

# Lunch and Learns

## Spring 2021

Ten conversations to support preservice caring professionals (e.g., pre-med and future teachers, nurses, social workers, counselors, PTs and OTs, and associated fields) toward sustainable practice. DRAFT January 8, 2021

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**ONE: Your institution is not *other* than you. For better or worse, it *is* you.**



Many caring professionals spend their careers in institutions like schools, hospitals, and social services agencies. Institutions are often **large, bureaucratic, and complex**. For patients, students, and clients, they can seem **inflexible, difficult to navigate, and impersonal**.

Institutions are good at many things, like ensuring that everyone regularly receives some aspect of what they need. But they are often less good at meeting individual needs. This **standardization of care is both their strength and their weakness**.

An institution exerts pressure toward efficiency, because efficiency increases profitability, either as an end in itself or as a way to serve more people. But **standardization and efficiency often decrease the humaneness of life in institutions** -- for patients, students, and clients, as well as for those who serve them.

An individual working in an institution can feel that **their ability to meet the individual needs of those they serve is frustrated -- which can be corrosive to their feeling that their work matters**. This lack of autonomy can also make caregivers feel like they do not have responsibility for the outcomes of their work. It is "the institution's fault," they think, when something goes wrong, or someone "falls through the cracks." And they are often right.

This is especially true for early-career practitioners, for whom **meeting an individual need can mean going against what a supervisor or more-experienced colleague expects them to do**. Sometimes they are confronted with impossible choices. Especially when colleagues say that "this is the way we REALLY do things around here," and that they should forget "what they teach in school" if you want to do well.

But ultimately, institutions are not outside of us: **institutions are us, at every level, in every interaction**. Institutional values are only as strong as the choices of every single person in them. This is a huge responsibility to accept, and it can take strategy and smarts to act accordingly while also keeping your job. But doing anything less means denying that **our ultimate obligation is not to our institutions, but to those they were created to serve**.

**QUESTIONS**

1. Think about the kind of institution where you might work. What do you think it will be good at? What do you think it will be less good at?
2. How important is personalized attention to patients, students, and clients in the field you are preparing to enter?
3. Have you ever felt like you did not have the freedom to do things the way you felt they should be done? How did you manage?

## TWO: Caregiver struggles are about *way more* than the caregiver.



It is common to talk about caregivers who are having trouble doing their work as being “burned out.” But **burnout is a tricky concept, because it seems to carry with it the assumption that a caregiver who is struggling has failed personally.** That if they had worked harder, or felt more care for those they were entrusted with, it would not have happened.

This story can be harmful for those who are struggling, because most caring professionals hold themselves to high standards, and understand how important the stakes are in the work they have dedicated their lives to. **Many already feel like they aren’t doing enough, and blaming themselves for their struggles only makes it harder to carry on.**

Members of “lower status” caring professions, like teaching and nursing, are especially vulnerable to self-blame. These fields also have **historical baggage that says women, who enter these fields in disproportionately high numbers, are “natural” caregivers for other peoples’ children, or suffering strangers.** They can be paid less, and expected to do more, because such work “completes” them: they would “do it for free.” If *they* are struggling, there must *really* be something wrong with them.

In fact, the cause of a lot of struggle among caring professionals is not personal shortcomings. It is that **the environment in which they do their work is changing underneath their feet, and those changes keep them from having the experiences that sustain them.** When physicians are required to see too many patients in an hour, it can be harder for them to have individual relationships with each one. If that feeling of connection is what drew them to medicine, they will find it harder and harder to thrive, because they feel cut off from the source that sustains them. When teachers are required to pay more attention to how their students perform on a standardized assessment of their curriculum, they can feel like they have to “teach to the test.” If the joy of exploring their curriculum in ways that are relevant to each of their students is what drew them to teaching, they will feel cut off from the experiences that are most meaningful to them. And the work becomes empty – and they suffer.

So “burnout” is not an individual phenomenon. The settings in which caring practice takes place have changed, in ways that prevent caregivers from accessing the experiences of the work that brought them to it (e.g., connection, exploration). **It is easier to blame them individually for their supposed shortcomings than it is to address the systemic issues that are making their work more and more difficult to do.**

### QUESTIONS

1. What experiences are you most looking forward to in this work?
2. How is your field changing in ways that might make it harder for you to access them?
3. Do you ever feel that you are “not enough”? Is that feeling accurate? How do you manage it?

### THREE: You can only do what you can do - but *only you can do it*.



Many who thrive in the caring professions see what they do as more than their job. They draw energy, courage and comfort from a sense that **they are “called to” the work by a force greater than themselves.**

The word “vocation” has “call” in its root. The word has religious history, but it **does not need to be religious.** What is doing the calling can be a spiritual source, or a deep understanding of a need that has to be filled, or a compelling drive to feel that their lives are of service.

The source seems less important than the feeling of **connection to something bigger than oneself** that it yields. People who have identified a sense of vocation in their work feel like they belong to the work, and it to them.

Some really positive side effects come from a sense of vocation. If you have accepted that you are on the right path, then **no challenge is catastrophic, and no success is permanent.** The question of “what to do with your life” is settled, in the big sense: what remains is deciding where and how you will do it. If a specific responsibility or setting is not working out, you know that changes can happen.

Vocation can also bring a deep personal respect for what you, specifically, can do. The world’s need is bottomless, and no one person will ever completely fill it. But meeting the entire world’s need is not your responsibility. You only need to do what is given you to do – in the way that *only you can do it*. Frederick Buechner calls this sweet spot **“the place where your deep gladness and the world’s deep hunger meet.”** And dwelling in it, for many, is an essential key to a sustainable caring practice.

There is a paradox within vocation. If you are doing what you know you are here to do, then you might, indeed, be willing to “do it for free.” Your understanding of the high stakes of the work and your place in it can make you vulnerable to exploitation, by those who would have you work too hard, or not compensate you adequately. So **honoring your sense of vocation also needs to mean honoring yourself, your limits and your boundaries,** because others might not.

Vocation is a powerful force to contemplate for those entering the caring professions. It can become the deeper source that fuels your practice as it evolves over an entire career. Because **you do not work for yourself anymore, or even a supervisor or an institution. You work for the work.**

#### QUESTIONS

1. Have you ever known anyone who worked from a sense of vocation? How did you know?
2. Do you feel a sense of calling to any aspect of the field you are preparing to enter?
3. How can a sense of vocation make us vulnerable as well as strong?

## FOUR: Caring, like healing, is a *journey*, not a *fixed destination*.



It can be useful to consider all caring work as an effort to help relieve suffering, even if that suffering is not physical or mental. A teacher, in this light, strives to support students in “getting better” the way a doctor seeks to nurture health. Trying on this idea lets us benefit from our evolving understanding of **what suffering really is, and how best to think about relieving it.**

For a long time in our culture, **a sick person was considered broken in important ways -- and there were unspoken expectations about how that person would behave.** They were allowed to not be part of larger society, for a time; they were allowed to complain, and to take up more attention and resources than a healthy person. But they were also expected to respond favorably to the treatments offered, to not be sick for too long, and to return to fulfilling a useful role in society as soon as possible. That was the contract.

This way of understanding sickness worked fine – as long as treatments were successful in restoring sick people to health, and sick people were truly able to resume their roles in society afterwards. But in recent decades it has become undeniably clear that not all treatments “work” for all people. Sometimes, the medicine’s side effects are worse than the sickness, and even “cured” people are often permanently changed as a result of their experience. **The story we have had for so long about sick people being “restored” to health, for many people, is not true.** Until we create a new story, the people whose experiences don’t match it don’t have a place in the culture.

We must move past the simple story of “sick” people getting “well,” and start to listen to all peoples’ experiences of suffering and the journeys their suffering takes them on. From this perspective, **every suffering person is on their own quest to find what “healing” really means for them.** Every story is different, and none of them are wrong. Every person can remain a part of society. It is society’s job to continue to listen to the real stories of those who suffer, and evolve in how best to support them.

These insights have important consequences for caring professionals. **We need to be able to grow out of our rigid stories of how those we serve are “supposed” to respond to our efforts, and become intensely interested in learning from the *reality* of their experiences.** Only then can we grow our own understandings of the true nature of our work – and grow in our ability to do it.

### QUESTIONS

1. Have you ever suffered in a way that those around you did not understand?
2. What keeps healthy people from listening to the real experiences of those who suffer?
3. What do you think you will be like when you are “done training” for your profession? How will you manage the places where how you expected to change hasn’t worked out that way?

**FIVE: Paying attention to texts about care, and making our own, *helps us care better.***



One of the most powerful innovations in healthcare training of the last twenty years has been the rise of “narrative medicine.” It suggests that **reading stories about caregiving, and looking at art about caregiving, are both rich opportunities to develop skills and attitudes that are essential to doing this work well, and thriving in it.**

When you read a story closely, or look hard at a painting, you are first of all developing **the ability to pay close attention to everything** a specific word or brushstroke could mean.

You are noticing the ways that **thousands of words or brushstrokes work together to result in a meaning that is rich and complex.**

You also have to learn to be patient with the way that **understanding evolves slowly, as more information comes to light.** You can’t jump to conclusions, because there might be more to be revealed the longer you read or look.

Finally, you become aware of how **you draw upon your own experiences to make sense of what you are reading or looking at.** Two people, reading the same text, can come to very different understandings of what it means – and all of those perspectives add up to a richer grasp of the whole.

Another part of narrative practice is **writing your own stories about caring and being cared for.** Reflective writing, or journaling, isn’t recording fully-formed thoughts, like many think. Instead, it is the actual *act of thinking* in dialogue with what you are writing down (“no, that’s not quite what I mean, I mean this...”). Personal writing, even if it is for no one’s eyes but your own, helps develop the skills of paying attention and being patient as meanings unfold. It is a way to keep track of your own journey toward your own definition of being an effective caring professional.

There are so many published stories, blogs, movies, and other texts and images about caregiving and receiving care; there are so many opportunities to create your own. **Starting a habit of reading and looking at such texts -- and creating your own reflective writing or artmaking habit -- can be important cornerstones of a sustainable caring practice.**

**QUESTIONS**

1. Write for a few minutes about an experience you have had of giving or receiving care. What do you notice?
2. Why does everybody make different sense of the same story or picture?
3. Do you keep a journal, or do any personal writing or artmaking? If not, what would keep you from starting to?

## SIX: Professional love is *less and more* than personal love.



In English, we use the same word – “love” – to describe our many types of meaningful attachments to others. **Many caregivers talk about how they “love” their patients, students, and clients;** many name their love for those they serve as an important part of their sense of vocation, or calling, to the work they do.

**But love for those we serve is necessarily different than love for those we choose to share our personal lives with.**

One difference is that those we serve do not have the same obligation to fill our emotional needs as we do to fill theirs. New teachers sometimes struggle to find **what expectations are appropriate to have of their students for reciprocation of what they are “putting out.”** They dream of finding students who will share their enthusiasm and passion for ideas they have dedicated their lives to. But students, by definition, can never love literature like their English teachers, or derivatives like their calculus teacher. That is why they are students: to start the journey that their teachers have already spent years or decades making.

Another difference is that **caregivers need to have effective caring relationships with many people, not just one or a few.** That means that **their attention is always, to some extent, “split”**. Even when a nurse is completely attending to one patient’s pain, they must also have an eye on every other person’s need on their floor. As well as their own needs, because if they are not meeting their own needs they won’t have what is required to attend to those of others.

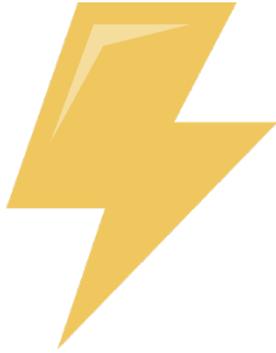
Caregivers can sometimes feel like they are not doing enough because their attention is always divided. Even during the life-changing moments they might witness, they are always to some degree distracted. But professional love needs to provide the best care possible to all whom a caregiver is entrusted with. In that light, **being “split” is actually a strength – because otherwise, the caregiver would not be able to do what is required.**

There can be loneliness in realizing that professional love must be different than personal love. But there is also wisdom and strength to be found when you **choose to be thoughtful about how you love those in your care – the better to show up for all those with whom you are in relationship.**

### QUESTIONS

1. Have you ever been the recipient of excellent “professional love”? What was it like?
2. How do you think your love for your patients, students, or clients will differ from your personal love for those who are important in your life?
3. What emotional needs might you have that those you care for will not be able to fill?

**SEVEN: Power exists in professional caring relationships, and you *must manage it*.**



In a professional caregiving relationship, there is nearly always a power imbalance. The expertise that comes from training is often culturally supported by symbols of power like a white coat or a title. We all bring stories of our own past experiences with power to our practice. **Early-career practitioners may be more likely to feel insecure in their role, and to reach for that cultural power as a way to feel in control.**

At the same time, many **patients, students, and clients are more empowered than ever before to take part in decisions impacting their wellbeing.** Health information available on the internet means that many patients come to appointments with diagnoses and treatments already on their minds. Standardized data on school quality and choice options mean that more parents can “vote with their feet” if they want other options for their students.

Marginalized racial and ethnic communities have histories of mistreatment and abuse from caring professionals that has undermined trust in those professions. Implicit bias among physicians leads to reports of pain from African-Americans being minimized and undertreated. In schools, disproportionately harsh punishments for subjective infractions like “disrespect” mean that students of color are suspended or expelled from educational settings far more often than their white counterparts. **These biases intensify wide gaps in health and education outcomes caused by structural socioeconomic disparities.**

Caring professionals have dozens of opportunities each day either to replicate existing structures of power or to interrupt them. We all carry implicit biases toward patients, students, and clients who have different racial, ethnic, socioeconomic, cultural, and sexual identities than our own. This fact does not mean that we are necessarily “bad people.” It does mean that we are members of a culture that regards these harmful biases as normal. **As caregivers, we have a responsibility to understand and change our biases, on the personal and institutional level.** That commitment is as essential to our ability to provide effective care as any other part of our expertise.

A fuller understanding of the role of power in caregiving relationships will contribute to our thriving. It will help identify the **ways in which our efforts can be in greater harmony with the deepest values of our fields of equity, access, and justice.**

**QUESTIONS**

1. Have you ever experienced a power imbalance with a caregiver? What was it like?
2. What are some of the ways historical disparities affect caregiving in your field?
3. Why is it difficult to acknowledge our own biases? Why is it essential to do anyway?

## EIGHT: Your *scars* are your *stories*.



*Note: this session will invite you to reflect upon and share about past traumas. If you choose to participate, please take care of yourself.*

Caring effectively for others means working to have empathy for the experiences of others. **Empathy is a cognitive process that seeks to understand others' suffering, and to communicate that understanding with an intention to help.** It is different from sympathy, which is an emotional process in which one feels the pain of another.

Empathy strengthens our ability as caring professionals, because it is other-focused; sympathy, on the other hand, can impair us, because it is self-focused. But that does not mean that we cannot use our own experiences to help us develop empathy. We will not have actually undergone everything that those we serve have. But the experiences we *have* had can help us to imagine what other peoples' experiences are like. **This imaginative work can never lead us to fully know what someone is feeling. But it can lead us to an understanding that enables us to be of use to them.**

In this light, **it can be helpful to reflect on the scars we each may carry on our own bodies, because they are stories written on our skin of experiences we have undergone.** Consider sitting quietly, closing your eyes, and doing a mental full-body scan, from the top of your head to the tips of your toes, as you remember the stories that your body tells you. This approach does not help everyone, especially given the traumas many have suffered which are not useful to revisit like this. But it may help you.

Scars are powerful metaphors for suffering and healing. Consider how they are often discolored and a different texture than the skin around them. **They fade, but they don't disappear.** They always contain a trace of the original injury that caused them.

Scars are different from normal tissue. The fibers weave differently, all in the same direction instead of in the normal "basketweave" pattern. This means **they may not have the same sensitivity and responsiveness of normal skin.** They also often lack the same flexibility, and when they are pulled or twisted they may hurt or itch a little.

However, scars are also stronger than the surrounding tissue. Hemingway was correct when he wrote, **"The world breaks everyone and afterward many are strong at the broken places."**

### QUESTIONS

1. What are your scars?
2. What stories do they tell? What can they help you understand?
3. How can their stories help you imagine the experiences of others, and discern how best to serve them?

## NINE: We all need a *community*.



Caring professionals thrive in community. **We need to actively seek out colleagues who share our values, and make them part of our lives**, in addition to participation in required professional development activities.

Sometimes in early career, we find these people easily; other times it can be challenging. **Your assigned mentor or supervisor might be a great fit for what you feel like you need, or not.**

When you are the “rookie,” you can also feel pressure from more senior people to adopt the behaviors and attitudes they model -- even if they go against what you learned in your training or your own deep values. **Having a large network of connections can help moderate those concerns**, and give you other perspectives to draw on if you are struggling.

It might not feel “productive” to get a cup of coffee with a new friend during a free period, or to join a committee when there is so much of your own work to be done. But we know that the networks those activities build will last, because they are about **sharing a common experience and working toward a common goal**.

It is especially valuable to **seek out colleagues you would not normally connect with** – more senior people near retirement, or people from a different department or division – and learn their perspectives. These sorts of cross-institution connections will build your understanding of how your institution works, and might help you understand the rationale behind decisions.

**Successful early-career practitioners also “keep their door open” a lot.** If you have a question about how to manage a challenging situation with a patient, student, or client, talking to more experienced colleagues about it might help you avoid a misstep you don’t see coming. It could protect you from liability if something goes wrong. At the very least, it could broaden your repertoire of options.

Some of these choices might feel awkward at first. Early-career practitioners are often concerned about seeming foolish, and might be worried that asking questions or acknowledging doubts could harm them in the eyes of a supervisor or influential senior colleague. In truth, **the majority of your colleagues will be honored to be asked their perspective, and happy to share their own experiences.** (Those who are not might not be those you want to emulate anyway.)

### QUESTIONS

1. Have you ever felt foolish being the “new kid on the block?” How did you manage that feeling?
2. Do you “isolate” when you feel stress? How does that work for you?
3. Can you think of a more senior practitioner in your field who “has what you want” in the way they do their work? How might you start to build a connection with them?

**TEN: Bloom where you're planted.**



Caring settings are living organisms that are constantly changing, and no professional caring setting is ever perfect. The institutional challenges common to every school, hospital, or agency might be a little easier or harder to manage from year to year. A shift in leadership and institutional priorities can transform what felt like a supportive setting into an inhospitable one overnight. **Change is the only constant.**

It is important for early-career caring professionals to be able to distinguish between situations that are challenging and those that are illegal or abusive. Having a clear inner sense of your own boundaries and baseline needs is important, as is **seeking out the perspective of mentors and senior colleagues you trust** when you are confronted with a situation that raises questions.

We should work to make our institutions match our humane values. But at the same time, consider the possibility that **caring work is its own reward**. In her memoir, Esmé Raji Codell finds wisdom in a quote from the Bhagavad Gita: “You have the right to work, but for the work’s sake only. You have no rights to the fruits of the work.” From one perspective, this idea could be an invitation to participate in one’s exploitation, especially for members of professions that have been historically undervalued. From another, it opens us to the possibility that caring work itself can serve as the source of the energy we need to do it.

Caring work is uniquely sustaining among ways we might spend our lives. It allows us to acknowledge and move toward the **healing of our own wounds as part of our effort to develop empathy and capacity to heal another’s**.

It also helps us enact the core sustainability principle of **treasuring the world we are given**. We must seek solutions to our problems of practice that create more solutions, not more problems – even if those solutions seem less productive or profitable in the short term. When we care for the exact place where we are, we develop an affection for it that leads us to work for its health. That attitude leads us to choices that also support our own thriving.

Wendell Berry wrote, “**No place at last is better than the world. The world is no better than its places.**” As we honor the places where we do our work, so will they sustain us to continue doing it.

**QUESTIONS**

1. Have you ever made a choice for a short-term gain that was harmful in the long-term?
2. How can caring work be its own reward?
3. What does it mean to practice in harmony with the place where you work?

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