

FRESH PERSPECTIVE  
INSIGHTS  
COMMUNITY OF ONE  
SIGNATURE EVENT  
RAISING TEENS  
REASSURANCE  
THOUGHT PROVOKING  
EXPERTS  
CONNECT  
STRATEGIES  
PRACTICAL  
TIPS

Parent & Faculty Education Conference  
PROMOTING FULFILLMENT  
AND SELF RELIANCE  
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**Dr. Alex Lickerman**

Turning Adversity into Opportunity  
*Attendee Notes for Menlo School Keynote*

Dr. Alex Lickerman is a physician and the Assistant Vice President for Student Health and Counseling Services at the University of Chicago. Dr. Lickerman is the author of the critically acclaimed book, *The Undefeated Mind: On the Science of Constructing an Indestructible Self*. His articles have appeared in Psychology Today, The Huffington Post, and Medicine on the Midway. He's also written a television pilot called Sessions that was optioned by DreamWorks Television, as well as several movie screenplays, including an adaptation of Milton's Paradise Lost. [www.alexlickerman.com](http://www.alexlickerman.com)

**On his personal philosophy:**

Dr. Lickerman is a secular Buddhist. *Humans have attachments in life – to our children, our jobs, our homes, our health, our lives. Ultimately we are destined to lose every attachment we have. Given that, how then can we be happy?* We will all experience terrible things, setbacks, adversity. According to the type of Buddhism that he practices, the way to become happy is to become strong. Also, it's not just our own personal strength that matters to our happiness, it's the strength of others around us – for example, it matters that our kids are strong too.

**An anecdote about his son, and his protective instinct:**

Dr. Lickerman dropped his 3 year old son off at the University of Chicago nursery school for the first time. The drop-off practice was that parents would drive through the car loop and parent volunteers would walk the kids in to school. After he handed his son off at the curb to the parent volunteer, he looked back while his son (holding the hand of the parent volunteer) turned and gave a happy, hopeful wave. But, Dr. Lickerman was worried and panicked and felt the need to call the school to make sure his son had made it to the classroom. He realized he had an overwhelming protective instinct towards his son. Similarly to when his son was born – his primary emotion was a desire to protect. But, this desire is clearly at odds with what's necessary for our children – for them to fail and become resilient. Dr. Lickerman realized that the best defense against *his own* parental worry and anxiety was to teach his son to be resilient so that *he* is strong and so *he* is not afraid.

**An anecdote about his patients, as a primary care physician:**

Dr. Lickerman first saw a patient who was completely upset and off his game because of his constant runny nose. Then he saw his next patient, a woman with metastatic breast cancer, who was calm with an attitude of acceptance. This clinical experience caused him to wonder - what was the difference between these two patients, and their response to physical and emotional adversity?

**The range of resilience, and the Resilience Project:**

Resilience has inheritable components, yet resilience exists in a range for each person. Resilience is not fixed. A person can operate at the lower or higher end of his/her individual range of resilience. Can resilience be learned? Is there science to help people operate at the high end of their range? Dr. Lickerman started the Resilience Project at the University of Chicago, as Asst VP of Student Health and Counseling. The project was piloted in 2012 with undergraduates and is now being expanded. Participating in the program itself seemed to increase resilience.

**What is Resilience?****Resilience is a coin with 2 sides:**

1. Not just surviving, but thriving in adversity. Coming back stronger. Remaining calm in the face of adversity.
2. Having grit when obstacles arise. Grit is having a long term passion for achieving your goals, so that you can resist becoming discouraged, can overcome obstacles, and not quit.

**The Resilience Project – Four Interventions:****1. Expect Obstacles**

- How we react to obstacles affects our resiliency. And how we react depends on our expectations. *What we expect has a greater impact on our experience than the actual content of the experience.* For example, if we go to a movie with very high expectations we may be very disappointed even if it's actually a pretty good movie. And vice versa.
- Managing our expectations for reaching a goal is important.
- If we have a goal that involves a series of tasks, and if we expect the first task to be easy and then we fail, we will be far more likely to be discouraged (and to quit) than if we expect the first task to be hard and then fail. *Expecting a task to be hard, or to have obstacles, actually immunizes us to discouragement and allows for us to be more resilient.*
- Get the advice of a mentor/resource. Be sure to ask what the obstacles are likely to be. Paint a realistic picture.
- *If we expect difficulties, we are prepared for them.*
- An example from his clinical practice:
  - A patient had a sore throat and dealt with it for 3 days, thinking he would be fine and it was just a virus. On day 4, his patient called him, panicked because the sore throat had gone on for 4 days. Upon hearing that it usually took 1-3 weeks for a virus to clear, his patient was no longer alarmed. If his patient had had the correct knowledge and expectation, re. a virus, he would not have been concerned.
- *Be mindful of what to expect and what difficulties might arise.*

## 2. Self Explanatory Style

- We constantly narrate stories to ourselves about the causes of things that happen to us.
- There are two *Self Explanatory Styles*
  1. Optimistic – not my fault (avoids self blame), effects are limited in duration and scope.
  2. Pessimistic – something is wrong with me that I can't change, effects continue forever and affect everything.
- Optimistic – What can I do better? Pessimistic – What's wrong with me?
- We have preset styles, but they are not fixed.
- Why does this matter? Those with a pessimistic self-explanatory style are more likely to become depressed and contemplate suicide. It doesn't matter if a person's story/explanation is correct or not.
- Optimistic Style Range
  - Naïve (I will do great no matter what, I don't need to work hard)
  - Realistic (Faith in my ability, but I know the task requires hard work)
- Pessimistic Style Range
  - Depressive (nothing I can do, paralyzing anxiety)
  - Defensive (using anxiety to motivate action, to work harder)
- Defensive Pessimists do as well as Realistic Optimists (and, better than Naïve Optimists) on real world tasks/success.
- The ideal goal is to be somewhere between the realistic optimist and the defensive pessimist.
- *How can we change our style?*
- The Resilience Project experimented with having a control group simply journal their adverse events and why they occurred. The experimental group was challenged to not only write down their first idea of why events occurred but to also think creatively for alternate explanations. We are terrible at knowing actual causes of events and are incorrect 50% of the time. Once students considered these other viable explanations they were often surprised and lost attachment to their first explanation. They felt more empowered (resilient) and more optimistic.
- Practice imagining alternative causes of events. Avoid blanketing optimistic explanatory biases over all situations.
- It matters that the explanation gives hope, and encourages us to keep trying. *Not* necessarily that the explanation/cause is actually correct (especially since we are often wrong).
- This is an exercise in mindfulness – making an effort to figure out what's absolutely true. Recognizing when we are making assumptions that could be wrong.
- *The greatest benefit of the optimistic explanatory style is not that it makes you try harder, but that it makes you try more often, which is often why success happens. Quality matters but frequency rules.*

### 3. Accept Pain

- Pain is protective in order to survive. We evolved to be unable to ignore physical pain. However, pain is experienced in two different parts of the brain:
  - o Insula – part that registers pain's character, quality, location, intensity.
  - o Cingulate cortex – part that registers pain as unpleasant, and motivates us to respond to pain.
- This explains how different people can have different pain tolerances (re. the earlier example of man with a cold, and woman with cancer).
- There are other valid ways to approach pain, other than getting rid of it.
- We've developed a psychological aversion to pain. So much so that now people want to avoid psychological pain (anxiety/stress) by numbing out with drugs/alcohol. We also fail to take on goals that we really want to accomplish because we *anticipate* difficulty and are averse to it.
- (Note, there is a difference between pathological pain that needs medical intervention and *everyday* pain that we can learn to accept).
- There is another way to approach pain, a kind of cognitive behavioral therapy called *ACT – Acceptance and Commitment Therapy*. This involves approaching pain in a spirit of acceptance (Buddhist). Rather than resisting/avoiding emotional pain, if one accepts the feeling of anxiety, paradoxically it reduces it. *Goal is not to remove pain, but to become stronger in dealing with it.* The idea is to become strong enough to accept and feel it, and thus defuse judgment of ourselves, so that we are not stopped from either avoiding or achieving our goals.
- An exercise to learn to accept pain, in order to accomplish a difficult goal:  
1) Identify a very hard goal, from your heart, 2) Write down all the steps needed to accomplish it, 3) Write down all the feelings the steps engender. Often, powerful emotions are released, during the acceptance. *The idea is to Accept your painful/difficult feelings and yet Commit to act how you really want to achieve your goal anyway.*

### 4. Let Go

- Failure stinks. We don't naturally look at it as our teacher. We don't set out to fail. We want to make things better, to make difficult things go away.
- Naturally, most parents behave as if we can keep our children from failing. We cannot. They are going to fail and we/they need to let go of failures/loss.
- Humans are meaning-seeking and meaning-creating creatures. Or, sense-making and benefit-finding.
- The dangers of sense-making:  
When an adverse event happens, 80% ask "why me?" But, 50% of them fail to find a convincing reason, which leads to prolonged grieving. In a longitudinal study, parents who lost a child to AIDS, who continued to ask "Why?" or who continually wondered what might have happened, or attempted to "undo" past events ("If only I had...") prolonged their grief. Those parents who a) looked for meaning and found "some," or who b) weren't looking for any cause/meaning at all, were ultimately the most "peaceful" and had let go of the loss.
- A better question is, *what benefit can I gain from this loss?* Benefits can actually *accrue* from multiple failures/loss.

- Stages of Change Model. This model is used to help people change behavior, eg quit smoking, but it also applies to how people approach loss and let go.
  - o Precontemplation – numb, complex feelings, not even thinking about it
  - o Contemplation – thinking about letting go
  - o Preparation – considering actual steps to take
  - o Action - acting
  - o Maintenance
  - o Relapse
 Each step could take seconds or months.
- As a parent the idea is to recognize the stage your child is in, and then gradually nudge them to the next step.
- Learning to “let go” of loss, adversity, failures helps us become more resilient.

### **Questions from Audience:**

#### **Q: How can I sit in/hold the pain?**

A: Practice. For example, endurance athletes have a much higher pain tolerance than others, due to learned practice. Practicing makes us “get there” (accomplish the acceptance) sooner and better.

#### **Q: Isn't there danger in imagining an obstacle to be so hard that you are intimidated to try it?**

A: The idea is to find the sweet spot. And if you're still intimidated, then the question to ask is: how do I have to change myself so that I will try it? What special work do I have to do? Write down a specific plan, long term preparation.

#### **Q: College counselors and others instruct us to manage our expectations for our children. What advice do you have?**

A: There is tension between expecting the best for our children and observing present “less than best” behavior. Consider your definition of success, what makes for a happy life. Humans have an intrinsic drive to create value.

#### **Q: Are there studies about predisposition towards explanatory style?**

A: No. There are probably inheritable components, as with resilience. But there are definitely things you can do to make your behaviors more adaptive.