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PERSONAL DEVELOPMENT

The Zen Actuary

Installment 9: “The Patience of Healing”

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*Author’s Note: This is the continuation of a series¹ adapted from the book *Awake at Work* by Michael Carroll, covering the application of Buddhist teachings to situations encountered in a modern corporate workplace setting. This series addresses challenges frequently encountered by practicing actuaries.*

This installment takes a 180-degree turn from the prior one, which discussed my adventurous foray into learning to stand on my head. Much of that experience encompassed dealing with the physical and mental challenges of taking on a physically demanding yoga posture. There are many barriers one must “push through” to achieve the final destination.

This article looks at testing one’s ability to “pull back” and slow down when circumstances call for doing so. As with headstand, attempting to heal from injuries involves setting goals and having

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a final destination. However, also like standing on one’s head, it’s the journey to recovery and examining the various states of mind along the way that is where the real work of self-discovery and personal growth occurs. Don’t worry, we’ll get back to *Awake at Work* in the next installment!

“Oww! That really hurt bad! I think I really messed up my arm this time!”

I was in the gym when this occurred and I did not say this out loud, but they were my exact thoughts as pain went searing through my right arm. I was in the middle of doing pull-ups, attempting to build some additional upper body strength that I felt I needed for some more physically demanding yoga poses I

had been working on. Hey, I made it into a headstand, so I figured the sky’s the limit. I thought to myself, “Rich, you live once. Go for it. You ain’t getting any younger!” The burning sensation going through my arm made the last part of that thought feel compellingly real.

I knew I was in trouble, but I did not want to face it. I told myself to take a day or two off and it would get better, and I could go back to working on levitation and defying other laws of physics. But it did not get better. It hurt like heck. Yet I still attempted to practice all of the advanced postures I had been working on: headstand, crow, side-crow, handstand, forearm balance. What a lunatic!

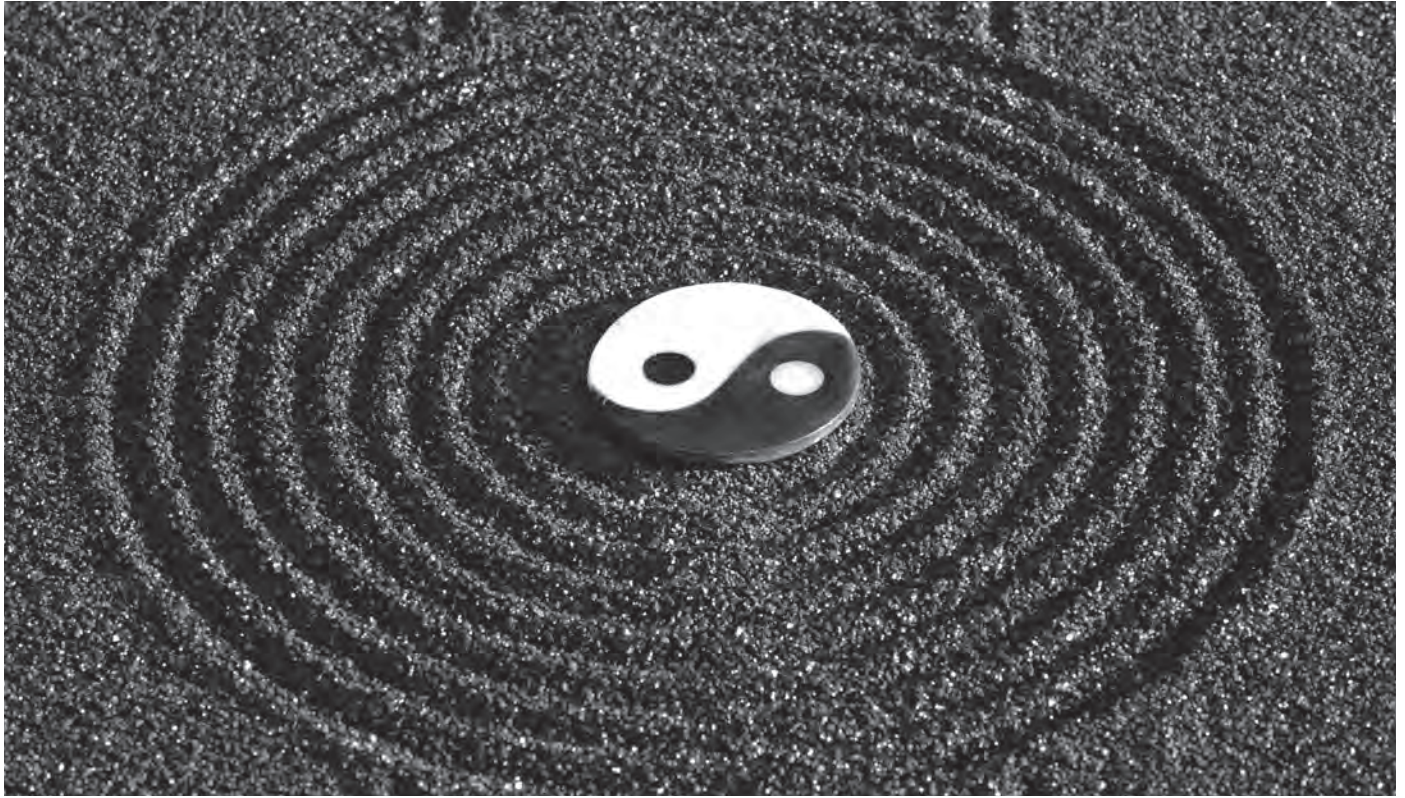
The rational, reality-facing part of me began researching and analyzing what was going on. I diagnosed myself as having elbow tendonitis—golfer’s elbow, not tennis elbow (there is a difference). I began to do some of the recommended exercises, but I was still trying to justify maintaining my asana practice at the same physical level. I refused to let go.

The recognition of this refusal was a crucial turning point—the first of several. I had become attached to my physical yoga practice. In some ways, it had become a means to an end—just another workout. I had lost the true meaning of the practice. The first step back was the recognition that I needed help—and fast. I made an appointment with an orthopedist, who confirmed my nonprofessional diagnosis, and prescribed physical therapy for the elbow.

This is not unlike what an actuary may experience in executing a challenging assignment. For example, you may be working on a complex model and at a crucial juncture of testing may begin to get unexpected results. You know something is not right and have a feel for where the problem likely is occurring, yet cannot shake the thinking and logic that created the flawed model. You are too close to it, too connected to what makes it go. You need another set of eyes to help diagnose the problem and prescribe potential solutions to remedy the project.

Similarly, a line of business that has long been producing acceptable returns begins to produce subpar results including some occasional red ink. The actuaries managing the line have the data to diagnose the issues, but may be too vested in the product psychologically to examine the data critically. Sometimes it takes either an external review by a consultant or even an actuarial management shake-up to implement real and efficacious change.

The physical therapist I started with gave some tough love for my elbow, but not in the way the phrase is normally perceived. He told me I had to really dial it back. No pressing or grabbing with the injured arm, or it would not get better. He suggested I avoid using it as much as possible, although he acknowledged that completely eliminating all use was virtually impossible.



This led to a new examination of all of my living habits, going beyond what I did in the gym or on the yoga mat. Even my hygiene practices needed to be re-evaluated. It was painful to utilize a toothbrush with my right arm, so I attempted brushing with my left hand. The first week or so of doing this was a mechanical mess, with many spots not getting the brushing they needed, despite my best efforts. While frustrating and mentally irritating, the experience was mild by comparison to shaving holding the razor in my left hand. Let's just say that antibacterial ointments and Band-Aids were in regular usage during the first two weeks of that experience.

Other switches to my nondominant left hand were not as difficult but still required breaking some long-standing habits. Despite all the meditation and yoga I had been ritually following over several years, I discovered that I was still going through much of my day like an automaton, mechanically moving from one thing to the next. My right arm dependency was astonishing. I always knew it was dominant, but my desire to use it in spite of the intense pain that doing so would cause was alarming. My natural habit to reach for a door knob or handle with my right hand frequently set back my recovery. To combat it, I began incorporating into meditation the mantra, "I am left-handed. Everything I do must be carried out with my left hand." Carrying

this thinking out of meditation into the rest of my life helped me gradually adjust to doing more with my left hand.

While it is stressful to do this when one has to recover from injury, I recommend experimenting when you are not injured. Watch and observe how your dominant hand becomes like big brother, wanting to come in and do things it normally does because it is far more efficient and effective. Even in tasks that require two hands, switch the role of each hand in the task and observe what goes on in your mind.

At first, pay attention to how the ego reacts to "beginner's mind." Struggling to do routine tasks that have become non-events (how many times do you even remember brushing your teeth?) can be quite humbling at first. One has to actually contemplate what one is doing. One of my greatest challenges was spreading butter on bread holding the knife in my left hand. I had to mentally tell my hand what to do and watch whether it was doing it. I experienced this activity fully in real time, perhaps for the first time in decades! How amusing! All these years I've been trying to improve my mindfulness through all these yoga and meditation classes and retreats, and there was a built-in simple way to do it under my nose that was far more cost-effective!

How many tasks do we perform in carrying out our actuarial responsibilities that we have not truly examined in years? For ex-

ample, I recently hired an external consulting firm to perform a model validation on my company's enterprise risk management model suite. The original purpose was to demonstrate that the model was working appropriately and breed further confidence in its integrity with senior management and the board. As expected, the model calculations and overall structure passed with flying colors.

However, the validation included a review of both key model inputs such as scenario construction, and how the reports generated were being used by key stakeholders. The exercise resulted in several key unexpected insights in these areas, including the need for better governance around scenario development, and for an expansion of modeling capability to address usage needs not met by the current set of models. The models have been in place for years and to some degree I had my team just unwittingly continuing to press the button each quarter.

In all aspects of life, there are times when things get even worse before they get better. For some time, I had been feeling pain in my right hip and lower back. Several weeks into my elbow physical therapy, I noticed this had extended to the groin and I diagnosed this as being some type of groin strain or pull. I dutifully did my internet research and added new exercises to address the problem. It was not getting better. I bit the bullet and once again saw an orthopedist. This time, I discovered my diagnosis was quite off, meaning I will not be attending medical school anytime soon. The orthopedist informed me that I had an inguinal hernia on the right side, and the only way to fix it would be through surgery. I had the surgery in early April, and am recovering reasonably well as of the date of this writing.

There have been setbacks with both injuries over the last two months, and what I've learned is that these are often part of the process. They help me better define what I can and cannot do. It has been a great lesson in impermanence, as I need to continually monitor my body as it progresses. It really is about paying attention.

Similarly, navigating our actuarial work requires that same dedication for us to be most effective. We've all experienced setbacks. Suddenly, that client we've had for 20 years calls to inform us that they are putting out a Request for Proposals. Or that version of actuarial software we've become dependent on is suddenly no longer supported by the vendor; all of those enhancements in our project plan are now at risk.

A larger example involves actuaries working on pricing individual major medical policies. They continue to grapple with how to adjust to the actuarial havoc wreaked by the underwriting and pricing sea changes ushered in by the Affordable Care Act in 2014. How to heal the market is under contemplation by many in industry, academia and government. Some participants have

decided that the market is permanently broken and have either exited or are planning to do so.

In applying the lessons of my healing process to my actuarial practice, I have found the following to be helpful:

1. **Be open to what is happening in the marketplace.** In other words, do not resist or go into denial about the continual changes. This includes monitoring trends in demographics, living habits and regulation, as well as policy experience and financial markets.
2. **Trust intuition and gut feelings, but validate them with real data where possible.** Working in this profession results in a tremendous wealth of experience for each of us to draw from; we just need to be careful not to jump the gun in diagnosing problems and drawing up solutions until we have all of the relevant information.
3. **Call upon a rich and varied network of external perspectives** to fill in the pieces of the puzzle where intuition and data are not providing answers. Talk to non-actuaries at other companies where possible.
4. **Maintain patience and restraint when implementing changes.** Moving too quickly and without thinking things through may result in a cure that is worse than the disease.
5. **Keep a sense of humor.** No one is perfect, and we are all in the process of continual learning. Remember that actuaries are well compensated because of their willingness to ask and attempt to answer the most difficult questions. Enjoy the process and be willing to smile at the opportunities to grow.

Injuries and ailments are never fun, whether to our bodies, minds, or the work that we depend on for our livelihood and self-esteem. But they often are our best teachers, calling for patience, compassion and self-awareness in the journey to healing. When faced with openness and humility, they bring about professional and personal growth that we may not be able to experience otherwise. ■



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ENDNOTE

¹ The first eight installments in the "Zen Actuary" series were published in *The Stepping Stone* from November 2013–May 2016, and are available online at www.SOA.org/ld.