

Roadmap to Resiliency: Medical Perspectives, and Strategies for Managing Distress

National Webinar Transcript

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Presented by:



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Jenna Fields:

Hello, everyone. I'm Jenna Fields. I'm the California Regional Director for Sharsheret, and we are the national Jewish breast and ovarian cancer support organization. We provide free support for women and their families facing a cancer diagnosis, as well as those who are high risk. All of our services are offered by phone and email, so if you or someone in your life is in need of one-on-one support right now, please don't hesitate to reach out to us.

Jenna Fields:

I want you to know that we're also offering weekly and sometimes biweekly webinars during the COVID crisis, so please continue to stay tuned in to all of our e-blasts and social media as they're coming out so you can sign up. Next week, we're going to be offering a COVID-19 and cancer update with Dr. Amy Kusske. She is the Co-Director of the UCLA Santa Monica Breast Center and she'll be providing us information on the latest about what's going on between the intersection between cancer and COVID-19.

Jenna Fields:

This webinar today, I am so excited that we are able to offer with Dr. Arash Asher. You're here, so you know that you're going to be learning about the roadmap to resiliency, medical perspectives, and strategies for managing distress. The goal of this webinar will be to focus on tools to help you manage distress, including finding meaning in difficult times, and developing coping strategies. We want to thank our sponsors, the Eisai USA Foundation, Siegmund and Edith Blumenthal Memorial Fund, the Centers for Disease Control and Prevention, GSK, and Seattle Genetics.

Jenna Fields:

I want to take a second just to talk about Zoom etiquette. We're so excited to be offering this through the Zoom platform. Everyone as you come into this call, you're automatically muted, so please make sure to keep your mute button on for the remainder of the program. If you would like to remain anonymous, you can turn off your video on the bottom left hand corner of your screen by clicking stop video. We also are offering a call in option, and the call in number is provided in the chat box by colleague, so please take a look at that if you want to jump on a call instead right now.

Jenna Fields:

I do suggest keeping your screen on speaker view instead of gallery view as we will be looking at a PowerPoint and a video during this presentation. If you miss anything, you want to watch this later, or maybe share with a family member or friend, we are recording this webinar. You'll get that recording within one to two days, so please look for our email follow up. And finally, we will be having a Q&A at the end of the presentation, so at any time if questions come up, please put them in the chat box. We'll collect all those questions, and get to as many as we can at the end of the presentation.

Jenna Fields:

It's now my pleasure and honor to introduce Dr. Arash Asher. He's the director of cancer survivorship and rehabilitation at the Samuel Oschin Comprehensive Cancer Institute at Cedars-Sinai. He's been there since 2008. He has led the development of a number of unique cancer survivorship programs with his colleagues, including "Emerging from the haze: Living with the effects of cancer treatment on cognition," GRACE: growing resilience and courage, and other programs as well, with the goal of optimizing physical, psychological, and spiritual resilience for patients with cancer.

Jenna Fields:

Dr. Asher currently has several active studies going on, including one evaluating the role of qi gong for chemo induced neuropathy, and another that studies the impact of improvisational comedy on the wellbeing of breast cancer survivors. He completed a physical medicine and rehabilitation residency at the UCLA Greater Los Angeles VA and a cancer rehabilitation fellowship at MD Anderson Cancer Center in Houston, Texas. We are so lucky to have Dr. Asher presenting today. He is so well respected in our Los Angeles community, and it's with great pride that we're able to provide this national platform for him to share his expertise. So, Dr. Asher, without further ado, the floor is yours.

Dr. Arash Asher:

Thank you very much, Jenna. I'm not the most techie person, so I'm going to try to share my screen. Let's see if this works. Here we go. Hi, everybody. I wish I had a chance to be sitting in front of you sharing this discussion today, but under the circumstances, I'm grateful that we have at least this technology. As Jenna mentioned, I'm a rehabilitation physician. So, traditionally when I was starting out and I'd be in the clinic, I'd be talking about things like fatigue or neuropathy or pain issues and things of that sort.

Dr. Arash Asher:

But, over time, there was this consistent elephant in the room of things that weren't being discussed when people finished surgery, chemo, and radiation. I'm going to outline these really basic fundamental questions that at least I was seeing over and over again that didn't have, I think, a traditional answer. You may have asked yourself these questions as well. So, in the most fundamental way, what does it mean to be healthy, what does it mean to be whole, and what does it mean to be resilient?

Dr. Arash Asher:

As you think about this and reflect on these questions, the reality is even though as a physician I prescribe antidepressants and anxiety medications and things of that sort, and I think they're incredibly useful in the right situation, in and of itself, I would argue that it would not answer these questions. It doesn't necessarily resolve all our questions about health in the broadest sense and resilience.

Dr. Arash Asher:

I think what many of us find, particularly when we've gone through a situation like a cancer diagnosis, is I often see... You may have experienced this, where somebody will say, "You know what, I feel like I'm healthy if my CAT scan or MRI is clear," or, "If my tumor marker shows that the numbers are going down, I may feel well. If it's not going down, I may not feel whole or healthy or resilient." I think many of us may feel that way, and the challenge as you think about this is then, we're always in a state of reaction. If the CAT scan is good or the medical report is good, you feel well, if it doesn't, we don't, and we lose a sense of control.

Dr. Arash Asher:

Whether we're talking about cancer or personal losses or this pandemic, I think we can all identify some of these elements of what may constitute the definition of suffering. All of us suffer. Life would not be life on this earth if there wasn't suffering sometimes, but again the goal for today will be to try to develop some strategies for managing this.

Dr. Arash Asher:

But, as you look at this imagine, I think most of us can appreciate that we've gone through some of these quadrants. We're either preoccupied with the future or the past, the good old days or about how things can be in the future, or we may feel disconnected from ourselves or others, or we feel like we don't have a sense of control. I know many of us may be feeling that way now with the pandemic, or a crisis in meaning, or what's referred to as existential distress. We're going to talk about some of these things as we chat this afternoon.

Dr. Arash Asher:

So, much of what I'm about to talk about is entailed in a program called GRACE that I feel very fortunate to have developed with my colleagues, Dr. Jeff Wertheimer and our chaplain, Bronwen Jones. I'm mentioning this because it's traditionally a 12 hour program that we run over a course of six weeks. I'm going to try to highlight just some high level themes in the next 30 or 40 minutes, so I do want to emphasize that we're going through some major philosophical ideas in a very brief amount of time and I want to be sensitive to that. But, I think even just implanting seeds of some of these ideas, I hope will be useful.

Dr. Arash Asher:

So, I'm going to start with the idea of meaning and purpose, and what this may have to do with resilience. So, we'll start with this idea, meaning and purpose. I'm going to start with a story. Many of you may have heard of this gentleman. His name was Mr. Yisrael Kristal. He got a fair amount of attention a couple years ago because in March of 2016, he earned the Guinness Record as being the oldest male alive in the world. He was 112 at that time, which is of course amazing for anyone, but what really got him a lot of attention was not just making it to 112, but he was also a Holocaust survivor. So, he endured all the hardships of the Holocaust, and still made it to this amazing age of 112. He actually passed away a year later at 113.

Dr. Arash Asher:

As you can imagine, when he got this Guinness record, many people were interviewing him, and they all asked him that one key question, right? What is your secret to success? I pulled out this one passage that at least resonated with me. I have no idea how I made it 112, but I think maybe one key element may be within this passage, and I'll read this with you. So, he said, "I don't know the secret for long life. I believe that everything is determined from above, though we shall never know the reasons why. There have been smarter, stronger, and better looking men than me who are no longer alive. All that is left for us to do is to keep on working as hard as we can, and rebuild what is lost."

Dr. Arash Asher:

Again, I have no idea how he made it 113, but I'd like to imagine at least that that last sentence may have been part of his secret. The idea that for him, he had a mission. He had an important purpose and maybe that purpose and that meaning might have been at least one part of the secret to his resiliency. These ideas of course have been also echoed by a famous psychiatrist. I imagine many of you are familiar with him, Dr. Viktor Frankl.

Dr. Arash Asher:

If in case you're not familiar with his story, he was an Austrian psychiatrist, and between the years of 1942-1945, he was imprisoned in four different concentration camps, including Auschwitz. I'm not here to retell all the stories of the Holocaust, but as you can imagine, he endured physical illnesses, lack of

food, lack of sleep, many challenging working conditions, and he lost virtually everyone that was important to him. His mother, father, brother, pregnant wife all perished.

Dr. Arash Asher:

What was interesting is he came into that experience with the eyes of a psychiatrist. He was a very observant person, and he anecdotally observed maybe one in 10 people survived. What he noticed and what he argued in his famous book, "Man's Search for Meaning," was that it wasn't random. He argued that that one in 10, in addition to just being lucky, so if they went to this line or that line, or if they had some personal connection, in addition to luck, he argued that that one in 10 all seemed to have a profound sense of meaning and purpose in what they were going through.

Dr. Arash Asher:

He later wrote about this idea that each person needs to find what is meaningful for them. He argued that there may be three common domains in which one can find purpose or meaning. That's either through the work, whether it's through volunteer work, or hobbies, or things that are very meaningful, and through love, either for caring for another person, and really rising to the challenges of the time, and developing courage during difficult challenges.

Dr. Arash Asher:

So, you could imagine the concentration camps, he argued that for some it may have been surviving this to tell their story, for some it may have been to go back to their science or to their art or whatever was important to them. But, his basic tenet was that if we can find a sense of meaning and purpose, that really is the antidote for suffering. Keep in mind, he wrote this book, "Man's Search for Meaning," I think it was finally published in the 1950s, so he wrote this a long time ago.

Dr. Arash Asher:

I want to highlight some more recent research that may really validate some of his ideas. And his book is really filled with many different treasures, and if you haven't had a chance to read it, it's a profound text. It's pretty short, I think it's about 120 pages, but it's certainly worth the read. One of the ideas that he writes about is the following, and he said, "When we are no longer able to change a situation, we are challenged to change ourselves." I think the wisdom in that idea is reminding us that we always have that focus of control. Nobody can take away our ability in terms of how we're going to respond or react to any situation.

Dr. Arash Asher:

Now, does this really make a difference based on what we know today. This was an interesting study from a couple years ago that I just want to highlight briefly. They basically grouped together ten smaller studies, but in total, they were able to look at over 100,000 individuals. Basically, within this study, they knew who had heart disease, and who was a smoker, and who was obese, and who had diabetes and what not. So, all of the things that we know are associated with mortality and longevity, they were able to factor these ideas in, but they did something interesting.

Dr. Arash Asher:

They looked at, within those variables, who had the highest sense of purpose in life, and who had the least sense of purpose in life. Even when you factored that all in, all-cause mortality was reduced by 17%. Even cardiovascular events, so that means things like having a heart attack or a stroke were

reduced by 17% by comparing again those who had the strongest sense of purpose to those who had the weakest. So, we can only imagine again if Frankl were alive when this study came out, how validating this must have been for his work.

Dr. Arash Asher:

The second idea I want to share and discuss is the idea of learning to master perspective, which is difficult, especially when we're in a challenging situation. I really think that one component that's really critical in learning to master perspective is learning some aspects of mindfulness. I'm not going to talk about this today. There are I know endless workshops, and unless you've been living underneath a rock, I know you've heard about this idea. But ultimately, it's the idea of developing some type of self-awareness. If you've never tried it before, I think it's worth considering some kind of mindfulness program, particularly if we're finding that we're going through a lot of distractions and it's hard to control where our mind is going. But, that is I think one important piece of mastering perspective.

Dr. Arash Asher:

Frankl also talked about the importance of managing perspective. He used the word, managing attitude. This is again one of his, really I think, incredibly powerful quotes that I want to read with you. This is what he said. He said, "We who lived in concentration camps can remember the men who walked through the huts comforting others, giving away their last piece of bread. They may have been few in number, but they offer sufficient proof that everything can be taken from a man but one thing, the last of the human freedoms, to choose one's attitude in any given set of circumstances, to choose one's own way."

Dr. Arash Asher:

Again, this is an idea that Frankl kept coming back to over and over again, that a cancer diagnosis or a medical diagnosis, or really anything that we may be going through ultimately does not take away, what he referred to as, this "last human freedom" in terms of how we're going to react, how we're going to rise to the situation. Again, I want to be sensitive. This is very difficult work, and I think Frankl was a remarkable person, but I think in my mind, if we remind ourselves of these inspiring heroes that we have in our history, that really can help set an example of what the human spirit is capable of.

Dr. Arash Asher:

There is another quote related to this idea, and this really gets to the essence of what's referred to as cognitive behavioral therapy, and it says, "Between stimulus and response, there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom." It's just another way I think of echoing that same idea that we have things that happen to us in our life where we're used to reacting, and obviously we do have these automatic reactions, but if we can try to pause and this is where I think mindfulness can be really empowering, to allow us to pause and slow down, and stop occasionally, that is an opportunity to maybe reframe how we're experiencing the situation we may be in.

Dr. Arash Asher:

I'd like to transition to a different idea. You see a couple words on your screen. One says hedonic and the other says eudaimonic. This refers to some personality traits. I think most of us know what a hedonistic type personality is. As you know, a hedonist is someone generally who is a pleasure seeker. So, if I were for example at a cocktail party and if I knew the person standing to my left was a hedonist, I

might assume that they were there for the champagne or for the food or for the lights and the music. Maybe they knew they were serving a filet mignon or something along those lines. But, hedonists are generally pleasure seekers.

Dr. Arash Asher:

Now, there's another term that was originally coined by Aristotle which refers to this eudaimonic personality. Eudaimonia refers to really the opposite of a hedonist. So, somebody who's very strongly eudaimonic might be someone who's really service oriented, who's really about having meaningful connections and meaningful work. So, if the person to my right was a eudaimonic personality at that cocktail event, maybe they would be there because it was a fundraiser for something that's very important to them, or they wanted to reconnect with an old friend or colleague and have a meaningful conversation, something along those lines.

Dr. Arash Asher:

Now, the reality is as you think about these two ideas, hedonic and eudaimonic, the reality is most of us have some elements of both traits. We have some hedonistic traits and some eudaimonic traits, but just like anything in life, there's a spectrum and there are people who are very strongly hedonistic on one end and others who may be very strongly eudaimonic on the other. What they did in this, I think, really fascinating study is they looked at people who were at the extremes, strongly hedonistic or strongly eudaimonic, and specifically they only selected people who reported that they were happy, so they reported high levels of well-being, but they were either hedonistic or eudaimonic.

Dr. Arash Asher:

What was interesting is they want to analyze their inner biology, so they analyze their blood. This was basically what they found. I know it's a lot of gibberish right now, and I'd like to walk you through some of the key ideas. I don't know if you see the mouse moving, but I'd like to focus on first side B of this graph. What they basically found, if you looked at the hedonistic group here, what you'll see is that they had higher levels of inflammatory compounds, so more inflammation. Inflammation, as I imagine many of you are aware, is associated with many of our long-term health problems such as heart disease, maybe certain infections, diabetes, dementia, maybe even some cancers are associated with higher levels of inflammation. And they had lower levels of antibodies. Antibodies of course is important for our immune system.

Dr. Arash Asher:

Then, if you look at the eudaimonic group, you really see the opposite. They had lower levels of inflammation and much higher levels of antibodies. The other part of the study was they actually looked at this gene among these two groups called the CTRA gene. You don't have to worry about what that is, but this gene is basically turned on or off depending on how much distress and adversity we're experiencing in our lives. What they found again is the hedonistic group, on part A of the graph, had turned on, up regulated the gene associated with adversity, and the eudaimonic group actually was able to turn that down, so it wasn't activated in the same way.

Dr. Arash Asher:

This is not a cancer study, so it's impossible for me to extrapolate in terms of what this means for somebody that is going through a cancer diagnosis, it is a stretch, but, if we believe this idea that inflammation is not optimal for cancer, and we believe that to be true for many cancers including breast

and ovarian cancer, then this may really validate again what Frankl talked about 60-70 years earlier. He argued that those people that had a sense of meaning and purpose and had a more spiritual existence, they seemed to survive the infections and all the horrors of the concentration camps better.

Dr. Arash Asher:

It may be, and this is just a conjecture on my part, maybe these changes in inflammation and antibodies based on how you're living your life may be part of that secret. Frankl argued in a very I think profound part of his book, he went on to say that, we have to stop asking this question of "what do I expect from life?" That's what most of us do, including myself. We go around and say, "You know what..." I said this the other day, "I did not expect to have to go through this pandemic in the United States in my lifetime." I did not expect that I would be going through breast cancer, or this divorce, or whatever it may be.

Dr. Arash Asher:

But, Frankl argued that we have to stop asking that question of what I expect, and instead ask the question of "what does life expect from me?" I know it's a subtle play on words, but I think it's a profound shift in how we view the word. I think he left it open ended, so when he says, "What does life expect from me?" As you can imagine, some people will interpret that to mean the universe, or some god, or nature, or however you want to read that. But, his basic argument was rather than from inside out, what does life or what does God expect from me?

Dr. Arash Asher:

If we practice that question, which is again not easy when we're going through a challenging time, I think what you'll find is it will change the answers that your mind will be giving it how you view the world. I think it will lead one more, if I could go back a couple of slides, it will lead one more to a more eudaimonic view of the world rather than a hedonistic world. You can imagine on a simplistic level, a hedonist is basically asking, "What do I expect from life? I want the champagne." And the eudaimonic person is asking, "What does the world or what does God or what does life expect from me?"

Dr. Arash Asher:

Now, I hope and I imagine that there's at least one cynic or scientist or someone in the world that takes issue with that study, and there certainly are issues. I want to go back to this slide. The challenge with this study is somebody can come up to us and say, "You know what, this sounds nice, but maybe the eudaimonic group was just born that way. That's why they had higher antibodies and less inflammation, because some people are just born seeing the world that way, and some people are just born seeing the world hedonistically. So, why waste our time talking about this because we can't change that?" That is, I think, a perfectly valid point of discussion.

Dr. Arash Asher:

Then, there was this interesting study from a couple years ago in 2017, I'm going to really briefly highlight the key points. So, they basically took 160 women, this was done locally in southern California, and as you can see there was a mix of demographics, from whites, to Latinos, and Asians, and a pretty wide age range. What they basically did is they took the 160 women and they randomized them to four groups. And I'll highlight this very briefly. So, either you're randomized to an intervention where you were asked to do kind things for the world, or you're randomized to do kind things to yourself, or the third group was kindest to others, and the fourth group was just a control, you were told not to change anything in terms of how you're living your life.

Dr. Arash Asher:

I'm going to go through this fairly quickly to get to the gist. They basically looked at some baseline measures including blood samples, that I'll come back to and talk about. They asked them to go through this period of intervention for five weeks where you lived through any of those four suggestions and then they took another blood sample at the end. So, very briefly, so kindness to others, they were told basically to do things that are kind or generous or thoughtful, even if it's a big or small thing, to others. So, one person said, "I gave some food to a neighbor," another person said, "I washed dishes for my mom," "I made my significant other their favorite meal," things of that sort. They were asked to do these things three times in a day, and to practice that during the course of the intervention.

Dr. Arash Asher:

Then, there was the other group that was asked to do kind things to the world at large. So, they were told, you were to perform three nice things to improve the world, and these acts of kindness do not necessarily need to involve other people, but should be efforts to contribute to the world or humanity at large. So, one person said, "I donated money to plant discovery day," "I gave things to Goodwill," et cetera. The third group was asked to self-care and be kind to one's self. So, the instructions were for example, tomorrow you're to perform three acts of kindness for yourself, all three in one day. It can be a large thing like enjoying a day trip to your favorite hiking spot or a day at the spa, or taking a five minute break when you're feeling stressed. Some examples were, one person wrote, "I splurged on Thai coffee in the middle of the day," another person went to the beach, another person left work early.

Dr. Arash Asher:

Again, the fourth group was a control. They were asked not to change their normal lifestyle as best as they could. They were just asked to keep track of what they did. They served as the control group. So, before I go to the next slide, and I know we're not sitting together in the same room, but I want you to at least guess in your mind if you think there were any difference in terms of that inner biology that we were talking about between these four groups. Which group or which groups do you think did the best?

Dr. Arash Asher:

As you contemplate that, this was the results of the study. Again, this is looking at the CTRA gene, which again I don't want to spend too much time talking about that other than saying that it is the gene that is turned on or off during times of distress or adversity. As you can see from this study, the group that was focused on doing things for others had a very significant reduction in the amplification of that gene expression that's associated with adversity. It means that they were able to down regulate on a genetic level the genes associated with adversity.

Dr. Arash Asher:

So, to me, the bottom line is this showed that in just five or six weeks, you can change how we're doing on an inner biological level. The argument that we're just born this way doesn't necessarily hold true. I know this is a relatively small study, and hopefully there'll be more to follow, but I think this, in my eyes, really at least validates what Frankl argued 70 years ago, that we have this opportunity, it's not an easy opportunity, that if we again focus on others, if we focus on service, that we can even change how we rise above challenges.

Dr. Arash Asher:

I'm going to skip, for the sake of time, the next couple of slides. This was really also to argue, and I think it just builds on what we were talking about that ultimately if we think about not what we expect from life but what life expects from us, that's really another way of thinking about our legacy. People who have this idea of legacy in mind, I think are better able to do this. If we think about, without getting into current day politics, a US president for example. When a US president comes into office, I guess the question would be, do we think that they're thinking about what their legacy is going to be at the very end, at year eight or year seven and a half, or day one?

Dr. Arash Asher:

I would argue that most presidents would be thinking about how they want to define their legacy on day one, because they know that they only have a defined period of time, whether it's four years or eight years, you only have X number of days to be president of the United States, and you're going to make every day count towards the important stuff. By way of analogy, I think that same idea extends to you and me and all of us. I know we often don't want to think about our own mortality, all of us have a defined period of time on this earth, and if we're able to think about what we want our legacy to be, then I think we're less likely to be bothered by the little things that may consume our mind in a disproportionate amount, and really thinking about what's most important.

Dr. Arash Asher:

If you're thinking about legacy, you really want to be thinking about what's most meaningful to you. I want to read this fourth bullet. The ideal legacy may remind us about death, but that ultimately it is not about death, it is about reminding us of what's most important to us. I think having this concept occasionally of thinking about how we want our legacy to be defined, rather than what most of us do, which is most of us think about legacy about who gets the china and who gets the house, and who gets this and that. That's probably less important than the mark we're going to make on an interpersonal level.

Dr. Arash Asher:

All of these ideas I think are difficult, so whether it's mindfulness or thinking about legacy or what's meaningful, et cetera. But, I love this quote that we share in the GRACE program. I'm just going to read this very briefly. It says, "As a single footstep will not make a path on the earth, so a single thought will not make a pathway in the mind. To make a deep physical path, we must walk and walk again. To make a deep mental path, we must think again and again the kinds of thoughts we wish to have dominate our lives." So, just like anything, this takes practice, and I really want to emphasize that this is not easy.

Dr. Arash Asher:

The next idea that we go through in the program is the idea of cultivating gratitude. I want to be careful to say that this does not need that we should be a Pollyanna about life, but I think there are authentic ways in which we can achieve this in a way that really can strength our resiliency. There's been a large body of science that has really demonstrated the biological and scientific benefits of gratitude. Number one, people who experience gratitude more regularly, they tend to be present centered, and if you think about it in your own experience, when you're in a moment of gratitude, it's really hard to be envious or resentful or angry when you're in that moment. People who are grateful generally sleep better, they have stronger immune systems, they're more likely to empathize, they connect better with others. The reason we're talking about it here is that grateful people are generally more resilient.

Dr. Arash Asher:

I want to emphasize that experiencing gratitude does not mean that we think that life is perfect. I used to think that as well, I think like many of us do. But, if we wait for everything to be lined up perfectly to experience this, the reality is we're going to be experiencing this pretty rarely. I think one of the people that I really admire, who really has made it his life work to really talk about not only the value of gratitude, but how we can authentically experience this on a regular basis without being insincere, without being inauthentic, without being a Pollyanna is a well-known monk. His name is David Steindl-Rast. He's still alive, in his 90s.

Dr. Arash Asher:

Because of time, I'm not going to play his TED Talk as I was hoping to do, but I would encourage you to watch it. Anybody can get it [online](#), it's about 10, 11, 12 minutes, but he really does an amazingly authentic job in really describing how we can experience gratitude even when there are challenging situations that we may be experiencing. The opportunity, he would argue, would be if we're in a challenging situation, to learn something or to grow from it or to make a change or to fight for something that we believe in. He also argued that if we're able to pause and stop intermittently throughout the day, that mostly there's opportunities to enjoy things in the world around us, but that we're not seeing these moments because it's hard to stop just given how rushed we are in life. It's worth a few minutes if you can watch that TED Talk.

Dr. Arash Asher:

I would argue that if you haven't tried it before, it's worth trying to keep a gratitude journal. I left a few suggestions on how one could go about this. I would really emphasize that if it's really going to work, you shouldn't spend much time on it, just one or two or three minutes with really brief sentences are all you need. But, there have been a number of studies that have shown that if you practice keeping a short gratitude journal, so things that we're grateful for that were expected or unexpected or people, whatever it may be throughout our day, that when you practice that enough over a period of let's say four to six weeks, what will happen is that we just more instinctively go about our lives and just naturally find things to be grateful for. So, it's a worthwhile exercise if you can practice that consistently for a period of four to six weeks.

Dr. Arash Asher:

Okay, so I realize it's close to 12:45pm and I do want to save time for questions, so I'm not going to talk about the value of social connectivity. I do want to begin to wrap up on really highlighting the value of humor. There's this catchy phrase that my colleague, Jeff Wertheimer often shares, and that's the idea that "where the tension goes, the motion flows." Whether we're talking about the pandemic or whatever else, and Viktor Frankl talked about the importance of this as well, it's really important to have some moments of humor throughout the day. We know that it's an important piece of the resiliency formula.

Dr. Arash Asher:

I know humor is incredibly personal, so what's funny to one person may not be funny to another so you have to find what works for you. Me personally, I like the New Yorker cartoon, so I try to keep them handy on my desk, and I'll just glance at these. So, you're stuck with what's funny to me. This may not be funny to you, but I'm going to share a couple cartoons that I saw recently from the New Yorker. This one is I think from a couple weeks ago. So, why is this night different from all other nights? (Picture of a

zoom Seder) That was my experience. Others may have had a similar one. This one says, "Where is social distanced Waldo?" (Picture of Waldo alone on the street) This one says, "Quick, does somebody have a Clorox wipe?" (Picture of Cinderella and the prince with the glass slipper) And, this one, my wife sent me because, well, it'll become obvious. I was pretty much the guy in this cartoon. So, it says, "I'm not the one who threw out everything that didn't spark joy, Robert. Enjoy spending the next few months rolling and unrolling your seven t-shirts." That unfortunately was very close to home in my experience.

Dr. Arash Asher:

But again, there is science that embracing and perceiving the world through a light of humor actually can reduce all-cause mortality, particularly in women. So, it's just another reminder that it's important to at least build in some moments of humor. Again, Frankl talked about this, and again there's not much funny in the concentration camps, but he argued that you had to manufacture... Those are his words. "We had to manufacture humorous stories" because he realized how important it was for the human spirit.

Dr. Arash Asher:

By way of conclusion, I just want to highlight a few pearls to consider at least in your own situation, and again, these are just ideas. Number one, thinking about living a meaningful life may be one key piece for resiliency, learning the art of mastering perspective, again, not easy to do, but it's a skill that may be worth practicing, trying to cultivate the experience of gratitude on a regular basis, trying to integrate a sense of legacy into our lives, being mindful or meditating in whatever way makes sense to you, and again, even though sometimes it's not easy, trying to maintain a sense of humor.

Dr. Arash Asher:

So with that, and I want to emphasize that I realized I tried to go over a lot of very profound ideas in a very short amount of time, and I appreciate the opportunity, I appreciate everyone logging in, and I hope we saved a few minutes for any questions or comments if you have them. Thank you very much.

Jenna Fields:

Thank you so much, Dr. Asher. If you don't mind, un-sharing your screen just so we can see you a little bit more. That was really wonderful. I'm so glad to know that I share your sense of humor. Thank you for making me laugh a little bit right now, really appreciate that. So, a few questions that have come in so far, and for anyone who wants to send them, please feel free to send them through our chat box either to everyone or to Sharsheret directly, well get those and do as many as we can.

Jenna Fields:

Dr. Asher, the first question is on studies on hedonic versus... I'm not going to be able to pronounce it-

Dr. Arash Asher:

Eudaimonic, yep.

Jenna Fields:

Thank you. Can you just address that feeling of blaming the victim and how these studies avoided that? Does that question make sense?

Dr. Arash Asher:

No, can you try to... you mean, how does it avoid blaming the victim in terms of what?

Jenna Fields:

Right, so obviously you're talking about changing our mindset as a way to help us reduce anxiety and boost immunity, but how do we keep that information from making us feel like it blames ourselves if we're not able to do that?

Dr. Arash Asher:

Right, right, right. Okay. I appreciate you bringing that up. So, one of the reasons I actually bring up those studies is a couple reasons, one, as I alluded to, mindfulness has been the rage, I mean for the last five to 10 years. Everyone's trying to promote the idea of mindfulness for similar reasons, because it's believed to reduce inflammation and it improves immune function et cetera. But, I actually realized that it may not be an exercise that resonates with everyone, and so in my mind all of these strategies are tools in the toolbox and each person will select the area that may resonate for them. So, if mindfulness doesn't work for me, maybe thinking about how can I change my attitude and view of the world in terms of service and maybe that might change my biology.

Dr. Arash Asher:

I want to emphasize, I'm not claiming that anything we talked about is going to cure cancer or cure anything. That wasn't really the goal, but I think if we have more tools in the toolbox, each person can pick one or two things that may resonate with us and we have something to work with, not to feel guilty over.

Jenna Fields:

For someone who maybe is prone to depression and anxiety, and is now unable to go out and is feeling that depression and anxiety very strongly right now, is there anything specific you could recommend to them to help address that?

Dr. Arash Asher:

Again, and even though we're talking about all these nonpharmacological ideas, based on your own individual situation, we use these medications. If your doctor feels like there might be a role of a medication to help either temporarily during this time, I think it's worth discussing. I will just put a plug for the mindfulness piece. There are many free apps and programs temporarily given the pandemic, and we know that with consistency practice, that can really help reframe and reduce a lot of the stress hormones. Again, I know it's not the same as being in person with someone, but trying to connect with the technology that's available to the degree that we can.

Dr. Arash Asher:

I didn't talk about this during this talk, but I'm a rehab person so I'm a little bit biased, but there's just compelling evidence that aerobic exercise as an adjunct helps with depression, helps with anxiety, helps with sleep. So, if you can, try to find something that's safe for you within your home environment. I know we're trying to do that here at Cedars-Sinai with our patients to try to maintain some level of fitness. I'd like to think that that might help as well.

Jenna Fields:

And Sharsheret is actually going to be sharing some fitness videos, specifically for people who are facing cancer right now. So, for anyone who's asking about ideas for exercise, we're hoping to get that up on our website in the next one to two weeks. Also, for meditation app recommendations, you can reach out to our clinical team. For those that live in Los Angeles, Headspace is now being offered completely for free for anyone in Los Angeles County.

Jenna Fields:

Okay, a few more questions. I can relate to this one. How do you retain joy in a difficult situation? Kids who used to bring us so much joy, when you're now stuck inside with them all day... Can you address how you'd reframe that, when things that used to give you joy no longer do?

Dr. Arash Asher:

Well, first of all, again I want to empathize. I have a six and seven year old who are completely driving us nuts at home, so it's totally relatable. I try to come at... Again, none of this stuff is easy. I think we all need to give ourselves a break, but I remember telling my wife just last night when we trying to manage patients over the phone and two kids in the background, is we were able to get a chuckle in the sense that we thought that once this is over, and we look back on this, I imagine there's going to be some incredibly hilarious moments. We've already captured a bunch of them, where we found them doing the silliest things that make us laugh. So, trying to have some sense of perspective helps. Again, I'm not giving any medical advice, but if it's safe for you, a half glass of wine I imagine never hurt either.

Jenna Fields:

I'm going to read this, because I want to get this question right. "I've been trying to practice mindfulness for several years. I thought one of the principles was be kind to yourself before you're kind to others. Can you please explain when relating to the studies relating to the CTRA?"

Dr. Arash Asher:

So, I'm actually not aware of any studies, it may exist, I'm just not aware of any studies looking at mindfulness and interventions and how it impacts the CTRA gene. There are clear studies associated that it reduces inflammation and immune function. Again, I think there's many ways to get from A to B, so I don't find it contradictory. I know in that one study, the group that was doing X for self, in terms of self care, didn't show the change in the CTRA gene, but my thought is that that may not be why mindfulness works anyway. I think the more likely, and I'm not discounting the value of self care or giving yourself a trip to the sauna or doing things for yourself, but my suspicion is that something about the moment, the idea of going outside of ourselves and being able to observe ourselves and developing a sense of awareness combined with just the simple act of breathing which we know activates the parasympathetic response, which is the rest or relaxation response. That's probably my guess on a great part of the success of mindfulness, but again, I don't think it's one answer to get from point A to point B. I hope that piece doesn't get misconstrued.

Jenna Fields:

I'm just going to ask one last question so we can end on time. Dr. Asher, for anyone who currently doesn't have cancer, but is concerned about how stress might bring on cancer, can you address that at all and those fears?

Dr. Arash Asher:

Yeah. To the best of my knowledge, and I review this fairly regularly, there is no evidence that stress causes cancer. Now, I just want to give the caveat, there's some evidence that uncontrolled stress, if there is a cancer there, may not be optimal for the tumor environment if it exists for certain types of cancer. But, there's no evidence that it causes the cancer to begin with to the best of my knowledge.

Dr. Arash Asher:

Again, on the other side, if you have had a cancer diagnosis and we're immersed with all this stress, how do we manage that? Again, all the things we talked about today are not easy, but I think that's where we might want to think about the one or two areas that might resonate with us and to try to put a little bit of attention in the area that might work for our own situation.

Jenna Fields:

Thank you so much. I'm seeing some questions come in about getting contact information, links. We will do our best to send everything that's being asked for in the chat box after this program is over, in the next few days. Dr. Asher, thank you so much. I learned so much from your presentation.

Dr. Arash Asher:

Thank you for having me. I appreciate that.

Jenna Fields:

We're grateful that you came. Thank you.

Dr. Arash Asher:

Thank you.

Jenna Fields:

Thank you to everybody, and we'll follow up with you after the webinar, and we hope you all have a good afternoon.

Dr. Arash Asher:

Bye, everyone.