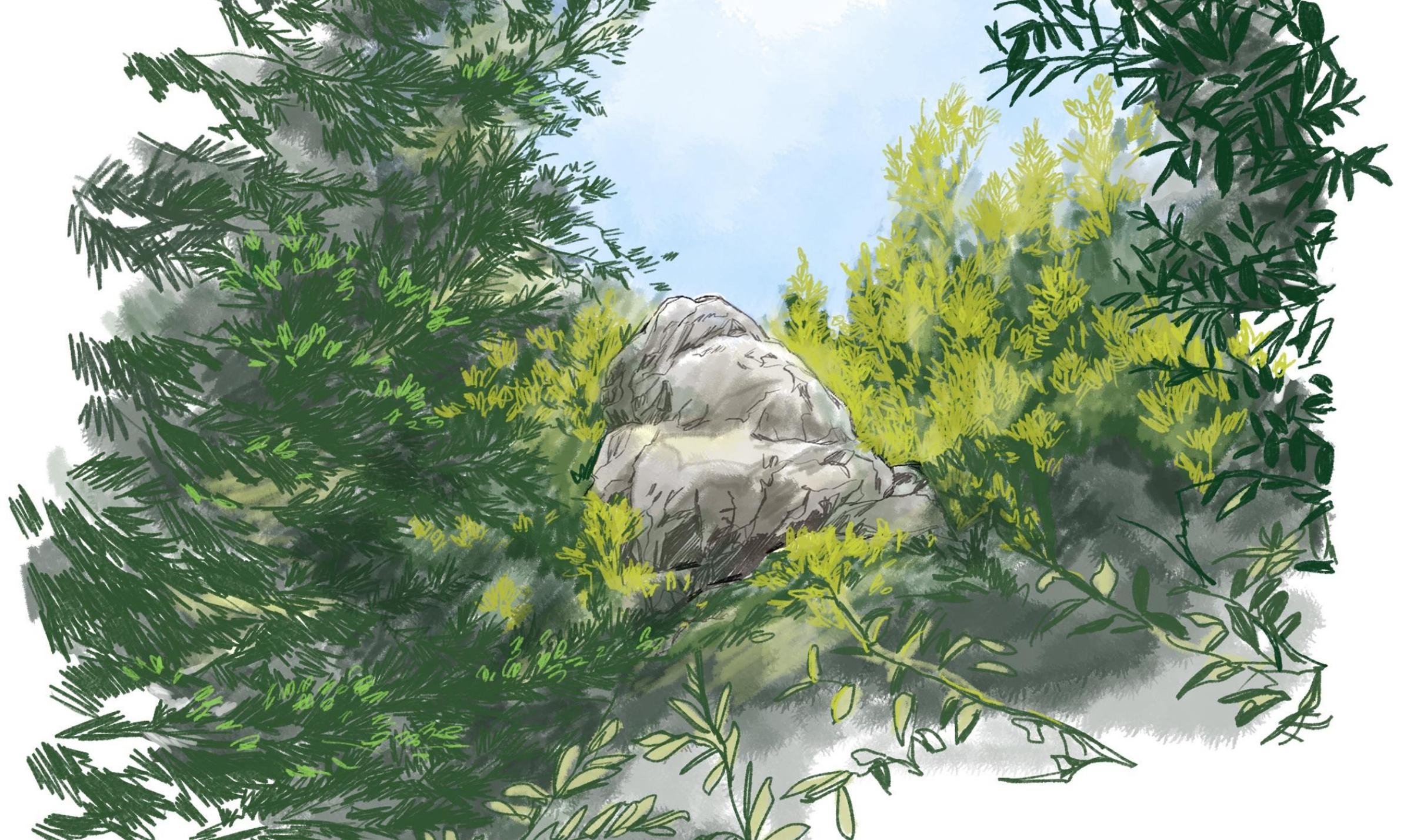




**Breathing with leaf practice**

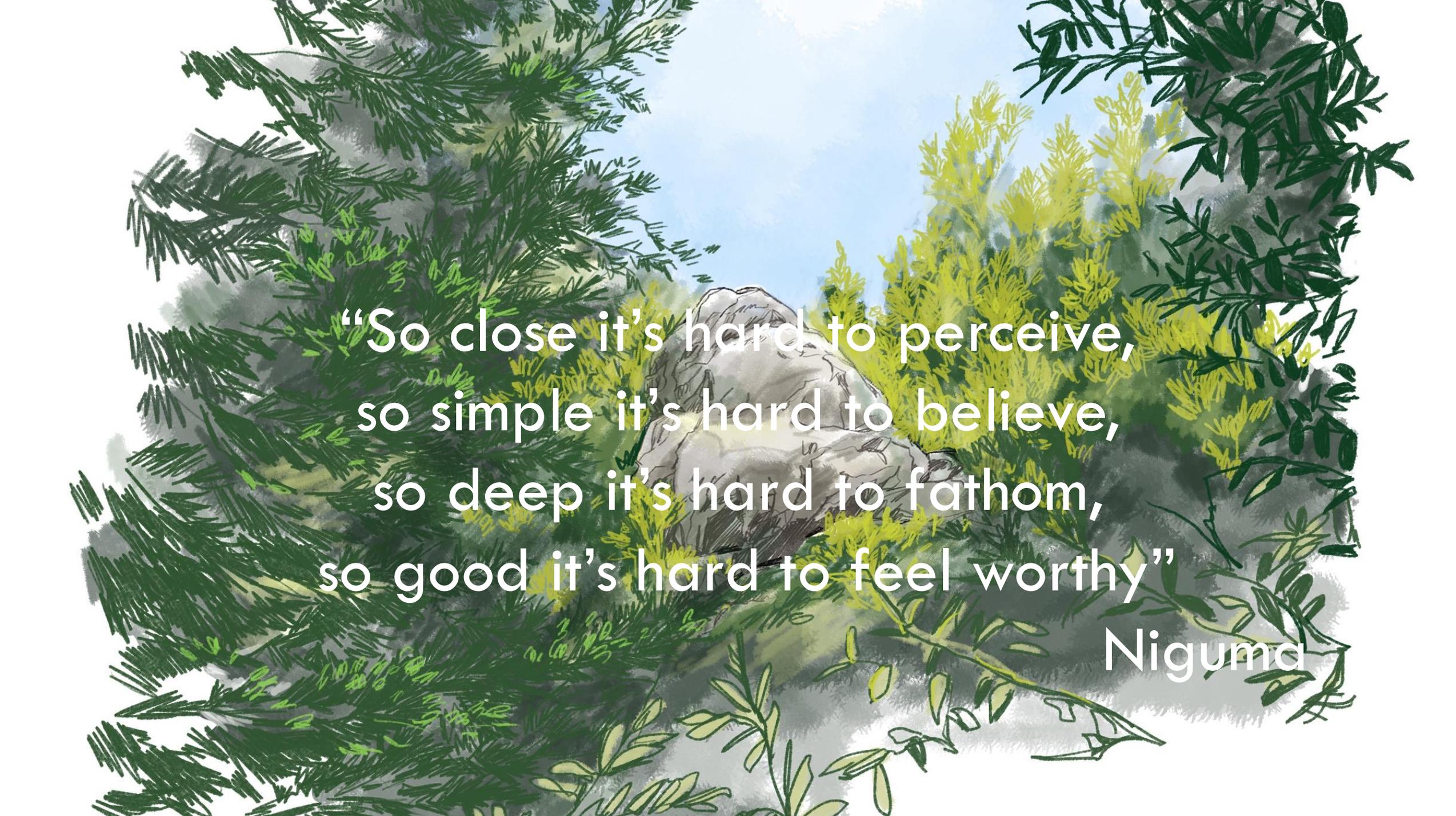
# Lesson four

“What is your doorway to the wholeness that’s already here?”



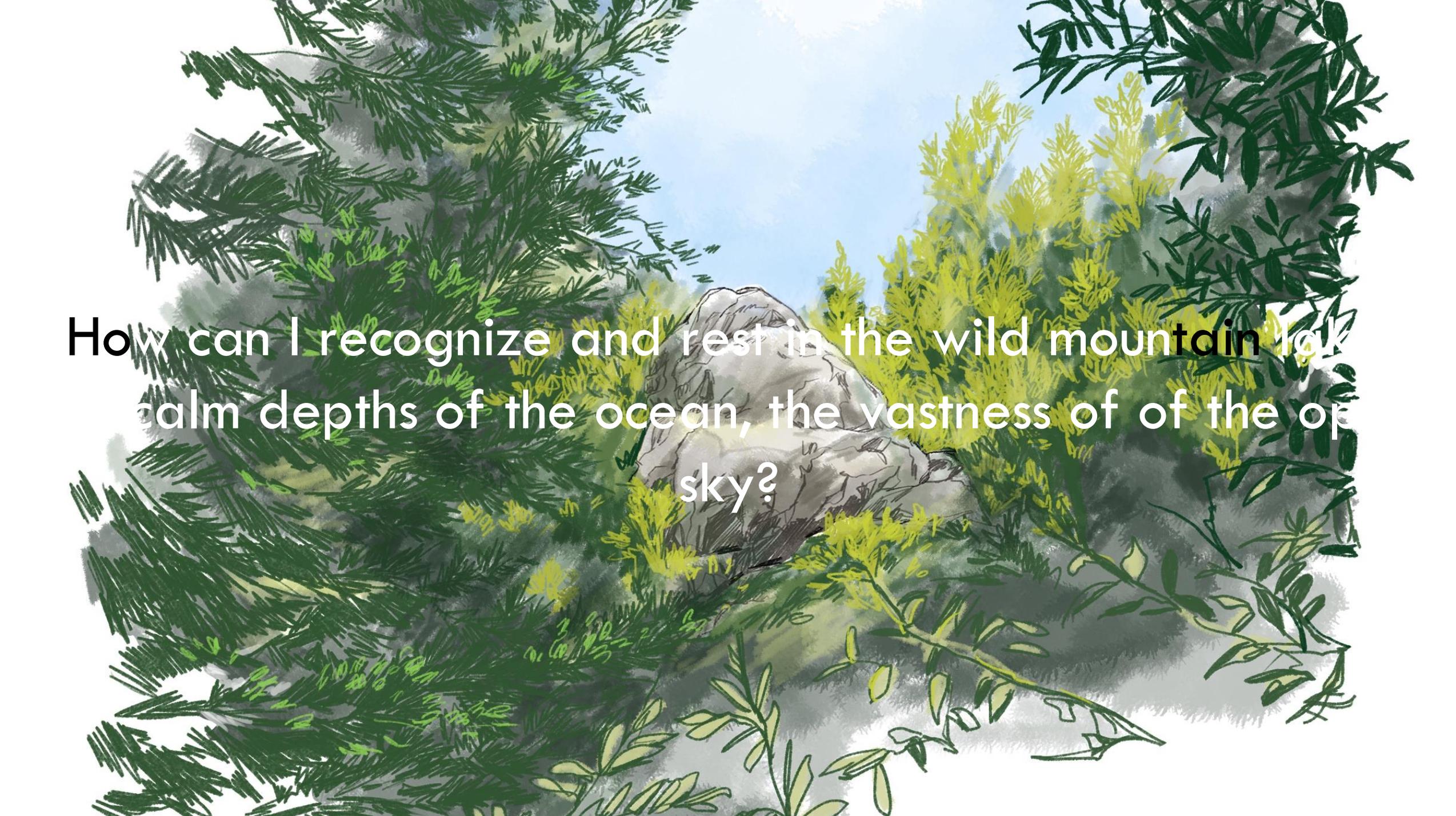
# Lesson four

“What is your doorway to the wild mountain lake, the calm ocean depths, the vast and open sky?”



“So close it’s hard to perceive,  
so simple it’s hard to believe,  
so deep it’s hard to fathom,  
so good it’s hard to feel worthy”

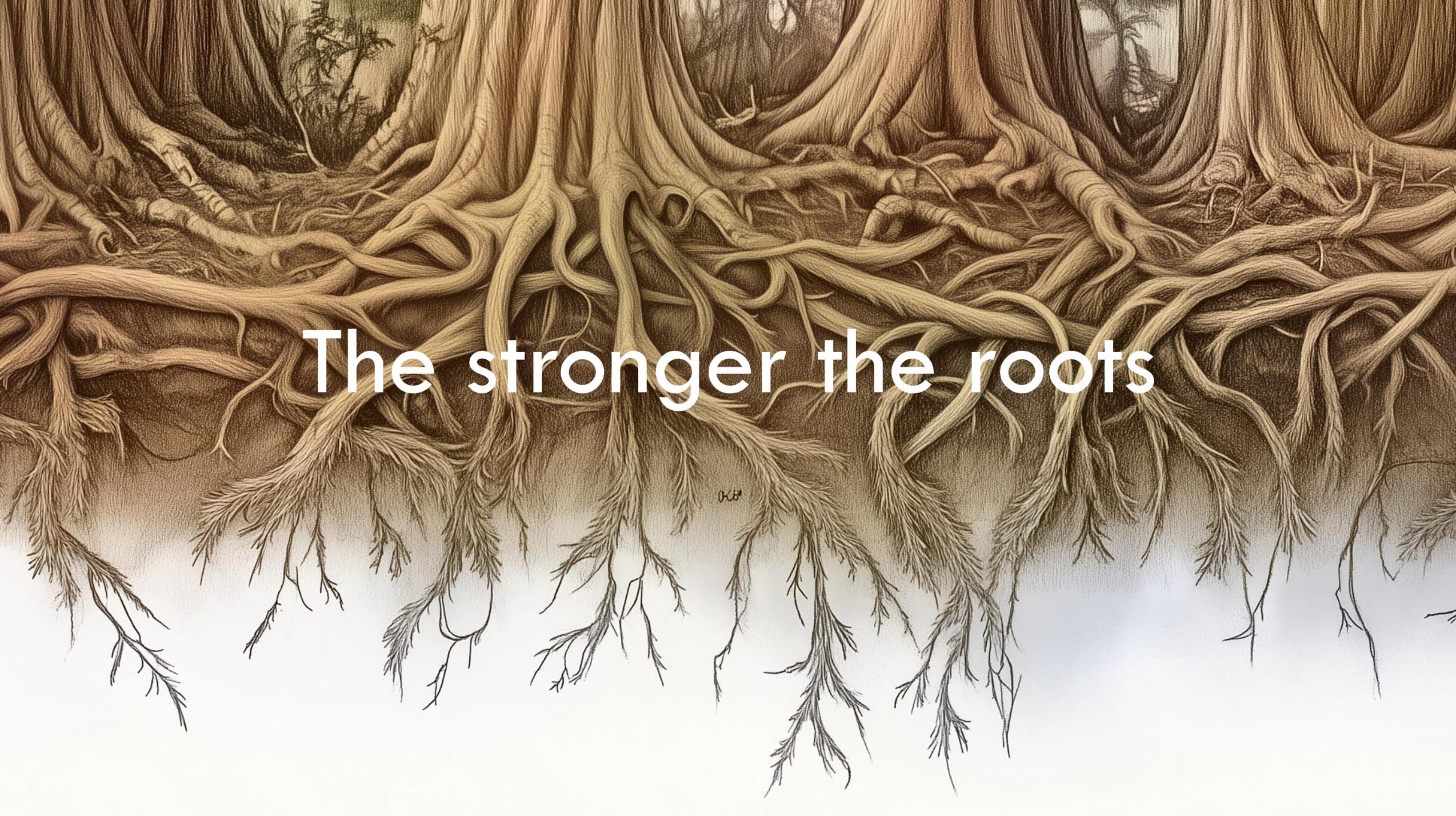
Niguma

A watercolor illustration of a mountain landscape. In the center, a large, light-colored rock sits on a slope. To the left, there are dense green pine trees. To the right, there are yellow wildflowers and green leafy plants. The background is a soft blue sky. The overall style is soft and painterly.

How can I recognize and rest in the wild mountain lok  
calm depths of the ocean, the vastness of of the op  
sky?

# Lesson five

“To whom, and how, can you be truly helpful, now?”



The stronger the roots

A watercolor illustration of a tree branch with dense green foliage. The branch is dark brown and extends from the left side of the frame. The leaves are a vibrant green, rendered with fine, dark lines to suggest texture and depth. The background is a soft, light green wash, creating a sense of atmosphere. The overall style is artistic and painterly.

The wider the branches

A watercolor illustration of a tree branch with dense green foliage. The branch is dark brown and extends from the left side of the frame. The leaves are a vibrant green, rendered with fine, dark lines to suggest texture and depth. The background is a light, pale green, creating a soft, ethereal atmosphere. The overall style is artistic and painterly.

The wider the branches



The stronger the roots

# Takeaway

In addition to practicing Self-Care 1.0, we need Self-Care 2.0, deep resilience.

Deep resilience comes from strengthening our roots, our chords of connection, our healing connections, with ourselves, with others, with the phenomenal world, and with “ultimate reality,” in a way that’s meaningful to us—

# Takeaway

In addition to practicing Self-Care 1.0, we need Self-Care 2.0, deep resilience.

Deep resilience comes from strengthening our roots, our chords of connection, our healing connections, with ourselves, with others, with the phenomenal world, and with “ultimate reality,” in a way that’s meaningful to us—

**AND THAT WORKS!**

## Deep Resilience Sessions (free)

- Thursdays at 10 am PST
- <https://www.mindfulheartprograms.org/deep-resilience>
- See website for other (daily & free) meditations

**mindful heart**  
PROGRAMS

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Meditate

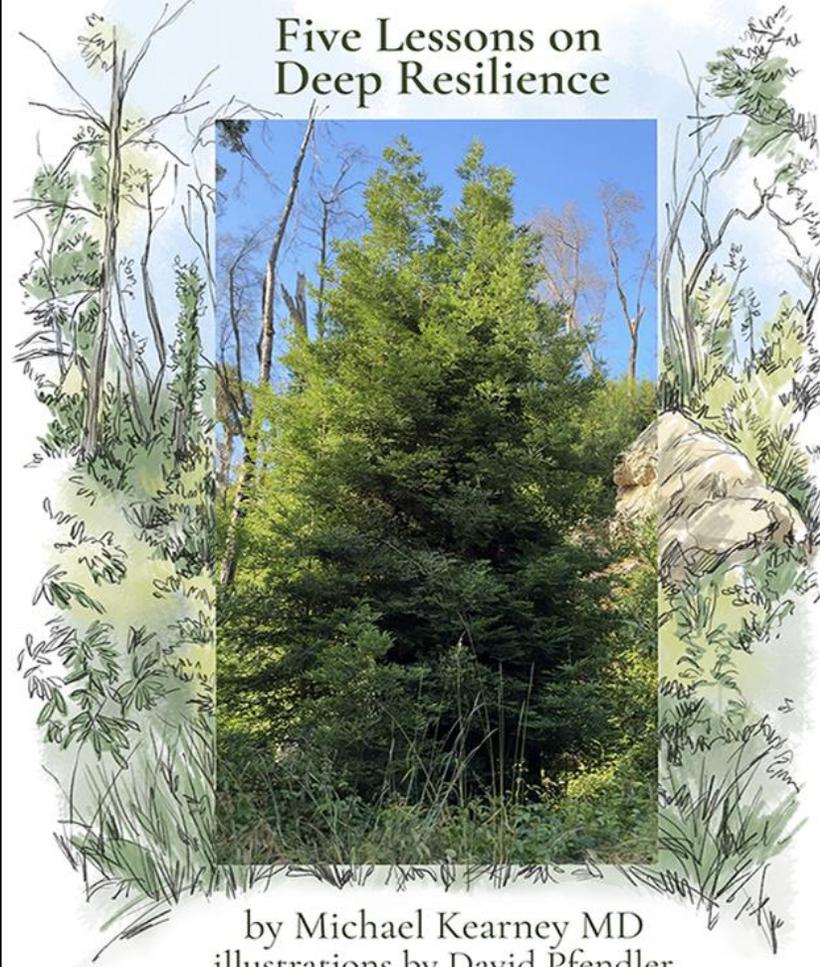
Join us for our

# *7-Step Deep Resilience Program*

[www.michaelkearneymd.com](http://www.michaelkearneymd.com)

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**Available on Amazon**

All proceeds go to the  
Mindful Heart Programs  
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