**The Resilience Recipe: Key Ingredients for Thriving in Challenging Times**

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What if, instead of sitting in this hotel room enjoying an afternoon off, you found yourself sitting in a hospital room, thousands of kilometers from home, praying for a miracle to save your life? What would you do? How would you look at life differently? What would be important to you, and what wouldn’t matter anymore? How would your perspective change?

We will talk about a framework for how to deal with adversity and change. In a world that is constantly changing and increasingly unstable, adaptability and resilience are paramount for success. My goal is to give you practical tools that you can take back to work and to your home and implement to make your life and your job easier.

I am going to share some of my story with you, but it’s really important to me that you understand why I do that. It is not so that you think I’m special or I’m different or that you admire me or feel sorry for me. I’m not here for me; I’m here for you.

I think we’ve all heard speakers before who have a powerful personal story. You listen to them speak, you are moved or inspired, but then you walk out that door and think, *Now what? That was nice, but what does that have to do with me?* There may have been entertainment value there, but nothing that you could actually implement in your own life. My goal for you is that you can actually take the things I share and implement them. I know they work because I continue to use them every day. My passion for sharing them comes from the fact that I use them on a daily basis. So I know they work.

So I want to invite you into the story. Imagine sitting in a hospital examination room in Halifax. You’ve been in the hospital for three weeks now. It’s been three months since you felt normal. In a minute, the doctor is going to come through the door to let you know what they’ve discovered in all of their tests. Naturally, you’re nervous, anticipating what may be significant news. You don’t know how serious the problem is or even what it is yet, but you know there’s a good chance that the next several months or years of your life are going to look different based on what you find out in the next 20 minutes.

How many of you have lived in an experience where you knew that, after this day, everything was going to be different? So this is one of those times. Finally, the doctor, Jonathan Howlett, comes through the door. As soon as you see his face, you know the news is not good. He sits down across from you, looks you in the eye, and says the words that will transform your life: “You need a heart and double-lung transplant, and you need it now.” And, in an instant, everything changes.

“What does *now* mean?” you ask. “I don’t know for sure,” he says, “but if I had to guess, I would say that if you don’t have a transplant in the next 18 months, you’re not going to see your 26th birthday.” And, just like that, everything in your life changes.

What do you do?

You’re given two options after that news. Option No. 1: “We’ll try to get you a transplant but the operative word is *try*. As we speak, there are 4,000 Canadians waiting for lifesaving organ transplants. Statistics tell us that we’ll lose 200 more of them in 2017 because there just aren’t enough donors for everybody. Because of the severity of your illness, because you need three organs, because of your size, you’re a worse candidate than most. I’d give the odds of your getting a transplant in time at less than 10 percent.”

So you may want to consider option No. 2. Now, you need the transplant to survive. What? Could there be another option? Like what is option No. 2? “Well, option No. 2 is you go back home, and you spend whatever time you do have left with your family and your friends, ticking off some things on the bucket list and trying to live life for however long it may last.” What do you decide to do?

At 24, my decision was quick and relatively easy. “I’ll do what I need to do. I’m not going home to die at 24 years old.” So, a few months later, my dad and I packed our bags in Moncton, left my mom and my three brothers at home, and moved nearly 1,000 miles away to Toronto to start waiting for a transplant.

When we got there, they gave me a pager. (This is where I’ll stop for anyone under 30 to explain what a pager is: Well, it’s like a one-way cell phone, and you would get this number on a screen, and then you would go and you’d find a pay phone. So, pay phones are these things that we used to have on walls, and you would call the number back and find out what the call was about.)

So imagine—you take that pager back to your temporary home in Toronto, and you wait for it to beep. We’ve all had the experience of waiting for an important phone call, whether it’s at work or at home, and you kind of bounce on the edge of your seat every time the phone rings. We had many false alarms—people trying to order pizza, wrong numbers—but the phone call did not come for months and months and months. We spent Christmas in Toronto, away from all of our family and friends here at home, because I couldn’t go out of the city limits even for a day because that might be the day that the phone call came.

After several months of waiting, my condition grew worse, and I was admitted to the hospital. Doctors explained that I had a condition called *ventricular tachycardia*—big medical words, but it doesn’t really matter. It just means that my heart would race out of control spontaneously. So I’d be sitting watching TV, talking to a friend, and all of a sudden my heart is racing like I just sprinted uphill. The doctors explained that it left me at very high risk for something called sudden cardiac death. It doesn’t take a medical degree to understand that one, right? It goes really, really fast, and then it stops.

They explained that there really wasn’t a whole lot they could do. “We can’t prevent this from happening, but we also can’t, in good conscience, send you back home like this, because if something were to happen, by the time you dialed 911 or somebody did CPR, it would be too late. So we’ll keep you here on a heart monitor, 24 hours a day, 7 days a week, and watch. And if something happens, an alarm will go off, the nurse’s station will be notified, and a code will be called. They’ll come in with the defibrillators and shock the heart and hopefully reset the rhythm.” So that was the plan.

So imagine yourself walking into this 10 x 10 hospital room. Beige walls. There’s a bed and an end table, and that’s it. This is going to be home for who knows how long. It may be two weeks or two years. As you walk through the door, you realize that there’s a good chance you will never walk. Statistically speaking, you are likely going to die in this room. What do you do?

I would love to tell you, as a “motivational speaker” who’s supposed to be positive, that I was positive, but I wasn’t. I was angry. I spent weeks and weeks and weeks and weeks sitting in that room feeling sorry for myself: *It’s not fair. Why me? I didn’t deserve this.* All of that stuff.

Finally, after about three weeks of that, my mom, who was staying with me at the time, had heard enough of my complaining. She did for me what everybody who cares about you does, whether it’s a spouse or a parent or a child or a manager, and that is that they tell you what you need to hear, not what you want to hear, because that’s what makes us better. And she said, “Mark, you have a choice to make. Choose to feel sorry for yourself if you want. I get it. I understand. You’re entitled. But is it working? Keep thinking this way, keep feeling this way, and where are you going to be in three weeks or three months? Exactly where you are now. Just more tired, more angry, and more bitter than you were before. So feel this way for as long as you need to, to get it out of your system, but if I were you, I would start trying to find some good things in a difficult situation.”

It’s life-transforming advice, if you listen, but perhaps like some of your children, when my parents tried to give me advice and I didn’t want to listen, I didn’t listen. I believe my response was “Whatever. You don’t get me, Mom. You don’t know what it’s like. You’re not the one stuck in this room.” My mom showed great self-restraint and walked out the door instead of smacking me in the head, which is what I deserved.

It took another few weeks for me to wrap my head around what she had to say, let it sink in, and feel like it was my idea so that I would listen to it. Here is what I learned: We’ve got to accept.

The first step in dealing with any kind of change, no matter how difficult, is to accept the fact that it’s happening and to accept our responsibility for what we can do and also to acknowledge that there’s a whole lot of stuff that we can’t do anything about.

Sitting in that room, I learned very quickly what makes me, me—what I have control over and what I don’t—because everything was slowly stripped away. What I ate, when I slept, what I wore—everything was dictated to me.

I would get weighed every single morning. We were vigilant about keeping track of my weight because weight gain meant that my heart failure was getting worse. Everything was monitored. Everything was tracked. I couldn’t leave the floor of the hospital because the heart monitor that they were using to monitor my heart didn’t work through the concrete floors. So I was a prisoner, for lack of a better term.

I no longer had a job, so I couldn’t define myself that way. I no longer was going to school. My girlfriend of three years and I broke up when she freaked out because she thought I was dying. And everything that I thought was me disappeared. It took a long time to figure out how to accept all of that stuff. But Mom’s advice to me was transformative because it helped me to take control over what I could control.

My first question for you is, what is it that you need to accept that you haven’t accepted yet? I went from graduation, where—despite how that picture looks because I was already chronically ill—I was actually feeling quite good, to that place of being home for what ultimately was six months. [visual] I hated it. I hated that I was stuck there. I hated that I had no control. I hated that I was dying. It wasn’t fair, and I was angry. But I realized that the only thing I could *do* was to let go—to let go of the situation, let go of my need for control, and let go of how I thought my life was “supposed” to go.

What do you have to accept in your business and your life? What are you wasting time and energy on? Because those are, by the way, the only two limited resources you have. They’re the most precious ones you have as well. We can get more of just about anything else. You can’t get more time. And you can manage your energy, but you can’t manufacture it. And yet, we spend those two resources frivolously all the time, oftentimes worrying about things we have no control over at all.

Now that you have identified what you have to accept, you actually have to *do* it. But how? Acceptance is a mental exercise; it’s a decision, but there are some things you can do to help yourself get there. You can write it down on a piece of paper and then tear that paper up or burn it. You can have an accountability partner and tell that person to remind you every time you bring up that thing. You can wear a rubber band around your wrist, and every time you catch yourself thinking about or worrying about that thing, snap the rubber band. Whatever works for you is fine. Over time, you will build a habit of letting go of the things you can’t control.

It is important to say here that accepting in and of itself doesn’t get you anywhere. Resigning yourself to the fact that you have no control over anything is not constructive. I’m not asking you to be passive. I’m asking you to figure out what lies within your control and what lies without and to not waste your time on the outside stuff.

Do you know somebody who complains on a regular basis about everything?

Complaining is the ultimate example of this, because what do we typically complain about? Things that we can fix? Not usually. And if you can fix them, quit complaining and just fix them.

How many times have you heard someone complain about the weather? This week? How many times was that person you? But we can’t change it. So we have to figure out how to accept so that we can move on.

When I sat in that hospital room and started to accept what I was able to, I then moved to the next step: How could I adapt?

In the hospital, we made the change that my mom and I talked about in the room. I started inviting friends to come over and visit me at the hospital. We would hang out, just like we would hang out at their house, only they came to my “house.” We brought in food from home. I probably celebrated seven or eight birthdays in the hospital over the course of my life. But for that birthday, we brought in beer, we brought in lobster, we brought in . . . I forget what else. If you ask the right people the right questions, then you can get a lot of things done.

We made it feel like home. And so a very difficult situation was made much easier because of the positive changes and adaptations that we chose to make. I know that one of the core values you’ve been talking about is learning. We learn from our mistakes. We learn from the changes. We try things and we say, “This worked. This didn’t work. How can I adapt? What can I do? How can I evolve?”

Our reality is constantly changing.

Have you been in this industry for more than 10 years? More than 20? More than 30? Think of the changes you have seen in that time. The technology changes in how you do your work. The change in your clients, what they value, how they think.

Would you agree that if we do not change the way we do things to adapt to the changes in the world around us and the world of our clients, we will become irrelevant?

Robo-advising is already here. Artificial intelligence is only going to make it better. In October, CNBC reported on a story that Aviva invested heavily to buy a majority stake in the robo-advisor Wealthify. Robo-advising isn’t brand new, but it is growing, and as artificial intelligence technology grows, it will only get better and threaten to take more market share.

So how will you adapt? What do you need to change in the way you do things so that you can continue to be relevant in this new market? How will you add value to clients who have access to far more information than your clients 10 years ago could have ever imagined?

Kodak, one of the most successful companies in the world a couple of decades ago, didn’t adapt, or it didn’t adapt in the right ways. So what do I need to do with an individual so that I can adapt more effectively? Do I need to be more open to change? Do I need to be willing to learn new things? How many of us resist learning new things? Be honest. Nobody? We don’t like it, right?

How many of us remember listening to cassette tapes? Some of us remember listening to eight-track tapes. I show my pictures of these things to my kids; the oldest one is 8. Other than the newspapers, she doesn’t recognize any of that stuff. “What is that?” Right? When was the last time you put a roll of film in a camera?

Then there are newspapers. If you’re working for a newspaper today, you best be on the job hunt. I have a coaching client right now who was a full-time reporter with the *Times & Transcript* a couple of years ago. He just got a new job because he’s been laid off for six months. And more are coming. It is just the way it is.

So you can either say, “This sucks. Remember the good old days when everything was easier? And remember when people used to go to the corner store and buy their paper?” Or you can accept that that is no longer reality and *adapt* to the new reality.

As we made those adaptations in the hospital, it made life much easier, but it was still very challenging. So by doing this stuff, it doesn’t mean that everything is solved, everything is great with no more problems, rainbows, and butterflies. It just means that it’s better and it’s easier, and you can be more effective, and you can be less stressed.

I’ll give you another example. After I came back home from the transplant, I got a job at an insurance company in town. It wasn’t a good fit for me; I didn’t enjoy the job. The only reason I went to work every day was because of a paycheck, obviously, and because the people I worked with were fantastic.

One person I was particularly fond of. Her name was Janice, and, uh, she was the most beautiful woman I had ever seen. In fact, when I went into the office, she was one of the first people I met. I was thinking, *If everybody here looks like you, this is going to be a pretty nice place to work.* Then she stood up to greet me, and she was 6 foot 2, and I thought, *Maybe not the right person for me.*

Janice and I became friends, and then on a random Tuesday afternoon, I was at my desk working, and she came over to the desk and said, “Mark, what are you doing on the weekend?” It’s a leading question, right? “Uh, nothing. Why?” “Well, do you want to go on a blind date with a friend of mine?”

I don’t know if you watch those horrible reality TV shows, but I’ve seen enough of them to know blind dates, and thanks, but no thanks, like I’m desperate, but I’m not there yet. And this is before Match.com and all the rest and swipe left and swipe right.

This is old school. I’m just going to show up somewhere and meet a total stranger. And every fiber of my being screamed, *Mark, don’t do this. This is a bad idea, you know. You know, we know what might happen.* And for whatever reason that day, I just stopped myself, and I did this quick mental inventory of all the women who had been calling me and asking me out on dates lately, and there weren’t any.

So I thought, *What’s the worst thing that can happen? It’s like two hours of your life. Take a chance. Take a risk and see what happens.* So I agreed to go on this date. Now, I hate to be stereotypical, but what most women I know do when they get to be matchmakers is get very excited, because it’s like, “Oh, it’s the first day, and pretty soon they’re going to be married.” I’d stay away. And Janice made all the arrangements within 20 minutes, and the whole thing was done. “Mark, 7 o’clock Friday night, be at Boston Pizza. She will be there.” I was like, “OK. Not my choice, but that’s fine.” Like a good man, I did what I was told to do.

So on Friday night at 7 p.m., I showed up at Boston Pizza expecting to meet this young lady. And I saw her and Janice and her boyfriend and 10 other people. Yeah. And I was thinking, *That looks like an ambush. I’m not going over there until I get more details.*

I got Janice’s attention, and she came over, and I said, “Uh, I see your friend there, but who are all of those people?” And she said, “Well, my friend is a really shy person, and she was nervous about this whole blind date thing. So she invited some friends to come along. Hope that’s OK.” I hadn’t done a lot of research, but the way I understood blind dates is, it’s kind of a one-on-one thing, not a one-on-10 thing, and I didn’t sign up to have a judging panel about everything I was going to say all night.

I went over and met everybody. And the whole night I was obviously self-conscious. I was watching from the corner of my eye for the little white cards from the judges with the numbers on them and that the answer was a two.

I don’t know what the judges’ marks were in the end, but I know I must have passed, because the next weekend, we went out again, just the two of us, a much less awkward evening. And I ended up dating Janice’s friend for a year and a half, which would be a pretty cool story. At the end of a year and a half, I realized I had better not screw this up, and so I asked her if she would marry me.

Marise and I have now been married for 10 years, and we have three beautiful kids. Emma is 8, Matteo is 5, and baby Caleb is 5 months. And whenever I share that story, the women in the audience always go, “Oh, isn’t that cute?” and the men are like, “I don’t care. Not my kids. I’ve got my hands full with my own stuff.”

I get it, guys, but don’t miss the point of the story, which is that those lives would not be here if I wasn’t willing to adapt and change my attitudes.

If I was unwilling and said, “Blind dates are scary. That’s not comfortable for me. That’s not within my area of comfort zone, and I’m not doing it,” my whole life would look different today. If I had walked in and seen the dozen people there and left, none of the rest of it would have happened. One small adaptation changed my life.

Will every adaptation you make be that successful? No. But some of them will. And the problem is, we don’t usually know which ones those are until much further down the road. It’s only in retrospect that we figure it out. So are you willing to adapt?

As we made those adaptations in the hospital, it made life much easier, but it was still very challenging. So by doing this stuff, it doesn’t mean that everything is solved, everything is great, no more problems, rainbows, and butterflies. It just means that it’s better and it’s easier, and you can be more effective, and you can be less stressed.

Over the course of the next few months, my condition got worse and worse and worse. Eventually, it got to the point where I was afraid to go to sleep at night because I was afraid I wasn’t going to wake up. Fortunately, on September 6 at 10:15 p.m., I was in my room watching TV, like I did every night, and my nurse came to the door. “There’s a call for you at the nurse’s station,” she said.

You’ve lived in this hospital for six months. There’s a phone beside your bed. You don’t get calls at the nurse’s station, right? Something is up, kind of like if you have an unscheduled meeting with the manager. It’s news. I didn’t know if it was good or bad, but something was about to happen, right?

So I went down the hall and into the nurse’s station. I nervously picked up a phone, and a woman on the other end said, “Mr. Black, I think we have a set of heart and lungs for you.” There was a long, awkward pause, because what do you say to that? “Uh, thanks.”

She confirmed that they’d call me back in a few hours when they knew for sure that the surgery was a go, because sometimes there are “false alarms,” as they call them. A donor is identified, everything looks good, and then they remove a lung and there’s a spot, or they remove a heart and there’s a blockage, and they can’t use the organs.

I was excited, but I couldn’t get too excited. I went back to my room to call my mom, who was now with me in Toronto. She had been with me all day but had gone home for the night. So it was about 10:30 p.m. And I said, “Mom, I just got the call. I’m going to have my transplant. You need to come to the hospital right away.” My mom said to me—I can’t make this stuff up—“Are you serious?”

“No, Mom, I thought it’d be really funny to pretend I was having lifesaving surgery and make you drive all the way to downtown, about a 45-minute drive at 11:00 at night, and say, ‘Gotcha,’ and make you go back home. Yeah, I’m pretty serious. Please come to the hospital.”

So, Mom drove downtown, and I called everybody at New Brunswick and told them what was happening. Mom arrived, we hugged, we cried, we prayed together. We waited and we waited and we waited. At 5:00 a.m., the surgeons came to the door: “OK, it’s time to go.” And they did this very matter of factly, right, because this is their job. They do this every day. It’s not a big deal with them.

This is one of those moments that your life feels kind of like a movie. You’ve probably had a few of those in your life. I looked at my mom, and she looked at me, and we were both searching for the right words, knowing they may be the last words we say to each other. And all I could come up with was, “Mom, I’m going to see you soon.” And they wheeled me away.

And that’s about the last thing I remembered for five days. I was in surgery for seven hours. The first five days were pretty foggy. The drugs in the ICU were fantastic. Most of what I remembered didn’t actually happen, in fact. There were some flying elephants. There were some bugs on the walls at different points. I talked to a lot of fascinating people and then found out later that they hadn’t been there. All I remember for sure is that on the third day I woke up and freaked, for lack of a better expression.

Maybe you’ve had an experience where you’ve been staying at a hotel or at a relative’s house or something, and you wake up and you’re disoriented for a minute because it’s not your bedroom. Have you ever felt that experience before? So when you’re in the ICU on morphine, that experience is amplified quite a bit. So I woke up, and it looked like another planet. I mean, everybody was in gowns and masks and there were machines beeping everywhere.

Then I tried to ask somebody where I was and what was happening. I couldn’t talk. My mouth could move, but no sound came out. You want to talk about a strange experience—it was because I had a ventilator tube in my throat, which is normal procedure for a lung transplant, but I didn’t clue in. I just knew that my mouth was moving, and no sound was coming out. And my mom could tell that I was getting panicked. I don’t know if she saw my eyes or my facial expression or what. And she came over and calmed me down. “Mark, it’s OK. It’s OK. Just don’t talk. I’ll get you a piece of paper and a pencil, and you can write whatever it is you’re trying to say.” So I nodded my head.

My mom rifled in her purse, found a piece of paper and a pencil, and gave them to me. Very carefully, I wrote down the first and most important question on my mind at that moment: “Mom, what time is it?” Not “Hey, I’m alive. Cool” or, you know, “How did the surgery go?” No, I needed to know what time it was right now. I had a very important meeting to get to. So I wrote it very carefully. I handed this piece of paper to my mom.

Now, my mom took the piece of paper from me, and she stared at it for a long, long time. And I couldn’t talk, but in my head I was thinking, *Why are you so stupid? What is your problem? You’re the person who taught me to read; you’re the person who taught me how to tell time. You can do this stuff. Come on.* She looked at it for a couple of minutes and then just kind of wandered off. And I thought, *That was really rude. She totally ignored me.*

Five days later, she came into my room, and I was a lot more alert at that point. She handed me this crumpled piece of paper, and I just pulled it out, and there was a line and a dot and a scribble and a circle. I said, “What’s this?” She said, “You know that note you wrote me the other day? Probably you can empathize with why I had a little difficulty in reading it and understanding what you were trying to say.”

I was in the hospital for a total of 16 days after the transplant. The doctors said it would probably be a three-month recovery. I was fortunate that I got out in 16 days. And since then, I’ve done things that, frankly, 15 years ago I thought would be impossible. I met and married my wife. We have healthy kids; we’ve run some marathons. And I share that with you not to brag but just to say that the next thing on the agenda here is really, really powerful.

You have to know what you are *aiming* at.

What are you aiming at? Where do you want to go? What do you want the next several years of your life, the next 12 months of your life, to look like? You are here because you know how to set, and achieve, goals. I won’t belabor the importance of goal setting to you, but I want to reinforce that it’s important to be crystal clear about not only what you want to achieve, but *why* you want to achieve it.

Writing down a goal is incredibly powerful for a couple of reasons. Number one, it gets defined, right? It’s on paper. So it’s concrete. And it also gets more specific, hopefully. So to give you an example that most of you can relate to at some point in your life, losing weight is not a goal, because does losing weight mean 3 pounds or 300 pounds? And does it mean in the next six months, or does it mean in the next six years? And then, how are you going to accomplish that?

I set a goal, while sitting in the hospital, to run my first marathon. I have no idea why that was the goal. I just know that I was sitting in this hospital. I’m going to show you a picture. This is not a pretty picture. There is no blood, but I always like to prepare people so that they’re ready. [visual]

There were 40 staples across my chest to hold the incision together. So the incision went across, not up and down. There were still a couple of chest tubes in one side of my body. There had been chest tubes removed from my right. I called them the “bullet holes.”

I weighed about 75, 80 pounds. I hadn’t walked in five days. I hadn’t run in 15 years. For whatever reason, that day I said, “I think I’m going to go run a marathon.” Crazy? Probably. I remember that the doctor said before the transplant, “If everything goes really well, and we find the right donor, and you do well in surgery, and we find the right cocktail of meds, you’ll probably be able to go back to work part-time someday.” Well, yippee.

Now, why did he say that? Well, he wanted me to be reasonable. He didn’t want me to have expectations that were too high. He didn’t want me to be disappointed. But that’s not what goals are for. That’s a to-do list. You want to make a list of 25 goals that you’re going to accomplish this week and write out your to-do list, and you can check them all off and feel like you’ve accomplished something. That’s not what a goal is for.

A goal is meant to stretch you. A goal is meant to push you to see where your limits really are, because they are always beyond where you think they are. Everybody is capable of more than they think, and I can say that with 100 percent uncertainty, having never met any of you. How do I know that? Because it’s human nature. We naturally put limits on what we think we can do. And I can prove it to you with one simple exercise.

Do you have kids under the age of 7? Do you remember when you were a kid under the age of 7? Have you at least *seen* a kid under the age of 7? If you have, then you know that what’s amazing about these kids, especially the ones 4 to 7 years old, is that they’re so natural at this stuff, it’s not even funny. Ask a 5-year-old kid what she’s going to be when she grows up, and you will get a plethora of very interesting answers, from very conventional to things you’ve never heard of before to made-up careers.

The most popular career choice for 5-year-old girls in my informal surveys has always been—what?

Princess is overwhelmingly the No. 1 answer. I have yet to find the degree program to enroll my daughter in. So if you find it, let me know. But my daughter wanted to be Elsa, from that *Frozen* movie, for those of you who don’t have young kids. That’s the big blockbuster movie that they have made tons of money on from people like us.

My son, who was 3 at the time, also wanted to be Elsa, incidentally, but that’s fine. Other boys want to be astronauts or firemen or whatever. And then, somewhere between 5 and 15, something horrible happens, which is that we lose that ability. I shouldn’t even say that we lose it. It’s taught out of us. It’s taught out of us by well-meaning adults, who don’t want us to be disappointed. So a kid says, “I want to be an astronaut,” and adults say, “Well, you know, there are only a few astronauts in the world, and maybe you should . . .” Or a kid gets to school, and his marks aren’t very good, and adults say, “Well, instead of dreaming of going to Harvard, maybe you should work on going to community college or . . .”

They are well intentioned, and there’s nothing wrong with resetting goals based on reality either, but we should be doing that on our own, not have it taught to us by somebody else. And then the problem is that we internalize that, so that by the time we’re 15 or 16 years old, we’re censoring ourselves. And if I asked you to write down what you really want to do, as long as you don’t have to show anybody else, you’d write one thing down. And then if I asked you to write a goal and share it with your team, you would probably write something different, because we’re scared of what someone else might think, what someone else might say, and when we do that, we limit what we can achieve.

I decided there that I was going to go run a marathon. Now, did I get out of bed the next day and run marathons? No. It took me five days to be able to go from my bed to the bathroom with the use of a walker, 10 feet away. I would go to mandatory rehab in the hospital gym three days a week. I remember going in the first day.

I went into this gym, and I went over to pick up a weight to do arm curls with. And I thought, *Oh no, that one is too heavy.* And I worked my way down this line of weights until I got to a pink one-pound dumbbell. And that’s what those arms could do on the first day. I walked on the treadmill for a couple of minutes.

Then, after several weeks, I built up to being able to jog on the treadmill for one minute. Big victory, because they said I’d never be able to jog. The impact is jarring on your ribs. They hadn’t healed properly. I was told I wouldn’t be able to do that. After six months, I ran a 5K. After a year and a half, I celebrated my 26th birthday, a birthday I never thought I’d see, running a half marathon. And two and a half years from that day, I crossed the finish line of the first marathon.

I share that with you not to say, “Hey, look what I did.” That doesn’t help you at all. I show it to you so that hopefully, right now, you are saying to yourself, *If he can do that, what’s my excuse?* Because you’re capable of more than you think. You’ve just forgotten. I have watched 5-year-old kids on playgrounds in schools—I’m not creepy; I used to be a teacher—and, inevitably, the younger ones always do this thing. There’d always be one, usually a boy, who would look around to make sure no one was watching because he knew he wasn’t supposed to be doing this, and then he would climb up to the top of the monkey bars and do something really interesting: He would jump and do this [waves arms like flapping wings] and then hit the ground.

Now, why do kids do that? Is it because they never learned about gravity? No. It’s because they think that even though that’s a rule, they think that if they just work hard enough, if they just try something different, maybe it would work.

There is not a 5-year-old on the planet who accepts the word *no* the first time. True or false? It drives every parent crazy. But it’s an admirable quality to have. They’re always looking for a new solution. They’re always looking for a different angle. They’re always looking for a way to make it work. What if we all did that? What if we just aimed a little higher?

Now, it’s really important that we get to this last step. You can set all the goals that you want, but if that’s all you do, nothing happens. You have got to do something.

There was a book out several years ago that did very well called *The Secret*. I bought it. I thought I’d read it. It sounded like it was this great phenomenal thing. It was on *Oprah*, so it must be good. And what I noticed about the book was that there was lots of good stuff in there, with one fatal flaw. There was almost nothing about this last part of the resilience roadmap. It’s all about setting these intentions and creating these dream boards and doing all this great visioning stuff, and then what? Just sit and wait for it to happen.

It doesn’t work that way, right? I mean, I’ve never had anybody deliver a car to my driveway. I’ve never had anybody call and say, “You’ve won a free trip.” (Well, actually I have had people call and say, “You’ve won a trip, but . . .”) You have to actually take action. That’s why I love marathons. Setting that goal to run that marathon was great, but it wasn’t going to get me to cross the finish line. You have to do the work. You’ve got to be willing to be uncomfortable.

To prepare for the marathon, I started training four months in advance. We would run five days a week. Four days during the week, we would run shorter distances, four to eight kilometers, and then, on the weekend, we would do longer runs. The first one was 10 kilometers, and then, each week, the distance would increase.

There are mornings in mid-February where you’re waking up at 7 a.m. on a Sunday morning, and it’s minus 25, and your bed is really warm, and it would be easy to stay in bed. I had to make an intentional decision to get up, go out, and do the work. You’ve got to log the miles. The hardest part of running a marathon is not running the marathon. The hardest part of running a marathon is training for the marathon. It’s grueling. You log 60 to 70 kilometers a week at the peak while working full-time and trying to be there for your family. It’s tough. What carried me through all of those tough days in the winter weather was the vision of this weekend and crossing the finish line on a beautiful spring day in May.

We went down on Saturday afternoon. The race was on Sunday morning. We checked into the hotel downtown. I was like a little kid on the first day of school. I was all excited. I laid out all the clothes the night before. I got everything all ready. I couldn’t sleep. I just kind of tossed and turned all night. The alarm went off in the morning. I walked over to the window to check the weather, and it was raining . . . sideways. I remember thinking, *I’m not a weather expert, but I’m pretty sure rain is supposed to go like this and not like this.*

So we turned on the weather, and the weatherman said, “Well, it’s not technically a hurricane.” Oh, good. “But it is gusting 70 to 80 kilometers an hour.”

Looking out the window, I could see that, because people were blowing all over the place in the streets of downtown. Umbrellas were flying through the air. Now, I would love to say that I saw the weather and I said, “What a challenge.” But I said, “I am not running for four hours in that.” I laid down on the hotel bed. I was done before I had even started, like many of us. I came up against an obstacle, and I just shut down. “Nope, not doing it.” Then my wife came over and did what people who love us will do: told me what I needed to hear, not what I wanted to hear.

She did what no man in his right mind would ever do to his wife. She walked over, looked down at me laying on the bed, and said, “You call yourself a motivational speaker. And you’re not going to get out of bed?”

Ouch. So now I have no choice, right? I mean, I don’t want to run, but she’s not going to be right, so I have to do something. So I got ready. I went down to the hotel lobby. The race was postponed for almost two hours. I have since met the man who was in charge of the race that day, and he said, “For an hour, we were just freaking out trying to figure out what to do. All the pylons that marked the course were blown away. All the water stations that we had set out the night before had blown over.” The bridge, Macdonald Bridge between Halifax and Dartmouth, which we were supposed to run across, was closed because of high winds. They were afraid that little runners would blow into the water.

They had been planning this event for almost a year, and now they were trying to figure out what to do. Talk about adapt, right? So they came back on the loudspeaker and said, “OK, we’re going to run two loops of the half marathon course.” No problem.

The runners were all gathered inside the Metro Centre to stay dry, and the gun went off. We charged out the door—the big garage door where the Zamboni goes in and out. When we turned the first corner, the wind hit in your face like a brick wall. If it hadn’t been for another experienced runner who had run dozens of these things, I would have turned around right there. But she said, “Mark, if you finish this race, you’ll be able to tell this story for the rest of your life.”

We got to one kilometer, and I checked my armband. We have these armbands when you’re a distance runner, and it gives you the split times. So at one kilometer you should be at this time, at two kilometers you should be here.

So at the one kilometer mark, I said, “Look.” And she turned to me and said, “What the heck are you doing?” I said, “Well, I’m checking to see if we’re on pace, if we’re on schedule.” She said, “Today is not about schedules. Today is about survival.” I ripped that off my arm and threw it down. We were adapting. We were changing. We had a different objective. And for 20 kilometers, I felt pretty good. And then we got to 21.

Twenty-one kilometers is the halfway mark of a marathon. You’ve done the training, and you have run this distance, and farther, many times. But there is a psychological barrier, because it’s the halfway mark, which means it’s the finish line for the half marathon.

I was running with this group of 30 or 40 people, and, all of a sudden, three-quarters of them disappeared. They went inside. They got medals. They were done running. And I thought, *If I just follow that line, no one is going to say anything. I’ll get a medal, and we’ll all be fine.* As we were approaching, I was debating what to do. And this kind woman, who had been out in the freezing cold and pouring rain for hours, saw *marathon* written on my bib and figured I was confused or disoriented. “No, no. No, dear. You’re running the full marathon. You’ve got to go around again,” she said. She kind of ushered me over this side. I didn’t have the courage to say, “No, no, no. I’m quitting,” and go inside. So I kept going.

I got to 37 kilometers, about 21 miles, and I crashed. I was done. I was on Barrington Street in downtown Halifax. I could look out to the water, and the waves were three and four feet high. I looked in front of me, and for as far as I could see, there was nobody, and it wasn’t because I was winning. I looked behind me—nobody, not another runner, not a volunteer. I was alone. I thought, *OK. Well, this is it. I’ll just sit on the curb and wait for someone to pick me up.*

I was about to sit down, and thank God I didn’t, because there was no way I could have stood back up. And before I sat down, I stopped and looked at my hand. On my hand, I had written myself some messages, some things to keep me motivated when I knew I would need them. I looked at my hand and read the names of three friends, friends I had met while I was waiting for my transplant, friends whose stories don’t end as nicely as mine did. And I thought, *Mark, you are still here. You are one of the lucky ones. You don’t get to quit.* But I had 10 kilometers to go, and I didn’t know how I was going to do it. Then, as if by divine inspiration, this thought occurred to me: *I don’t need to run 10 more kilometers. I just need to do one more step.*

I don’t care how exhausted you are, how hopeless you are, how discouraged you are. We can all do that. So I took one step. Then I thought, *OK, good. Still here. Let’s do it again.* And I did it again. For about a kilometer, that’s all I could handle. One step and we’ll reevaluate. And then I thought, *OK, I’m feeling pretty good. I’ll commit to the next light pole. I’ll run to that, and then I’ll decide if I’m going to keep going.*

It took about 45 minutes to run the last five kilometers, which is very slow, but I finished. It’s the worst marathon I’ve ever run in my life, but it is also the one I’m most proud of because it was the most difficult, because it was the one where I most felt like quitting. And isn’t that the case for all of us in everything that we do? What are we most proud of? The things we’ve done that were easy, or the trials and struggles we’ve survived that tested us to our limits?

One of the last things I want to leave you with is that when we face obstacles, we often think, *What if this is hard?* We’re intimidated and afraid. What if instead of being afraid that something will challenge us, we expect it and embrace it? Consider this: What if it is *supposed* to be hard? What if success in work, in life, is *supposed* to be hard? And instead of saying, “What if something is hard?” when we are faced with an obstacle, when we’re faced with change, think about this: What if it’s supposed to be? What if life, what if work, what if it’s supposed to be hard? And what if we’re secretly glad that it is?

Have you ever done anything in your life that had any value at all that was easy? We need things to be hard, because if life were really easy, we would get bored. As human beings, at a basic psychological level, we have a need to grow, and we don’t grow when things are easy. We grow when things are difficult.

So, when you face a moment like that, whether it’s learning this new skill because you’re in this new role and you’re not comfortable and you don’t know what you’re doing, or you’re dealing with a difficult customer, or you’re dealing with a personal issue at home and you’re trying to be effective at work—whatever that moment is where you’re on the road by yourself and you feel lonely, and you feel like you don’t have what it takes to get there, remember that you don’t have to finish. You’ve got to take one more step. Get to it tomorrow and do your best again.

If you do that day after day after day after day, you succeed, because success is really not about that end result. It’s about daily execution. That’s what I was talking earlier about 90 percent being pretty damn good. Yeah, it is. We should always strive for excellence and also know that we’re never going to get there, because we’re human. So, yeah, strive for excellence, but be happy with great, with daily execution, by putting one foot in front of the other, a foot over and over until you get there.

No matter where I am in the world speaking, and to what audience, we always reach this point, and I know it is the most critical point. I call it the “moment of truth,” because it is the moment where my job stops and your job starts. No matter how many sessions you go to, how much training you get, or how many books you read, nothing changes until you take action. Knowledge is *not* power. Applied knowledge is power. It is what you *do* with what you learn here that will change your business or your life. And I encourage you to start now.

There’s a saying that says that Rome wasn’t built in a day, very true, but it started in a day. It started in an instant, when someone took action, when someone did something. So make this that day for you. Maybe this is the day that you’ll look back on in six months or a year or two years and say, “I made a little change there, but now it’s made a big difference.”