

HERology—The Woman's Resilient Mind Transcript

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Finding Your Why

Jon Depierro: If you have a why, you can bear almost any how. So if you have that end result in mind, you can really put up with a whole lot. Um, but I wouldn't have a job or feel hopeful as a psychologist if I didn't think that some of the stuff could be trained and taught as well. I think there is, there's certainly hope and there's, everyone learns all the time.

There's always opportunity to learn new things and learn from other people and other experiences.

Anna Barbieri: Hello, and welcome back to Herology, the Mount Sinai Health System's newest video podcast. I am your co-host, Dr. Anna Barbieri, and today we're talking about resilience, specifically the resilience of women and girls throughout the lifespan. To tackle such a huge topic, I'm joined by our regular co-hosts, Dr.

Joanne Stone and Dr. Anu Lalla, and for some clinical expertise on the role of resilience in our lives, we're joined by Dr. Jonathan DePierro, a clinical psychologist here at the Mount Sinai Hospital. Today's topic is something I've been looking [00:01:00] forward to for actually quite so long, and this is a topic that we talk about a lot off the air together.

Um, so welcome to all of our hosts. Um, you are such experts in this realm, um, and I'm really interested in this topic myself, too. Uh, so the topic today is the woman's resilient mind and resilience in general. We have Dr. Jonathan DePierro with us today, who is a total world expert on this topic. So maybe we'll start with you.

Resilience Defined

Anna Barbieri: Tell us even what resilience means, 'cause I do think it probably means different things to different people.

Jon Depierro: Yes, it means lots of different things to different people. Even researchers can't really agree on what it means. There's a lot of debate. One definition that we like to use is one's ability to adapt, recover, and grow from challenges, big and small.

Anna Barbieri: So not just getting through them-

Jon Depierro: Not just getting through them ... or

Anna Barbieri: pushing through.

Jon Depierro: Or pushing through. And sometimes we know that the challenges that people face really have an impact, and really can be upsetting or [00:02:00] distressing. What we know from the literature, though, is there can be a lot of potential and opportunity in that distress.

There's concepts, um, such as post-traumatic growth, and what we understand from that is that, um, the distress that people feel going through trauma can actually fuel new possibilities in their life. So growth can also be a very important part of how we think about resilience, and growth in spite of or through distress.

Anna Barbieri: I think that's a great definition, and I, I really resonated with what you said before, different people look at resilience differently. And then Dr. Lalla and Dr. Stone, what do you think, especially in your practices as women's health practitioners, what do you think you see as resilience in women in particular?

Anu Lala: Ooh, do you want me to go first?

Joanne Stone: Sure.

Anu Lala: Okay.

Women's Resilience Stories

Anu Lala: Um, you know, as a heart failure, heart transplant cardiologist, I am so, and you know this so well, I'm so humbled by- Really witnessing the [00:03:00] resilience of the human spirit day in and day out. These are people who are, quite frankly, on the brink of life and death.

They're waiting for weeks, months on end for a life-saving organ, and what is it that differentiates one person from being able to do so with a smile on their face and another one from really just needing a ton of help? And I think this is why I sought John out, you know, to, to learn from him many years ago.

But to me, it's always been about that resilience. And I'd, I'd love to talk a little bit more about how we think the women, woman's mind is more or differently resilient than a man's mind. No, no, um, comparison intended there. But I think we see it every day, and it's something I'm very curious about. It's something I, I seek to cultivate in myself and my children.

Um, and I think it's a matter of [00:04:00] exploring, uh, on a personal level. But I agree with you. It's not rigidity. Mm. It's not force. It's flexibility and acceptance of what is. Yeah.

Joanne Stone: No, that's, that's a great answer. I mean, I think I see it, uh, as a maternal-fetal medicine specialist, I s- Mm ... think I see it in patients who've had really high-risk pregnancies.

So one example, and we've talked about it in some other podcasts, is, um, the ra- this rainbow clinic that we have for patients who have suffered a loss, um, in a prior pregnancy- Yeah ... and then are pregnant again. So they really have to, you know, really master that strength. Mm-hmm. They have to somehow dig deep.

Mm. You know, dealing with the anxiety of a current pregnancy. Um, but really get- getting through that and looking at what that outcome is, and they grow, they grow from that. Mm-hmm. And then we see after that, you know, they're, they're there for peer support. They help others going through the same- Mm ... going through the same issue.

So you talked about growth and how people change, [00:05:00] and I see, I see it in the, in that setting.

Jon Depierro: So altruism is a big part of that. So they've gone through this challenge, and then they use the lessons they've learned to help other people or other women going through the same thing.

Joanne Stone: That's a great... Yeah, that's a great point.

Anna Barbieri: I think that's, that's a great point. You know, what I see often in practice also as a women's health specialist and, and being in this field, so many women think that resilience is just doing more.

Anu Lala: Mm.

Anna Barbieri: It's doing ever more, sacrificing yourself, uh, being able to hold more in your lap. Um, and that's what that means, and especially in certain points in life where so many things tend to happen at once.

And I love this reframe, Jonathan- Mm ... that you propose, that it's not really going to the endpoint of to find out where you break- Mm-hmm ... but it's actually being able to get through something and grow out of that. Yeah. Um, so thank you for all the work you do in this field. Can I ask you before we get really started with this [00:06:00] conversation, how did you get into it?

Jon Depierro: So I got into resilience by training as a psychologist, and one of my first training experiences was actually here at Mount Sinai with World Trade Center first responders. So- Here at our hospital, we have a huge program that's federally funded where we provide medical care and mental health care to World Trade Center first responders, you know, fi- uh, NYPD personnel, EMS, volunteers, tens of thousands.

And we followed them over now almost 25 years, um, which I can't believe, and we've learned a whole lot about risk and resilience through speaking with them, through doing research studies, and that really inspired me. Um, because you can have a cohort of folks who go through the same exact experience or very similar experiences and have very different mental health outcomes.

And one of the things that really stood out to me at that time, um, from hearing from the folks that I was taking care of, was social support, and how important it was [00:07:00] to have that social support before, during, and after, uh, that really challenging time in our nation's history, and, uh, how protective it was.

If you didn't have a lot of people in your life, you didn't have a f- a firehouse or NYPD station or a union that you can lean on or buddies or family members that were supportive, you really didn't do well.

Anna Barbieri: Hmm. Yeah. And I think we're learning more about just the importance of community- Yeah ... and, and social support even- And connection

connection. And

Joanne Stone: how a- that affects aging and, and, you know, sort of your, your a- ability to retain, you know, your cognitive ability. Mm-hmm. It's so important to be surrounded by other people and other activities.

Anna Barbieri: What you said about how one differentiator was this presence of a social connection and social support- Mm

What Builds Resilience

Anna Barbieri: do you see other variable- variables that contribute to someone's degree of resilience and ability to grow, and how does it show up? Is it, you know, [00:08:00] is it our childhood environment- Mm ... and it all goes back to that and we're all eight-year-old children- Yes ... on the inside? Is it, um, you know, is there a gender difference- Mm

for example, since we're talking about women's health? Is it exposure to certain traumatic events, sort of the dose makes the response there? Mm. How, how do you all think about these questions?

Jon Depierro: My goodness, this could be a whole course. That's

Anna Barbieri: right. Yeah. Let's do it.

Jon Depierro: Let me see if I can summarize in five minutes or less.

So there are a lot of other factors that we look at in resilience, social support being one, and it's not just who you have in your life, it's how helpful those people are, you perceive them to be. It's also giving support to other people. So I mentioned altruism earlier. There's a, a big mental health benefit, a wellness benefit to being there for somebody else.

So it's not just the support you get, it's the support you give, too. So that's really, really important. Uh, Dr. Lala mentioned cognitive flexibility, so thinking flexibly about the challenges that you face, thinking about them as [00:09:00] opportunities, thinking about them not just in a negative way, but thinking about different ways that you can problem solve effectively.

Uh, physical exercise is a big part of resilience. We might talk about that later today. Uh, um, having a sense of meaning and purpose. Um, we were talking a

little bit earlier about Viktor Frankl and Man's Search for Meaning. Mm. But having a what for, having an end goal. Uh, Frankl says if you have a why, you can bear almost any how.

So if you have that end result in mind, you can really put up with a whole lot if you have that, that goal. A lot of pain and discomfort, for example, in fertility procedures, it is not a pleasant process for a woman to go through, uh, but they have that goal in mind, and it keeps them going. Or even childbirth, right?

Like, it, it deeply painful and, uh, prolonged, but they, they know at the end that generally speaking, they're gonna have a healthy child at the end of it, and that helps get a lot of women through it. So having that, that meaning and purpose is also really essential, and there are a number of other factors that we can get [00:10:00] into.

And we know there's a genetic component to this. There's early experiences that can be helpful in terms of having good role models that you've learned from over the years, whether it be a parent or a teacher or basketball coach or piano coach. Um, any of those folks can be good role models. Um, and there's a genetic component, too, in terms of, um, epigenetic factors or stress vulnerability or disposition and temperament.

Um, but I wouldn't have a job or feel hopeful as a psychologist if I didn't think that some of the stuff could be trained and taught as well. Some of the stuff, um, these factors can be taught in traditional psychotherapies like CBT, but also they're in apps, and other resources are out there. People can train themselves to reframe challenges.

Certainly, there's lots of exercise routines people pick up over the, over the years, breathing techniques that help people. So I think there is, there's certainly hope, and there's... Everyone learns all the time. There's always opportunity to learn new things and learn from other people and other experiences.

Joanne Stone: I love the [00:11:00] line that you said. It's, it's about the, if you have the why- Mm ... you can get through the how. Yes. Yeah, I love that. Yeah. That's a great line. Yeah.

Anna Barbieri: So something you said really struck me, too. So you're saying, I'm just going to rephrase it for us here and for people out there, that some people are just simply born more resilient, but there is hope for all of us because we can all do things that can make all of us more resilient, and that's what we definitely want to get into, uh- Yes

you know, uh, here. I also love what you said about kind of being a support to others.

Anu Lala: Mm.

Anna Barbieri: I'll tell just a quick story. Um, you know, I'm fortunate to have some patients that I've known for many, many years, and a couple of years ago, I was going through a really challenging time in my life, and a patient of mine knew it.

And she... We shared a little bit of information, and she gave me a song that she had listened to every day during a challenging period of her life. So I did that- The [00:12:00] song was, um, by Sia, um-

Anu Lala: Unstoppable?

Anna Barbieri: Unstoppable- Yeah ... by Sia. I couldn't remember that. Um, and I have passed that on to other people, too. Yeah.

And it's really, you know, it's, and the song is not even, you- Mm ... you barely feel unstoppable in those moments, right? But there is something about- Yeah ... this sort of shared story- Yeah ... and shared advice that- Absolutely ... really works. Great.

Life Stages and Transitions

Anna Barbieri: How do you think, since, you know, we, we have already gone back to genetics- Right

and pregnancy and childhood, for women especially, how does resilience and challenges show up at different stages- Right ... of life? We all, I think, see it in our medical practices. Mm-hmm. What do you see as a psychologist in this realm? And maybe we can sort of go around and, and- See how we all see the same thing- Mm

through different lenses.

Jon Depierro: Yeah. I- also, a really big question. Certainly, there are big things that come up. Certainly, as a [00:13:00] woman is going into the teen years and early 20s, there may be body image concerns, and social media maybe doesn't help there, uh, with those issues. Um, and then, you know,

obviously, um, as someone who's maybe st- choosing to start a family, there's child, um, bearing stress that m- might come with infertility or difficult pregnancies or family planning.

Uh, and then balancing, you know, for, um, those that choose to, balancing a career and raising, uh, children or a child is, uh, incredibly stressful and, and there are a lot of single moms out there that I tip my hat to. Um, and certainly in the perimenopause period later in life, there's increased risk of depression and anxiety.

Um, women also are at greater risk of developing PTSD, depression, and anxiety over their lifetimes. The rates are sometimes double what the rates are for men. Um, and some of that is biological factors in terms of hormones at different points of life and fear reactivity and reactions to stress. But some of it [00:14:00] is related to different stressors that they actually experience, different life events, caretaker stress, uh, different kinds of trauma, traumatic events, including assaults that they might be experiencing.

Um, so there's really a, a lot of, um, different things that women experience over the course of their lifetime that can test their resilience and build their resilience, but also confer some risk.

Joanne Stone: So can I ask you... Sorry to interrupt, but you know, what we hear so much about the impact of social media- Mm on adolescents and, you know, young people or early 20s. Uh, what, what advice do you give, you know, to, to parents or to kids who are undergoing that? Because I, I can... I mean, I remember, you know- Hmm ... s- my, my daughter when she was younger and always seeing everything that was going on if she wasn't invited to a party or this or that and h- h- and how it made her feel.

So what, what do you, what do you tell people?

Anna Barbieri: We can't take their phones away. Yeah. Yeah. We just cannot. Yeah.

Joanne Stone: Although if you're in where? Australia, I think it

Anna Barbieri: is. No. I don't [00:15:00] know. Try it with a 17-year-old. Yeah.

Joanne Stone: Yeah.

Jon Depierro: Yeah. And the thing that comes to mind, and I struggle with this myself, my iPhone reminds me how much time I spend on it, um, is moderation in all things.

I think it's a Saint Augustine quote. I had Jesuit education, so these quotes come to mind. Um- Some, some of these, um, platforms can be helpful. Pe- people have meaningful connections through social media. I've met a lot of colleagues and really strong friends. That's how we met. That's how we met. Connecting on social media but there can also be a lot of superficial relationships or relationships you feel you have with some- someone and then you're rejected, um, because they don't feel, you know, the same way about you.

There's not that reciprocity or people might become overly attached to different celebrities and what they're doing and what the products they're using and what they're doing in their lives. Just comparison. Mm. That negative comparison process- Yeah ... and our brains are built for negative comparison- Right.

Yeah ... not usually positive comparison. Right. So I think it, it would be important And I know, you know, time passes very [00:16:00] quickly and it's Wednesday, but to, uh, for parents to understand and have conversations with their children about the messages that they might be getting from social media and, like, what are the kinds of things that they're seeing?

What do they think about what they're seeing? Mm. The curiosity about their experience. Rather than saying, "Don't look at your phone. Don't do it. Don't go on Twitter," what kinds of things are coming up in your feed? What do you think about that?

Anna Barbieri: Mm. I think that's a such a good point. You know, and I as- I assume it also should be developmentally appropriate.

Mm-hmm. You know, an 18-year-old can respond differently- Mm ... than a 12-year-old, or those boundaries may be a little bit stricter. Mm. Um, it's a very different world compared to- Oh ... just 10 or 20 years ago, I think.

Anu Lala: Coming back to that original point, 'cause I'm really curious about that, uh, the, the differences in resilience between men and women.

I- to me, I almost feel like women carry, like, emotional labor. Right? Like, it's, um, it's... You're... You know, you see these memes on, on social media where you're thinking about, okay, [00:17:00] you know, if you have children, the kids need to be here, I need to do this, I need to get the groceries, I'm gonna make

bed- uh, you know, I'm gonna make this tonight, I have to get this in for work, I have to da, da, da, da, da, da, and there's all these different things.

Whereas my observation, at least, and this is also, I think, you know, touted, is that men are able to compartmentalize- Mm-hmm ... a little bit perhaps easier.

Joanne Stone: They have fewer compartments.

Anu Lala: No bias, of course. No bias.

Anna Barbieri: Into fewer compartments. I love that.

Anu Lala: You know- I remember that ... to what extent do you feel like that impacts resilience, either in a positive or a, a potentially negative way?

Jon Depierro: Mm. Right. So I think that's a... You know, being a mom these days is an exercise in cognitive flexibility. Right,

Anu Lala: right, right. Yes.

Jon Depierro: It... You build up your working memory, I guess- ... keeping all these things in mind, and you are a really good problem solver, and you're juggling a lot. Maybe you ought not to be, but you, you do.

Um, and maybe s- the... I imagine there are some women out there that feel like they can't ask their... Like, I can't even imagine asking your [00:18:00] husbands to help out, or they don't see their husbands as helpful, or that they would just fumble it anyway, so why even ask? Um, maybe that's not true. Maybe there's things that...

Uh, conversations that could be had about, you know, retooling ex- you know, expectations and obligations and, and helping out. Um, but I would also say that there's, um, I think also one of the strengths that we see, um, and I can speak for... I, I run a, a psychotherapy service, and 70% of the patients are women Um, and it is not represent...

We, we treat healthcare workers here at Mount Sinai. It's not representative of the workforce demographics. It's a 50/50 split in the workforce, but it's 70/30 in terms of who come to psychotherapy, and that's actually a general finding. It's not just us, it's for decades.

Anna Barbieri: And do you think it represents the fact that women experience more stress?

Mm-hmm. Or is it women's greater ability to ask for help?

Jon Depierro: It's both. Yeah.

Anu Lala: Or is it women waiting till they're at a breaking point?

Jon Depierro: Well, I hope not- Yeah ... but [00:19:00] sometimes it is.

Anu Lala: Yeah.

Jon Depierro: But it's, it's, I think, greater stress. They might experience symptoms more or even express symptoms more readily than men. Um, there is a, also some general findings that men have difficulty expressing their emo-
Mm

some men have difficulty expressing and naming their emotions, so they feel like they need to be tough, um, and deal with it themselves. And maybe women are more, in, in some instances, more readily, um, able to say that they need help or to support other women and build those communities around themselves.

Joanne Stone: Is that, is that across all age groups? Do you find that- Mm-hmm ... the, the predominance of more females than males in psychotherapy?

Jon Depierro: Uh, yeah. It, it's pretty much a general finding. I think in younger, in younger children, uh, one of the general things that we see in, in children, and ag- and I don't treat children that often, is that in a classroom setting, there's what's or what are called externalizing and internalizing disorders in psychiatry.

You've probably heard this distinction. Externalizing [00:20:00] disorders are sort of anger, out- overt anger, aggression, things like ADHD, alcohol misuse, things that you could see, the overt things. Mm. Yeah. Internalizing disorders are internalized symptoms like depression, rumination, and anxiety. Mm. And when kids are young in a classroom, it's the- Loud kid with ADHD who can't sit still that gets a lot of attention, and that's generally boys.

Mm-hmm. And the quiet girl sitting in the corner, um, weeping into her homework is not getting attention because she's not making overt, you know- Sure ... disturbance.

Anna Barbieri: Yeah. Sure. How do we think about, you know, women experience certain very unique transitions- Mm-hmm ... and I'm curious if you see any of this, and certainly I think that's something we come across in our clinical work with women.

You know, there are certain major passages in a woman's life- Mm-hmm ... that happen to coincide with major hormonal [00:21:00] changes. Yeah. Adolescence. Mm-hmm. Such a physical, emotional and identity shift. Pregnancy. Mm-hmm. Getting pregnant, being pregnant, becoming a parent. Um, and I would even say becoming a parent without being pregnant- Mm-hmm

certainly through surrogacy, adoption, all of that. It's also a major, major shift in role and identity there. And then you have, you know, a few years go by- Yeah ... and then you have perimenopause and menopause, and that's a pretty triple whammy of- Yeah ... you know, life changes, identity shifts, physical changes, psychological changes, all of that.

Do you see a heightened need for resilience during those- Mm-hmm ... times of transition, and what is the current kind of... Because we can wax- Mm ... poetically about the role of hormones in the brain and all of that. It's hard to draw the line- Yeah ... where physiology ends and psychology- Mm ... and, and m- mind begin.

But is there a current explanation for [00:22:00] this increased need of resilience during those times?

Jon Depierro: Well, I, I guess it would depend on how you w- want to explain or what level of explanation. There are certainly a lot of different factors. As you said, there's hormonal changes that occur at different phases of life.

There's also different life circumstances that overlap with that. Sure. So if you think about someone maybe going through perimenopause, maybe they're 40, maybe they're 50, they've got maybe middle schoolers or high school students or college students. They've got children, potentially, and they've got older parents- That are on social

Anna Barbieri: media

Jon Depierro: all the time.

That are on social media all the time. And they've got older parents, and so they're, have caretaking responsibilities in maybe two different directions. Yeah. So they're pulled that, those two ways and other ways at the same time while going through hormonal changes, while having a, a changing relationship to their body and maybe their sexuality.

Maybe their relationship is changing to their partner if they have a partner. Um, so all of that is happening at the same time, [00:23:00] and that's a lot, and I think what we've seen, you know, over the years, and thankfully there's a changing understanding of this, is that there really needs to be specific targeted efforts to support women at those vulnerable transition points in their lives.

Women's mental health is actually a new c- like a new concept. It's embarrassing, actually. Um, that it's a relatively new- Not surprising. Not surprising, but-

Anna Barbieri: It's, it's so wild because those are such unique- Mm-hmm ... circumstances. Yes. Mm-hmm. And to not have a unique approach for unique circumstances- Mm ... it's, it's, uh, it's

Jon Depierro: kind

Anna Barbieri: of

Jon Depierro: shocking.

I think it was only, was it the '70s or '80s that women were required to be recruited in clinical trials?

Anna Barbieri: Yeah. Yeah.

Anu Lala: Yeah, I feel

Jon Depierro: like it mirrors- Maybe even later.

Anu Lala: Yeah. It mirrors- Yeah, it mirrors that ... so much of what we see. Mm-hmm. You know, it's just, it used to be women's health was pregnancy. Mm-hmm. And now it's this, you know, m- major epiphany that there's actually a lifespan- Mm-hmm

and a health span to look at across a woman's lifetime. Lots of [00:24:00] different things happen. And lots of different things, yeah.

Anna Barbieri: Dr. Stone, speaking of pregnancy, so do you see- Resilience as a specific theme, and we talked a little bit about getting pregnant, but in pregnancy and then the postpartum period.

Joanne Stone: Yeah, I think, I mean, for sure I think that there's different aspects of resilience.

So some people love being pregnant, and it's- Mm ... a little bit easier. I mean, we know the effects of estrogen on the, on the brain, cortisol levels, pregnant, you know, progesterone, you know, um, on the amygdala and some other, you know, some other things that might help support more resilience and more flexibility.

On the other hand, people express such concerns when, you know, they have body concerns, they don't like the way they look, they don't like the way they feel. They're worried about becoming, you know, a new mom, being a good mom. They worry about, you know, in the postpartum period, there's so many things that happen, breastfeeding, things, things like that.

Um, so yeah, I think it's, [00:25:00] certainly happens th- you know, throughout the course of getting pregnant, pregnancy, and also the postpartum period. Are they, are they being a good mom? Yeah. You know, people, you know, they don't come, these babies don't come with a hand- Yeah ... you know, with a, a handbook, and that's,

Anna Barbieri: um- I mean, I'll tell you, Maya, when my first daughter was born, I mean, my butt was kicked by this- Yes

seven pound being. Yeah. Oh

Anu Lala: my

Anna Barbieri: God, yes. I did not feel resilient then. Me- Mm

Joanne Stone: No, I went

Anna Barbieri: back to work- Definitely not ...

Joanne Stone: after four weeks. I was like, "

Anna Barbieri: Can we-" So did I. Yeah. To, to make myself feel better.

Joanne Stone: Yeah.

Anna Barbieri: Wow. It was... Yeah. Um, it, it's a profound change- Yeah ... that I think we underappreciate, you know- Mm ... even in people that are, have the support and-

Joanne Stone: Mm

Anna Barbieri: are high functioning, like, those identity, plus with an overlay of hormonal changes, with an overlay of maybe multiple roles that are happening at, you know, at the same time, that's a... Yeah, that was rough.

Joanne Stone: I mean, I do s- That's

Anu Lala: a

Joanne Stone: doozy. I mean, I do think, I don't know what [00:26:00] your thoughts are, but, and all of your thoughts are, but I do think that the, there's been such a shift towards a longer maternity and now paternity leave.

Mm-hmm. Yeah. So routinely, people are taking 16 weeks off. In the US, forget it. In the other countries- Yeah ... it's a year, right? But in the US, and, and paternity leave, too. So that support that you mentioned, I mean, do, do you find that that's something that's truly impactful in terms of helping them with that kind of resilience and an, and adaptation to their new role?

Jon Depierro: Yes. I think these benefits and these leaves have been tremendous opportunities for folks to go through this adjustment, to- feel their way through the messiness of it, to make plans for what childcare's gonna look like afterwards. They don't need to worry about going back to work the next day. Um, they have time to bond with their child and to get used to their, this new role of parent, and to, um, adjust and to cope and to [00:27:00] figure out what their new normal looks like.

Anu Lala: It's so funny that you ask that though, right? Because I think there's a part of us, and I'm being vulnerable here, that's like, "But are they gonna get that resilience- Mm ... if they take that much time and they have a partner that's home with them?" You know, that's... I think we're just trained to sort of- Yeah

think that way. So is it- By aff- affording more time, space- Mm-hmm ... resources, help, does that build resilience or does that potentially deprive you of the challenge? You know, the, the Rumi quote- Of the resilience muscle ... yeah, yeah. It's- Yeah ... are you, are you missing out on building- Mm ... resilience muscle?

Exactly. You know, the only way through pain or the only way... What is Rumi's quote? The-

Jon Depierro: The only way past is through ...

Anu Lala: past is through. Yeah. Exactly.

Jon Depierro: Well, again, I wouldn't have a job as a psychologist if the answer to everyone's problems is figure it out yourself.

Anu Lala: Right.

Anna Barbieri: Yeah.

Jon Depierro: And there's a lot of situations that people face where they need a [00:28:00] helping hand.

They need time, and they need space, and they need opportunity. And after a while, yes, they're gonna need to cope on their own, but that, that support is really valuable. That initial, "Hey, it's okay for this to be messy, and you have the time and the space for it to be messy and for you to figure it out," rather than, not only is it messy, but you also have to get back to work, like- Yeah, yeah, right

in the next two days.

Anu Lala: Suck it up.

New Parent Uncertainty

Jon Depierro: Or you're gonna lose your job and have no income- Yeah ... with this new baby.

Anna Barbieri: Yeah. So what it sounds like to me, and just to review, we need a little bit of awareness first. Mm-hmm. Right? Awareness that it is an uncertain

time. We don't know how we're going to- Mm ... function or feel in this new role and maybe a little bit of compassion- Mm-hmm

to ourselves over that. And we need time to adjust. Mm. Things don't happen overnight. Um, and I think even those two would be super helpful. Plus, we do need certain, you know, structural policy- Mm ... changes with maternity leave, with how we look at that really essential, [00:29:00] uh, complicated- Mm-hmm ... and vulnerable time.

If we fast-forward, let's say 10, 20 years, and Dr. Alla, you see this a lot in, in your practice, especially with all the midlife ladies that we refer to you when different cardiovascular issues arise. That's also a time of, gonna say, resilience need and vulnerability. Yeah. How do you see that in your cardiology practice?

Curiosity Builds Resilience

Anu Lala: You know, I love what you just touched on and you said before as well, which is it requires the awareness. Mm. And another way of looking at it is curiosity. You know, not just like, "Ugh, I'm failing. I'm not able to do this. It's too much for me." Mm. But why is this difficult right now? Mm. What would make it better, right?

And, and, you know, is this meaningful to me- Yeah ... right now? Why is it difficult? You know, I think offering space between the situation and your perception, awareness- Mm-hmm ... is so [00:30:00] critical. I think that's what we miss out on so frequently. I think any time that I've taken the time to have space between my thoughts, the situation, and, and me as the, the witness, there's- Room for clarity to come in.

And I feel like because of perhaps, and again, I'm somewhat speculating, but because of all the hormonal changes, because of all the situational demands that also happen to coincide with the hormonal changes, sometimes I feel like we lose that space.

Jon Depierro: Mm-hmm.

Anu Lala: And I think that the more we can invite that for our patients, for our friends, for ourselves- Mm-hmm

the more there'll be room for clarity, for acceptance, and then playground for resilience to develop.

Joanne Stone: Yeah.

Jon Depierro: Yeah. And when you said that sometimes your patients say, "I'm failing at this," or, "I'm not, I'm no good as a," maybe a new, new mom is saying, "I'm a terrible mother." [00:31:00] Having curiosity there too- Yeah ... and this is something that, you know, I do that all the time.

"Okay, what makes you say that?" I

Anu Lala: love

Jon Depierro: that. You know, w- what are you comparing yourself to? Are you comparing yourself to somebody's Instagram story that you're seeing where they're happy and smiley and cuddly and the the kid's not screaming at 2 o'clock in the morning? Just for the camera. Yeah. Which is a, a, sort of a fake put-on appearance.

Like who, what is your basis of comparison? I have this conversation with medical trainees all the time. They compare themselves to the, the attending who's been doing it for 40 years, and they say that they're failing as a doctor. Well, it's an unfair comparison.

Anna Barbieri: Mm.

Jon Depierro: Yeah. It's completely imaginary.

Perimenopause Stress Shift

Anna Barbieri: You know, we see it all the time, especially women who are experiencing some early perimenopausal changes.

Mm. And perimenopause is just coming onto the spotlight. I feel like we dealt with menopause for a few years. Now it's perimenopause. Before certain very obvious physiologic changes, like a change in the menstrual cycle- or the classic menopause symptoms like hot flashes, lot of women describe this loss of [00:32:00] bandwidth to deal with stress- Mm

which is really decreased resilience. Mm. Sometimes to the same kind of stimulus that they may have experienced before. Mm. So this is something we hear every day. "I wake up stressed about my day at work, and I've been in the same job for 15 years." Mm-hmm. "I wake up stressed about having to drive my

child to practice because I have eight other things to do, but I've multitasked before."

And it's very destabilizing to notice that something is off. Yeah. And in our, kind of this culture of perfection- Mm ... and also of everything being so rushed, including the healthcare system- Mm ... there is no space for what you are talking about, Doctor Ara. There is no space for the in between. Mm-hmm. There's no space to pause.

There's no space to think. There's no space to Really develop awareness Mm And I think maybe it is our role also as, as healthcare practitioners [00:33:00] to help our patients- Yeah ... that way and I would love to hear from you, is, you know, we've got the prescriptions, and we've got the surgeries- Yeah ... and we've got the therapeutic-

Jon Depierro: Sure

Anna Barbieri: directions, but is teaching resilience a tool that we can share with patients, and should it be one?

Jon Depierro: I, well, I would say yes. Biased. Um, but I'm biased. And one, one thing that came to mind as you were talking is that- It's, I think, important to think about resilience as messiness, not perfection. Oh. Embracing the messiness- I love that.

Mm

Anna Barbieri: I love that ...

Jon Depierro: of life. Embracing the challenges in life, rather than striving for some, you know, being a perfect parent, doing these 15 things perfectly. Embracing there are gonna be some challenging days. There are gonna be some days where you feel like you're failing. There are gonna be some things that are beyond your control that are happening, and that doesn't mean that you're failing, it means life is happening, and life is imperfect.

Anu Lala: Right.

Joanne Stone: So, you know, w- [00:34:00] we've been talking about this awareness, right? Are there, are there certain things that we should know, like good questions that we should be asking our patients to get that sense of, are

there issues- Mm ... that they need to address? I mean, you're like the consummate psychologist- ... and the way that you turn it out, turn it...

I mean, my dad was a psychoanalyst, my sisters is a psychotherapist- Oh ... I have another sister that's a psychologist. I didn't know that about you. Yeah, yeah. Okay. So I come along, yeah. So-

Anu Lala: She's like, "I see you."

Joanne Stone: No, yeah. I,

Anu Lala: right, yeah. Yeah. You must have

Anna Barbieri: absorbed it.

Joanne Stone: Yeah, just a little bit. But, like, but the way that you turn things around to ask the, ask them the question, well, what do you...

So what do, what can we do- Mm ... or what can we tell our patients to do to, to bring it up or- Mm ... elicit that, you know, the, the, the issues from, from them?

Jon Depierro: Yeah. One, one question sometimes I, I ask folks, you know, you're going through a lot of challenging situations that would be challenging for anyone in your life, and anyone we see in this office.

How do [00:35:00] you cope with it? What do you do? What do you turn to, to cope with the things that you face? You're going through heart failure, you're going through infertility or loss. What has helped you? What hasn't helped you? Mm. Help me to understand that. I wanna, I wanna learn about what your day-to-day life is like- It sounds-

managing this.

Anu Lala: It sounds like you're almost putting a mirror in front of

Jon Depierro: them.

Anu Lala: Mm-hmm.

Joanne Stone: Yeah, that's great.

Anu Lala: Yeah. I love that. And, and forcing them to- To get awareness ... to, to- Yeah ... be a witness to their life.

Jon Depierro: And it's not asking, "Are you depressed?" It's not asking, "Are you anxious?" Mm.

Anu Lala: Right.

Jon Depierro: What do you do? What do you turn to in your life?

Who do you turn to?

Meaning Faith Community

Jon Depierro: Do you turn to faith? I mean, you know, I speak about, you know, faith and spirituality. I think 80% of the world identifies with an organized religion of some kind, but how much does it come into a medical encounter?

Anu Lala: Yeah. Yeah.

Jon Depierro: You know- And it's a tremendous source for- ... of sup- of, um, support for a lot of patients.

For some patients, they might be, feel like they're being punished by their deity or by their God for something they did or didn't do, but for a lot of people in the world, it's a source of tremendous [00:36:00] support and comfort, and the community built around it, um, can be tremendously beneficial in, in challenging times.

Yeah.

Anu Lala: I think, like, the hardest thing to deal with is uncertainty.

Jon Depierro: Yes.

Anu Lala: And I think spirituality or spiritual practice offers a ground-

Jon Depierro: Mm-hmm ...

Anu Lala: on which we can begin to embrace uncertainty. Mm-hmm. And that's why I have s- you know this, we talk about this all the time, I have such a vested interest in us And this is what's so excited about, exciting about what we're doing- Mm

is this, this integrative practice or medicine approach is really just about that. Mm. Is can we address the mind, body, and spirit in tandem? Mm-hmm. And the fact that we have to call it one type of medicine or another to me is just, you know-

Jon Depierro: And, and there's uncertainty- ... silly ... intrinsic in mental health and medicine.

We don't know all the answers. Um, we have a general idea of how a disease progresses, but we don't know the person. And every person, you [00:37:00] know, experiences and expresses a disease in different ways, or a condition like depression. We know what the criteria are, but there are 300,000 different ways to meet those criteria, and it looks very different in every person's life.

That's what makes my job interesting. Right. I'm not a robot. I like to get to know the person.

Anna Barbieri: I think that's so, you know, so true how we handle uncertainty, 'cause it's not just adverse- adversity. Yeah. It's uncertainty of outcome- Yeah. Mm-hmm ... that's so challenging in these situations. And how we maintain our own role in it and our own agency, like, that's really resilience.

Um, in our practice, we, on our intake, there's a question of what makes your life meaningful? Mm-hmm. How do you find meaning in your life? And it's, one, it's very consistent what people write, and it's always a version of social support- ... spiritual practice, and purpose. Those things always show [00:38:00] up. And then people joke, you know?

They, they- listen, listen to their favorite podcast, for example Yeah. But it's always something like that, which is really proof of everything that you've said here.

Anu Lala: Yeah.

Jon Depierro: D- do you ever get folks that don't put anything down?

Anna Barbieri: Very rarely.

Jon Depierro: Mm-hmm.

Anu Lala: Mm.

Anna Barbieri: Uh, pretty much never.

Jon Depierro: Mm.

Anna Barbieri: But I wonder if that also has to do with the fact that it's, you know, people are coming for a- Yeah, a certain approach

certain approach. Selected population ... mm-hmm, selected population, and I see all women- Yeah ... who, as we said before, are probably reaching out a little bit more. Mm. Yeah.

Joanne Stone: You know, I, I think about my, my own mother who, you know, comes from such a sense, place of positivity. So- Mm ... when my dad passed away, he was 98, um, and she was like, "We're celebrating his life."

Like, she just brought everybody up, and she broke her hip when she was around 98. She was in France, came back, was flown back here, had a whopping infection, was re-oped, [00:39:00] uh, grew Pseudomonas, like, you know, and she was, like, 98 at the time. Mm. And she's now 105. Um, and- Oh, wow. No way. And amazing. Oh. I mean, she plays bridge like three times a week.

Wow, you just gave

Anu Lala: me the chills.

Joanne Stone: Yeah. So, but, like-

Anu Lala: Oof ...

Joanne Stone: is that, like, I don't know, gene- I, I don't know where, where- Wow ... h- I don't know how you categorize that. I don't know if- How to live

Jon Depierro: to be 105.

Joanne Stone: Well, uh, w- but with that positivity, right? 'Cause she lost a lot of her friends. Mm. She's got only one friend- Yeah

who's still alive. Yeah. You know? Um, I, I don't know

Jon Depierro: how- So what, what's the key to longevity?

Anna Barbieri: Yeah. Yeah. It was just

Anu Lala: Resilience. Yeah. She's absolutely doing it.

Anna Barbieri: Resilience

Anu Lala: and

Jon Depierro: longevity.

Anna Barbieri: Wow. Right? Are, must be tied. What I

Jon Depierro: think, I think this is where, you know, f- maybe science and social media conflict. There's a lot of people on social media selling, like, injections and supplements and all of these things, and as a psychologist, I think about some key factors.

There's very good research on optimism, and not, like, pie-in-the-sky optimism, but, like, focusing on what's within your [00:40:00] control, realistic optimism Uh, and longevity or the re-reverse, which is al- what's called al- all-cause mortality, um, and social support or the reverse, loneliness and mortality. Um, and because there's links to these things to physical outcomes like inflammation, wound healing, the onset of disease, how people do after hospital discharge is related to their social support.

Um, when I teach about social support, I always think back to a paper I read, uh, where these doctors were trying to predict, um, how patients coped after being in the ICU, and wh- the outcome they looked at is what's called post-ICU syndrome, so getting, uh, depression or anxiety or post-traumatic stress after being in the ICU.

And it wa- turns out it was nothing about their actual illness that predicted s- any s- with any reliability getting that psychiatric outcome. It was a yes or no question. "Do I have someone to take care of me when I get out of the hospital at home?" Was the biggest [00:41:00] predictor of whether they got post-ICU syndrome, and that is very likely to be not intervened upon in the hospital setting when they're focusing on trying to get somebody out the door.

And we have a lot of room then and opportunity as psychologists, as mental health professionals, to foster that if it's so driven and impactful on- So sorry ... whether somebody actually survives and how they survive.

Anu Lala: Are we not asking those questions enough?

Jon Depierro: Well, we might be asking the questions, but maybe we feel it, in maybe in the healthcare system as it is in, in this country in particular, in the world, not empowered as providers to do something about it.

Anna Barbieri: Mm. I mean it's-

Jon Depierro: Join a bridge club. Yeah. Join a s- sewing circle. Yeah. Like, that's, that's what we got.

Anna Barbieri: So then, you know, there are cultural forces even working from home. Mm-hmm. Disappearance of- Yeah ... uh, you know, community surrounding churches, synagogues, you know, places of worship. Mm-hmm. Um, people kind of very individualizing and focusing on that all the time.

Mm-hmm. So these [00:42:00] are massive sort of societal and cultural changes, and I think a lot of people on the inside of the healthcare system feel powerless-

Jon Depierro: Mm-hmm ...

Anna Barbieri: against them, too. But that is work we should do. Yeah. You know, community is health, and I think through a different approach against certain structural changes, I think there's some research on group visits, for example- Yeah.

Mm-hmm ... and how they contribute to- Mm ... better outcomes. Um, and I think now we're finally starting to become aware and understand some of this. So how can we build everyone's- Mm ... resilience muscle? From my, you know, from my teenage daughters through your 105-year-old mother, what are some, what are some- And I

Joanne Stone: was the miracle one born, uh, when she was 16.

No, I'm just kidding.

Yeah, great question.

Practical Resilience Habits

Jon Depierro: Um, well, one thing that comes to mind is slow down a little bit and evaluate your thoughts. What are you thinking about the situations you're going through? What are, what's the narrative you're telling yourself about what you're going through? Who are the people in your life that you can [00:43:00] lean on?

Who are your n- who's your network? And who can you support? Who can you check in on every so often? I love that. I love that. I love that too. So true, I love that too. And, and, and Dr. Lala, you know this, occasionally I'll just go through my phone and randomly text people that I haven't spoken to in a while, and it's actually not weird.

It- there's actual research behind it. Oh,

Anu Lala: no, we, we get- I love that ... we get the most loving text exchanges. Oh, okay. It's like, "Good morning. How about we get coffee? I miss you." And it's these tiny little things that make your day brighter.

Jon Depierro: It's five seconds. Yeah. Yeah.

Joanne Stone: Oh, that's

Anu Lala: great. I love

Anna Barbieri: that. So that's, that's very practical.

Yeah. Mm-hmm, yeah. Text a friend you haven't talked to in a while.

Jon Depierro: It doesn't take very long.

Anna Barbieri: Yeah. I

Jon Depierro: love that. And it feels good for you, and it feels good for them. Yeah. There's actual research behind this.

Anu Lala: Right. Without being attached to a specific type of response. R- exactly. I think that's the key. Yeah, I,

Anna Barbieri: I would-

Anu Lala: Mm-hmm.

You're not asking for anything ... right? If you're texting without expectations. Exactly. Right. Yes. I think that's the, yeah.

Jon Depierro: You don't need to borrow \$5 or crash on their couch. You're just checking in to see how they're doing.

Anna Barbieri: Yeah. Yeah.

Anu Lala: That's great. I think there's some data on just mindfulness- Mm-hmm ... via breathing.

Jon Depierro: Yeah.

Anu Lala: Sometimes mindfulness feels too abstract. People are like, "What am I gonna really [00:44:00] do? I'm not a meditator." Yeah. The simple act of just breathing and focusing on the exhalation more than the inhalation, we know immediately activates your parasympathetic nervous system. Mm-hmm. It calms the heart rate.

It's, it's telling your body you're safe, right? If that's not a good example of how much the mind and body are connected, I don't know what else is.

Jon Depierro: And having some routines are also, is also can be very helpful. One of my routines is I make coffee every morning, and I wake up at, like, 6:00. Before I leave for work, I sit for 20 minutes and just have coffee.

Mm. Sometimes I'm checking my emails. Maybe I ought not to be. But I just sit in the quiet of my living room and have a cup of coffee that I made. I'm not, like, spending 30 minutes on the routine of making the coffee. It makes it itself. But the, um- You don't have

Anu Lala: a

Jon Depierro: barista ... I'm not, like, distilling it into-

pH balanced paper and water. It's just a regular coffee machine. I think it's so- But it's the silence, it's the routine, it's the smell of the coffee, it's the sound of the machine. It is [00:45:00] calming for me, and it's reliable, and I can look forward to it every single day.

Anna Barbieri: Mm. I would say, you know, I would actually encourage people out there, that is one of the things I talk with patients about, what are some rituals- Mm-hmm

that are soothing for you? Yeah. Making coffee in the morning, I hear you loud and clear. That's my ritual too. Yeah. It's a, it's a ritual that you can fall back on to, to enter that space. Yeah. Mm-hmm. Um, this is what people use prayer for and meditation and gratitude practices. Mm-hmm. I think a lot of these mindfulness practices have a real role, role in medicine.

Yes. Uh, and we've tended to overlook them. Text a friend. Mm-hmm. Make coffee.

Anu Lala: Gratitude.

Anna Barbieri: Gratitude. That, gratitude,

Anu Lala: that's, like, my favorite. Breathe out more than you breathe in. Breathe out more than you breathe in. Yes. And gratitude, my, I do this with my kids and, you know, initially begrudgingly with my husband.

Mm. Now he does it, but I think you know this, we do our three thank yous at the end of the day. And it could be as simple as I had my coffee this morning. Mm-hmm. Yeah. The sun was out. [00:46:00] Um, I enjoyed doing this podcast. But I think it forces you to see... I think we're hardwired to see the negative- Mm-hmm ... the challenges- Mm-hmm

but we're not so hardwired to appreciate the, the small wins in the day, and so that helps me a lot.

Jon Depierro: I love that. You have to get this, get you to do this with your students.

Anu Lala: I do.

Jon Depierro: You with your fellows?

Anu Lala: Yes. I do. I do. That's great. We do rosebud and thorns- Mm-hmm ... with all the- Okay ... trainees.

Jon Depierro: That's amazing.

Anu Lala: That's great.

Closing and Subscribe

Anna Barbieri: Thank you all for coming. This was such a great conversation. Um, I learned a lot from it. Um-

Anu Lala: Me

Anna Barbieri: too ... all the best. So many

Joanne Stone: good takeaways, so thank you. Yay.

Jon Depierro: Yeah. Yeah. Thank you for having us. You're the best.

Anna Barbieri: That's it for this episode of Herology. I am your regular co-host, Dr. Anna Barbieri. For more groundbreaking conversations on women's health, subscribe to Mount Sinai Health System's Herology podcast on YouTube, Apple Podcasts, Spotify, or wherever you get your podcasts.

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