ASSEN IDEAS FESTIVAL 2017

ASSEN LECTURE: TWO SISTERS: A STORY OF CARE

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LIST OF PARTICIPANTS

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MS. BOONE: Okay. We're going to get going. Can you hear me all right?

SPEAKER: Yes.

MS. BOONE: I'm Kitty Boone, I work for The Aspen Institute and I am part of the Aspen Ideas Festival team, Spotlight Health we started about 4 years ago and as you all know by now it's run by Ruth Katz and Peggy Clark but we're all on the same team at the Institute.

And we all try to introduce different sessions and I try to make them very short so we can get right to the subject but Elizabeth, as you probably read, has founded something called "The Omega Institute." She's very interested in integrated medicine and you can talk about that, but what she's here to talk about today, is a book that she has written called "Marrow," which is about the experience of donating her own bone marrow to her sister who was seriously ill -- and she will get into that -- with cancer.

And I was just explaining to Elizabeth that a young friend of mine who I watched grow up as a child just contracted leukemia in the last year and his twin sister saved his life by giving him her bone marrow and I find this a very, very compelling topic. But I wanted to give you a quote, because in just reading a little bit about it, so many wonderful people have said just great things about Elizabeth's book, but, "I thought with Marrow, Elizabeth Lesser had written a book about dying. But in fact (and miraculously) this is a book that teaches us how to live." And that's by Jane Fonda.

And with no further ado I'm going to turn it over to Elizabeth to share her story and thank you for coming. And I hope you're enjoying Spotlight Health in this gorgeous weather we have and use your sunscreen.

(Applause)

MS. LESSER: Hey everybody, you sure you don't want to come any closer, are you afraid?
(Laughter)

MS. LESSER: All right. I'll pretend you're closer. So thank you Kitty, thank you for having me. It's just incredible to be here; to be in Aspen itself. It's so stunningly gorgeous, and the thin air seems to do something to people's heads; at least to mine. So I spent today like probably all of you did going to different panels, talks about care giving about brain health and it's just been fascinating. But I'm going to be talking to you today about the subject of care giving.

And last week I was the speaker for the graduating class at an institution that I just hold in great esteem, my little town's local high school. And I was a graduating speaker, and they do something really unusual at this high school where they encourage their graduating seniors to ask questions of the speaker, because they want to train their students right from the get go to, like, question authority and question ideas and test ideas kind of like The Aspen Ideas Festival for high school graduators.

And one of the questions I got at the end of my talk from a student was how did you know what your career should be when you first started out, like what did you think your purpose in life should be. And like many of us I've had several careers in my life and each one of them led to the next one in ways I never could've imagined. I mean, could you have imagined where you are at in your work when you left high school? Like how many of you have had a variety of jobs and careers over your life?

And how many of you are still trying to figure it out like especially this idea of what's my purpose? Yeah, so I told the seniors that they should expect to feel uncertain, as they wove their way through life and they shouldn't bother with that tricky trap of a word called "Purpose" and I told them that only now looking back at the sum total of jobs and roles that I've like cobbled together over my life, do I even sense a thread of purpose running through everything.

But you know I've been a midwife, that was my first job in life, I was a mother, I have three kids. Then I was a schoolteacher and then I started a conference and
retreat center which has become one of the largest in America, and then I started writing books, and one of the seniors pushed me on this idea he said, "But what is your purpose, what is your purpose?" So I surprised myself and I said "Well if I have to lock it down I guess I would say my purpose has been to care, to care for people, to care for the world." And I'm grateful that this student made me have this "Aha," moment because now I can tell somebody. If anybody asked me "What's the purpose of your life," I can say something.

And -- but if I -- somebody had told me when I was 17 leaving high school your purpose in life is going to be a care giver, I think it would've pissed me off I think I would've felt it was such an unimportant, unsexy job, like drudgery. And back then I wanted to be a rebel and I wanted to be a disruptor and a leader but now I can't imagine a more noble purpose than care. It's a purpose I believe should rise to the top of the purpose pyramid because the world needs caregivers to become the new rebels, the new leaders, the disrupters who call out what is missing in our society and who elevate the instinct to care and make it the guiding ethos of our culture.

I want to tell you about two of my care giving roles; my very first one when I was a midwife throughout my twenties and my most recent one when I cared for my sister. And in between there have been other care giving roles but my first job formed the foundation for everything that came afterwards. Delivering babies in a rural community taught me valuable and surprising things like how to start my car when a patient calls at 2:00 am and it's 10 degrees below zero, or how to revive a father who's fainted at the sight of blood, or how to coax the first breath out of a blue baby until its skin turns rosy and it utters that first cry.

But those weren't the enduring lessons; these two were. The first I learned from the babies. They taught me why to care for my fellow humans. When I looked into the face of a newborn, I caught a glimpse of something hard to describe, you might call it original worthiness or maybe you would call it luminous selfhood but I used the word "soul" because it's the only word that comes close to naming what each baby brought into the room. Every newborn was as singular as a snowflake, a matchless mash-up of biology and ancestry and mystery and then that baby grows
up and layer by layer in order to fit into the family to conform to the culture, the community, the gender, each little person covers that bright soul. We're born this way, but as we grow things happen to us that make us want to hide our soulful authenticity and eccentricities. We've all done this.

Everyone in this room is a former baby with a distinctive birthright, but as adults we spend so much of our time uncomfortable in our own skin like we have ADD, authenticity deficit disorder. And unlike the babies we're convinced of our unworthiness and the unworthiness of others. It's as if we are all embarrassed at being human. I mean what if I asked all of you right now to like come really close together and look into the eyes of a stranger and look for that original worthiness. Now, don't panic, I'm not going to make you do that, I think I'd like clear out the room in a minute. That's how uncomfortable we all are just like being our human selves.

But not those babies. I saw in their faces, our faces, I saw how everyone matters everyone deserves our attention, our curiosity, our care. The message from the babies was this, look beneath the layers for your original face and look beyond the assumptions and the judgments we make about each other and meet soul to soul.

The second care giving lesson I learned from the mothers if the babies taught me why to care laboring women taught me how to care. Their message was all about staying open even if things are painful.

A woman's cervix normally looks like this; see this -- like tight little muscle it's at the base of the cervix and during labor for however many hours it takes, this has to stretch to this. Ouch! Anybody knows what I'm talking about in here? And if you fight against that pain, if you fight against the opening, you feel more pain and you delay what needs to be born. And I told my laboring moms that, "Labor is like life and life is like labor." Sometimes, the best things come from the most painful experiences, but I never told them that during labor or they would've bit my head off.

(Laughter)

MS. LESSER: But indeed this was the greatest
lesson I learned as a midwife, stay open when things are
difficult even if it hurts like hell, even if it scares
you. I never forgot the magic that would happen when a
woman stopped resisting the pain and instead opened to it.
It was like the universe took notice, and this wave of help
came in, and that lesson stuck with me and now when things
scary and painful show up in my life, or in the world, or
at work, of course I usually resist it, but then I remember
what the mothers taught me, stay open, something new wants
to be born.

So I took those two lessons with me into all my
other jobs. Lesson one uncover your soul and look for the
soul in everyone else, and two don't shy away from the
painful parts of living, stay open, stay curious, stay
courageous, those lessons became my caregivers creed. And
they've served me well, especially in my most recent role.

Two years ago my younger sister came out of
remission from a rare blood cancer and the only treatment
left was a bone marrow transplant and against the odds
because it's very hard to find a match we did find one who
turned out to be me. And I come from a family of four
girls and the reaction from my sisters when they found out
that I was the only genetic match for her their reaction
was like really, you? A perfect match for her?

Which is kind of typical for siblings, in a
sibling society there are many things love, friendship,
protection but also competition, jealousy, rejection,
attack. And when I discovered I was my sister's match I
went into research mode, some people when it comes to
disease and medicine choose the very understandable and
sometimes wise coping mechanism called denial.

But not me. For some reason science soothes me
like I have to know what's going on. So when I started
freaking out about the transplant and about the possibility
of losing my little sister I got busy, I learned that bone
marrow is where stem cells are produced our bodies are
comprised of several trillion cells and every minute
millions of those cells die and what replaces them? The
miraculous stem cells, right now, deep in the center of
your bones -- like take your fist right now and like pound
on or just push on your thigh, just feel that big bone in
there, now you probably don't think of your thigh as a
place of miracles but just for a moment rearrange your
Inside those big bones -- you don't have to keep pushing on it, but inside those big bones are your stem cells and -- what's going on right now, is in your body right now millions of cells right now are dying and somehow a message gets into your marrow that says we need new cells, maybe it's red blood cells, maybe it's white blood cells, maybe it's other kind of organ cells, or -- whatever it is that your body needs, these stem cells rush out from the porous bones, kind of like salmon swimming upstream, they know exactly where to go and exactly what to do when they get there.

And when doctors harvest bone marrow from a donor, it's those stem cells that they're after. And the premise is pretty simple, destroy all the bone marrow in the cancer patient and replace that marrow with several million healthy stem cells from a donor and then do everything possible to help those cells engraft in the patient. And I also learned that transplants are fraught with danger. If my sister made it through the near lethal chemotherapy, she still would face other threats, 2 major threats, her body might reject my cells and my cells might attack her body and they call this rejection or attack and both could kill her.

Now, those words had a familiar ring. My sister and I had a long history of rejection and attack, from minor siblingsque misunderstandings, to bigger betrayals, we didn't have the kind of relationship where we talked about the deep stuff, rather like many siblings and like people in all kinds of relationships we were hesitant to tell our truths, to reveal our wounds, to admit our wrongdoings.

But when I learned about the dangers of cell rejection or attack, I wondered if it was time to change that. What if we left the bone marrow transplant up to the doctors, but did what we later came to call our soul marrow transplant. What if we faced any pain we had caused each other and instead of rejection or attack, could we listen, could we forgive, could we merge and would that help our cells do the same?

I knew I'd have to woo my skeptical sister. She was a no-nonsense, in the trenches, nurse practitioner
she's like always cast a bemused eye on the woo-woo aspects of my life, as she called my mind body philosophy; she called it lots of things. But she was an anti therapy kind of girl and unlike me she had an allergy to anything that smacked of spirituality, we did share the one holy text, my parents' Bible, The New Yorker magazine. So I sent her a cartoon from its pages as a way of explaining why we should visit a therapist before having my bone marrow harvested and transplanted into her body.

So I said to my sister we've been doing the same thing, I've never forgiven him for that thing I made up in my head, that over all our years of being sisters, that we were carting around a lot of made up stories that kept us separate, stories we'd never bothered to unpack, kind of like fake news about each other's souls.

And I told her that after the transplant for the rest of her life all the blood flowing in her veins would be my blood, created from my stem cells and inside the nucleus of those cells is an identical copy of my entire genome, a complete set of my DNA. "I'll be swimming around in you for the rest of your life," I told my slightly horrified sister, "I think it's time we cleaned up our relationship."

And I'm sure you've noticed this, a health crisis makes people do all sorts of risky things like you know some people will go skydiving or some people quit their job, and in the case of my sister she agreed to go into therapy with me. And we did several sessions; it was in a very compressed amount of time, we didn't have much time between my marrow being harvested and her having a transplant.

And so we had like long therapy sessions over a short amount of time and during that we admitted and released a lifetime of stories, assumptions, shame, blame, until all that was left was love. People have said I was brave to undergo the bone marrow harvest but I really don't think so, the soul marrow transplant that's what was brave, getting emotionally naked with my sister putting aside pride and defensiveness, saying the hard stuff hearing the hard stuff, that felt risky, that took courage. I called on my midwife lessons, I remembered those babies showing me their original goodness and reminding me to uncover that in myself and to look for it in my sister and I remembered the
mothers teaching me to stay open to work with the pain and the fear.

So here I am with my marrow cells after a 8-hour procedure, where they harvest them from you. They call it "harvest," like it's some kind of bucolic farm-to-table event, but I can assure you it isn't, and here's my brave, brave sister receiving my cells you can see them down there in the vial.

So after the transplant all I wanted to do was to take care of my little sister like I'd done back when we were girls. So I left my work and my family and I joined my sister on that lonely island of illness and healing. We spent months together in the isolation unit in the hospital and then in her home and back in the hospital on this rollercoaster ride of infections and treatments and tests.

And I was lucky, I could afford to take time off from work and the intensity of the transplants had rearranged my priorities, I suddenly knew, all the way down to my marrow what mattered most. But our money and work obsessed society does not support or value basic care giving, either as a profession or as a family member taking care of your own.

Care giving is kind of seen as an interruption of real life or a diversion from your important work. We make it so hard for people to slow down to the pace of human connection and we offer little help when people need to manage the emotional drain and the financial costs. Whether it's to care for a sick child even for one day or to be with an aging parent or to grieve the loss of a loved one, making the choice to care can be risky and unpopular.

But I'll never regret my choice. Despite the stress and the financial strain, I was paid in the kind of currency that our culture seems to have forgotten about. I was paid in love and I was paid in a connection that will never be broken. My sister said the year after the transplant was the best year of her life and this was very surprising because she suffered a lot, but she said life never tasted as sweet, she said the truth telling we had done with each other, emboldened her to finally speak her truth to other people in her life something that had been very hard for her and to clean up relationships and to care for herself, as fiercely as she had cared for others.
And this is what we both learned in our soul marrow transplant that to really care for each other, for your friends, for your colleagues, for family, is to have the courage and the humility to tell the truth and to hear the truth, and to understand and to love boldly and in this we succeeded. After that best year of my sister's life her cancer came roaring back and this time there was nothing more the doctors could do.

They gave her a couple of months to live; this was about 2 years ago. A few nights before she died I sat by her bedside as she slept and she was so small and thin by then that I could see the blood pulsing in her neck and I realized then it was it was my blood it was our blood and that when she died part of me would die too and yet she had given me way more than I gave her. And she left me with a lot of gifts, and I'm going to end now with one of them. She said it to me in our last therapy session. She said, "Why did we wait so long to really come home to each other? Tell people not to wait for a life and death situation to do their own soul marrow transplants." And so that's what I've been doing since my sister died.

I've been trying to honor her life by encouraging everyone, myself included, to choose curiosity and understanding over rejection or attack. And as the divisions in our country and the world deepen it feels really critical to me that we open our hearts to each other, and that we question these stories we build about the other, the assumptions we make and we speak our truths and more than that we seek the truths of others. And this is a different kind of care giving; it's taking care of the soul of our nation, of our world. It's caring for each other beyond the surface distinctions of political party or religion or race or gender.

So I feel very thankful to that high school student who informed me about my life purpose, and so I can say now I'm a proud caregiver. And I actually think any of us who are caregivers in this room either professionally or as a family member that we can consider ourselves like part of the great caregiver's revolution. It kind of feels like that's my purpose, that's -- if somebody asked me now what's your purpose, I want to help make care giving be as respected and valued and muscular a purpose as anything else. Here's another gift my sister left with me I found
this in her medical office after she died. Oh, okay, there it is.

(Laughter)

MS. LESSER: And I think this could be our motto caregivers from now on, "Do no harm but take no S-h-i-t". I don't know if I can say it for the taping so I'm just going to spell it. Because you know for millennia humanity has lionized the violent warrior ethos -- that's really what we lionize as a culture, but there are other instincts that the caregivers know all about strong instincts and one of them is to care to do no harm as best as we can to each other and the earth. So I think it's up to us to dignify and glorify everyday acts of care and compassion. We must really demand that we educate our children in the art of altruism and the skills of communication and relationships and love and more than anything it's time to reward and drive resources to the caregivers.

Like imagine if teachers got paid the same as bankers, can you imagine the kind of people who would become our teachers or if home health care and hospice workers got Purple Hearts or if policemen and social workers were both called "First Responders." That's what I'm going to say now when someone says, "What's your purpose?" I'm going to say, "I'm a First Responder. I am the kind of First Responder who rushes into the world, this wounded and divided and dangerous world with tenderness and care to do no harm and to take no S-h-i-t". And I feel my sister's spirit in my wings her wind beneath my wings and I hope you join me, thanks.

(Appause)

MS. LESSER: So I am happy to take questions about anything and everything here's one over here. Can you wait for the mike?

SPEAKER: I can get through it without crying.

MS. LESSER: Okay.

SPEAKER: That was beautiful and I'm very moved. I'm a psychologist in Houston, and I also have an identical twin sister. So I related on lots of levels. And I'd be quick but I have a couple of questions if you don't mind.
MS. LESSER: No, don't be quick.

SPEAKER: Of the four of you, you said there are 2 years between you and your sister, where were the two of you in the sibship?

MS. LESSER: Where we're what?

SPEAKER: The two of you -- were you the two --

MS. LESSER: Oh, the -- we were the -- we're the middle. I have an older sister and a very younger sister.

SPEAKER: Okay. Was your relationship with her more conflictual or more complex than with the others? I'm asking because --

MS. LESSER: Imagine a home of four girls.

SPEAKER: I can --

MS. LESSER: So there was a lot of stuff going on, but yeah we had -- yeah, we had a lot -- we were more different from each other, yeah.

SPEAKER: That's what I imagined. I'm projecting in a lot of ways because --

MS. LESSER: Oh that's okay.

SPEAKER: Because my sister and I -- I think we love each other but we really don't get along and we had a similar situation, anyway, with a health issue and she was going to be the only one that could be a donor for me, and I didn't need it, but -- and one other question. She was amenable to going to see a psychologist or a therapist, did you have to push her real hard?

MS. LESSER: No, I didn't have to push her. If she hadn't had a life or death situation I would have had to push her, but as I said like when your life is on the line people will do almost anything. And so I gently suggested it, because I think it's a horrible idea to push anyone into any kind of healing whether it's medical healing or psychological.
SPEAKER: Unless it's better for you and she would've done that for you?

MS. LESSER: She would've done anything for me I know she would've no matter what -- however conflictual our relationship was, yes.

SPEAKER: And then one other question, I can't wait to get your book by the way, but -- was -- how active was the psychologist in facilitating the healing?

MS. LESSER: Did you all hear that? Yeah, he was incredible and you know I was happy -- I already knew him so because not everyone could've done that.

SPEAKER: That was another question.

MS. LESSER: Yeah, not everybody could've done that. On the other hand, we did a lot of it ourselves and he just watched. But he held our feet to the fire -- are any of you therapists in here -- you know, you know it's a balance between listening and guiding.

SPEAKER: And getting out of the way so he watched you do it.

MS. LESSER: Yeah, he didn't have to get out of the way that much. We both were very strong and had a lot to say.

SPEAKER: I know.

MS. LESSER: And when -- you know, therapy is often seen as this long torturous ordeal that will go on for years and years, it'll never end. But when something is critical happening in your life it can go really fast. That was one of the big learning for both of us; that we hold onto these stuff with each other whether it's our siblings, our mates, our children, our colleagues, people from the other side of the political divide whatever. We hold onto these stories. They feel intractable that we could never let them down, but if you have to it isn't rocket science, and it doesn't take that long. We moved through stuff that it would've taken us years to move through if we hadn't had to.

SPEAKER: Thank you for sharing your story with
MS. LESSER: Yeah. Uh-oh, a psychologist.

SPEAKER: Oh, here it comes another psychologist. It's commonly known that caregivers tend to be really good at giving care but are resistant to receiving care. From your experience here it lasted but about a year or so or was it shorter than that?

MS. LESSER: It was three years.

SPEAKER: Clearly, it had incredible impact on your sister. What was the impact on you, specifically to that metaquestion of accepting --

MS. LESSER: Yeah. Good --

SPEAKER: -- care?

MS. LESSER: That's a good question. It had a profound effect on me. I've always been a caregiver of one kind and the other. And in this particular situation, because it was so intimate and intense had to just really start looking at things like motivation why was I doing this, what kind of outcome I was pushing for my own like current to make things happen. I had to -- and because I loved her so much and I was so invested -- it's a little easier when you -- it's a client or something to have some distance. There was no distance but it didn't matter I got to see parts of myself I really would've preferred not to see, but really helped me change.

And the biggest one for me was an enormous sense of need to be in control and a lot -- I saw that a lot of my care giving came from anxiety about people feeling pain and wanting to make it better. So I didn't have to feel it, and I had to let go of that especially as she was dying. And it had a profound effect on me. I feel it resonate in me. It was one of those change situations that doesn't go away. So many of them; you think it's going to transform you but it doesn't. I have let go of hooking up my own need to control with my desire to care for people, and it's been an enormous liberation.

And I think it's probably made me a better caregiver, because people don't want you to be hovering in
a state of either pity or I'm going to fix you; they want you to witness them -- their self. They want you to value them, they want you to stand with them, walk with them. And I got to learn how to do that better.

Other questions about anything? About -- we don't have to, but I'll, like, try to seed it about your own relationships, cleaning up things, how to do it, why to do it, when to do it; things like that? Yeah?

SPEAKER: (Inaudible).

MS. LESSER: If I hadn't been able to give her my bone marrow -- only siblings have the best chance to be a match after that no one in the family not children or any or else have any better chance of being a genetic match than the general public. So then it goes into an international donor bank and it's called -- Be the Match is the largest one. And it's an amazing organization and if -- I highly recommend if you could bear being a bone marrow donor it's arduous and a little painful, but not really that much and it's saving people's lives all over the world -- but then would've been a very slim likelihood that we would've found a match. It's not easy to find a match.

SPEAKER: My question was what will happen to the relationship (inaudible)?

MS. LESSER: I don't think we would've gone through that. The only reason we did go through it was because I had this thing hooked up in my mind that maybe my cells would engraft healthfully in her body if we -- if psychologically we weren't at odds with each other. If we -- you know, the mind body philosophy that as you think and as you feel so your body acts. So I had -- and this was where a lot of my letting go of control came in, because I kept thinking after the transplant had happened and my cells were in her I kept thinking I have to be loving all the time or there's going to be rejection or attack and that began to make me crazy, and it began to, you know, feel like an erroneous way of looking at the world. But I would not have suggested to her to do that. That doesn't mean I wouldn't have been with her and helped her, but we wouldn't have gone through that.

SPEAKER: So how do you suggest that we start the process?
MS. LESSER: Do you want to say that again with the mike?

SPEAKER: How do we -- how do you suggest that we start the process? My only sibling sister and I had the same kind of relationship that you and your sister had, and I want to come clean with her and neither one of us is in a life or death situation, how do you suggest starting the process?

MS. LESSER: Well, it's a really important question. And first of all you can't make anyone do it. You -- it's kind of a violence to another person if they're not ready to go there and you're going to force them to go there, and it won't work anyway. But I have a feeling you're saying she's -- would perhaps be amenable to it. She would speak that language. So I always suggest that you make it not dramatic, not as if there's something horribly wrong, and if you don't clean it up you're both going to die miserably and we must do that.

I think of it more as an invitation to I know we could be closer, I think we could be closer and there may be things -- I'm talking about siblings right now but this is applicable to many relationships; there may be things between us like from way back that we've never talked about because it's scary.

Like maybe I'm going to have to admit to you something or maybe you're going to need to talk to me about why you acted that way. Everything from like why didn't you sit next to me on the bus throughout elementary school, which was one of my little sister's huge issues. I had no idea, like you never sat next to me on the bus the whole time. And that set up this whole dynamic in our life where I always thought you thought you were better than me. And that was just like a revelation to me. Wouldn't it be amazing if we had been able to say that to each other when we were sixteen and then maybe had a much deeper friendship?

And then other more intense things like the way she rejected me when I got divorced and I never understood why she didn't talk to me for several years. Lo and behold she admits to me it's because her own marriage was -- it was a very abusive marriage, but if she was around me too
much she'd have to tell me and then that might give -- you know, might make her want to change. I didn't know that I just thought she didn't like me anymore especially in my deepest hour of need -- the stuff we don't tell each other.

So you may have to go there but I wouldn't go there right away. And if you are in the kind of relationship where there really are some intense difficulties I do recommend suggesting let's go to a third party who can give us some structure, language, ways of dealing with conflict because sometimes it's dangerous to open things up unprotected without the skills. So I would keep it light I would tell her maybe what it is you'd like to get out of it and not make the expectations enormous. And know that it's going to open up difficult things and it might take time -- takes courage. It's hard for us humans to be vulnerable and imperfect with each other.

SPEAKER: I just want to respond and get your input. I think the death situation makes it different. My sister and I have a very conflictual complex relationship and part of that I think is that we're identical twins and there's always been the competition and that kind of thing. And then of course we get into the power struggle. We talked about it who's going to pick the -- we're both psychologists and --

(Laughter)

SPEAKER: Yeah, it's not as easy if there's nothing pressing, don't you agree?

MS. LESSER: But you know there is something pressing.

SPEAKER: What?

MS. LESSER: There is. It's you know, tick, tick, tick, life is really fast. And to me relationship is so joyful and so nurturing and so important.

SPEAKER: It can be.

MS. LESSER: It can be -- and it can be easier than you think to heal the conflicts. So it's not life or death, but I think it's pretty damn important and full of promise, full of the promise of much more joy and
connection. But if -- you know, a lot of time I'll say this and I'll see people like -- she doesn't know my sister or like she doesn't know my boss, like I'll lose my job or like--

So you got to be careful you can't walk into something and walk out without a job or like never talking to your sister again, but I actually think it's easier than we think. And the most simple invitation can create magic -- this is the last comment then it's time to stop correct? Is it? Oh no we have a little more time? Anyway, I'll take your question next. But I just want to say I often think of human adults like teenagers at a dance and everyone is afraid to ask the other to dance. We just kind of -- all like stand around like this and one person making a brave move at more intimate connectivity.

People are often just so thrilled that someone had the balls to be a courageous connector. I think that's why I call it a new kind of first responder. I think it -- you know, I've met so many first responders in my work and these brave dudes who rush into fires they often are the most terrified people to be intimate with someone. So I really do think it's a form of courage and it creates love and connection in our world.

SPEAKER: Thank you. So I lead communities of caregivers who -- mostly women who are caring for their aging parents and one of the --I just wanted to share with you that the -- so we started this organization in a way to really just to bring information and resources around the care system and how to navigate it. But what ended up happening was that -- is that a lot of women started to come together around this shared experience of what you're telling us right now about how very hard it is to let go of control. Everyone wants their parents to be safe and the parents want dignity and choice and purpose, and sometimes those things are at odds with each other.

MS. LESSER: Yes.

SPEAKER: And that I've come to realize that even if we could create the most perfect care system -- and we have a very long way to go with that -- but even if we could, a huge part of our work in moving towards a society where so many more people are going to need care as the aging of the population happens, that we've got to actually
create the -- I don't know what to call it. The training --

MS. LESSER: Yeah.

SPEAKER: -- the dialogue, the normalization, the ritualization around this process of letting go of and being comfortable with risk and pain and suffering. And so I just want to thank you so much for saying that and let you know that that's a really calm experience.

MS. LESSER: Yeah, thank you. And that's why in my own life I've been surprised that some of the tools I've worked within -- at my organization, Omega, where we offer a lot of workshops and things like meditation and stress reduction and yoga and things like that; I've been very surprised how the practice of meditation served me so much during my sister's last year. Because meditation is all about giving up control to the moment and sitting in whatever life is serving you at that moment whether it's physical pain or your insane mind or whatever. And that practice is so vital to caregivers, a way to rest in the messiness of life that you will never be able to care away. It's -- that's what it's all about, thank you.

Any other questions? Comments? Okay, well thank you so much for being here.

(Applause)

MS. LESSER: I'm signing books I think, at -- in the bookstore in a little bit -- 5:30.

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