

AGING WELL
Promoting Health and Resilience
in Middle Aged and Older Adults
Third Edition © 2023

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Congratulations! You have survived Covid-19, the worst pandemic in over 100 years, having killed over 1 million Americans. You have lived through

- a steep recession
- a social justice awakening in the summer of 2020 following the murder of George Floyd
- the worst political turmoil the country has experienced since the Civil War and
- an avalanche of Americans with mental health issues.

Perhaps you have had time by now to settle down, take a deep breath and survey the landscape. You are more health conscious since you've seen so many die. If you are middle-aged or one of the young old (65 – 75), you may have given some thought to improving your diet and exercise regimen, knowing your health will almost certainly improve if you do so. You may be interested in the latest research on what factors do increase your odds to live a long and healthy life. If so, this is the home study for you!

The third edition of Aging Well describes the latest research on who is likely to die prematurely in middle age and who may be reasonably healthy into their 80s:

- neuroplasticity
- telomeres and cellular renewal
- Adverse Childhood Experiences
- trauma, discrimination and minority stress.

This home study details strategies likely to help you or your clients grow in positive skills and attitudes so that living well into your 80s is likely:

- psychological resilience
- positive relationships
- letting go of addictions
- being productive in retirement
- healthy nutrition and weight management

- regular exercise
- quality sleep
- financial planning
- finding meaning.

This paper moves beyond generic advice like improve your diet and exercise to specific suggestions:

- How many servings of fruit and vegetables does a healthy adult eat daily?
- How many hours of exercise a week have clear health benefits?
- How much alcohol is too much?
- What behaviors are likely to improve your friendships and/or marriage?
- How much money do you need to save to be comfortable in retirement?

Let's get started.

I. Deaths of Despair vs. Aging Well

Not everyone in middle age prospers. Too many blue collar, white men are losing their jobs, being left by their wives and turning to drugs or alcohol to cope with their pain. Some are dying prematurely due to substance abuse or suicide. In contrast, in a 50 year study of blue collar and college educated Americans, those who neither smoked nor abused drugs or alcohol and also used positive coping skills often lived meaningful lives into their eighties.

Life expectancy increased dramatically in the U.S. during the 20th Century. In 1900 the average person died by the age of 50 due to high infant mortality and lack of antibiotics. By 2000 the average middle class American lived to the age of 80! (Hadler, 2011). Since 2015, life expectancy in the U.S. has begun to decrease because of the large number of uneducated white men who are dying in middle age. These “deaths of despair” are primarily due to drug abuse, alcoholism and suicide. Some counties in Kentucky, Ohio and West Virginia have seen deaths from substance abuse and mental health issues increase 1,000% in the past 25 years. White men without college degrees have seen well-paying manufacturing jobs disappear because of robotics and globalization. More than 11% of men ages 25 to 54 are unemployed and not seeking work. It is estimated that half of those men are using prescribed or street opiates to cope with physical and/or psychological pain. Many of these men embrace the fading “macho” standards of toughness, dominance, heterosexism and restriction of emotion. Their expectation that hard work (in a blue-collar job) will enable them to be successful financially and appreciated by their wives has not worked out. Their well-paying jobs have vanished and their wives have left them because women want more than John Wayne toughness and stoicism (Weir,

2017a). Too many are drowning their pain in alcohol or drugs or ending their pain by suicide.

In contrast, some men and women are living long, rewarding lives. In a longitudinal study in which over 800 Americans were followed for 60 years, many were alive, reasonably healthy, and upbeat about their lives in their eighties. Vaillant (2002) used his long term data to discriminate which behaviors and attitudes were correlated with physical health of his subjects into their 80's. He found that the following factors were not predictive of healthy aging and long life:

- parent's longevity
- cholesterol level
- parental maturity
- stress
- childhood temperament
- high sociability/early popularity.

These were the best predictors of healthy longevity:

- not smoking or stopping before age 50
- adaptive coping skills
- absence of alcohol abuse
- healthy weight (BMI of <30)
- stable marriage
- regular exercise
- college attendance.



Smoking, alcohol abuse, and chronic major depression were the clearest predictors of death before 70. Adaptive coping skills were the second most powerful predictor of healthy longevity (not smoking was the best predictor). Vaillant describes mature defenses as:

- humor
- altruism, generosity
- flexibility
- optimism
- sublimation.

This "Happy Well" group was less likely to use:

- projection
- passive-aggression
- denial
- tantrums, impulsivity
- withdrawal (using fantasy to cope)
- hypochondria.

The “Sad Sick” or Premature Death groups made less use of the adaptive coping skills. Vaillant described being able to see into the future using his data. Those individuals at 50 who exhibited five or more of the healthy longevity predictors were five times more likely to be alive and enjoying life at 80! So, a 50-year-old person who did not smoke or abuse alcohol, who attended college and was in a stable marriage, and who exhibited adaptive coping skills was very much more likely to be happy and functional at 80. One need not be positive on every factor to win the lottery. There were exceptions of course; some of those with healthy habits did die before 70, but they were the exceptions. Vaillant concludes “Whether we live to a vigorous old age lies not so much in our stars or our genes as in ourselves” (p. 213).

I have found Vaillant’s study to be cause for optimism for myself and my clients. I reviewed this study several times with a client who was a 65-year-old college professor with years of health anxiety. He had six of the seven predictors for healthy aging; if he could let go of his hypochondria, he could have seven. After a year of CBT and reminiscence therapy, he began to relax and enjoy his life more.

In considering the “deaths of despair” and the Vaillant study, it is clear that how one copes with the stresses of middle age can have dramatic consequences. When unemployment, injury or divorce result in depression and/or drug abuse, that person may not survive his fifties. The person who does not smoke, abuse alcohol or drugs, and maintains positive relationships and a positive attitude about life is much more likely to be living well into his or her eighties. Positive coping skills matter; generosity, flexibility and maintaining a sense of humor when stressed may add quality years to one’s life.

II Scientific Breakthroughs

Scientists are gaining amazing new information that can tell us much about who is at risk for dying young and how we can modify our behaviors to increase the odds that we live longer and healthier. Brain scans document new learning in older adults. Good stress management actually enables cells to age more slowly. Healing from trauma can add years to your life. Societal inequities experienced by minorities can lead to health inequities and shorter lives unless we act to change those imbalances.

Major breakthroughs in research have expanded our knowledge of how we grow old and how to “grow younger”.

Neuroplasticity -- The Amazing Brain

Back in the 80s when I studied neuropsychology in grad school, it was well documented that we were born with a set number of brain cells (neurons). They died off over time due to aging or injury such as traumatic brain injury or from alcoholism. It was understood then that the brains of older adults were more rigid and less able to learn than the brains of younger adults.

Advances in neuroscience have opened up a radically new understanding of aging and the brain. Brain scans have documented that the brain has stem cells capable of becoming new neurons in the hippocampus (the site of short-term memory and learning) and the olfactory bulb (the site of smell). Neurogenesis (the creation of new neurons) occurs throughout adulthood. In addition, adults can learn new information at any age because neurons make new connections. Any one neuron can connect to as many as 10,000 other neurons (Fuchs et al., 2014). Older adults are learning new languages, studying cosmology, inventing new medical devices and so much more.

Neuroscientists have documented that stress, cardiovascular disease, concussions, Alzheimer's and diseases of aging can result in loss of neurons. Middle-aged and older adults can improve the functioning of their brains by

- learning new information
- regular exercise
- eating a heart healthy diet
- meditation and other self-calming activities (Gage, 2004).

In part three of this home study, you will learn more about activities that are right for you to stay sharp well into your 80s. There are many paths to discover, and each of us is unique.

Cellular Aging and Renewal

The promise of the fountain of youth has been an aspirational goal for humans for centuries. Where are those magical waters that will keep us youthful, energetic, disease-free and sexually attractive? Scientists have converted that desire into the search for understanding of aging cells and ways to manipulate those cells to add years of healthy life. Elizabeth Blackburn won the 2009 Nobel Prize in Medicine and Physiology for discovering how cells age and what we can do to promote cell renewal (Blackburn and Epel, 2017). Her research has revealed astonishing information about altering DNA in cells so that cells – and we – can remain youthful longer. Human cells are designed to replicate a fixed number of times. Once that number is reached, cells call it quits, announce they are retiring, and become old and more susceptible to disease and death! But Elizabeth Blackburn and her colleagues discovered that the cellular regulators called telomeres are able to transform cells for better (or worse), so they age

more slowly (or more quickly). Telomeres are segments of DNA cells that live at both ends of the chromosomes. Think of your chromosomes as a pair of shoelaces. Telomeres are like the tips of the shoelaces; they cover the ends of the chromosome legs. They keep your DNA from fraying when the cell replicates. As long as the telomere is available, the cell is healthy and replicates without difficulty. We have learned that specific healthy living habits will lengthen telomeres and help humans to look, act and feel younger. But passing time does lead to the loss of telomeres. Inflammation and stress lead to shorter telomeres. Adults who were exposed to repeated ACE experiences during childhood have shorter telomeres, and shorter telomeres are correlated with aging and death.

Blackburn and Epel also revealed life-changing good news. Some healthy behaviors are correlated with lengthening telomeres by adding telomerase, an enzyme that restores the DNA loss due to cell division and the aging process. We can add years to our lives by healthy behaviors and positive coping skills such as:

- regular exercise
- eating more fruits and vegetables and less red meat
- getting restorative sleep
- developing stress management skills
- nourishing positive relationships
- spending time in nature
- and learning self-compassion or meditation.

Research has documented that shorter telomeres generally correlate with the diseases of aging:

- cardiovascular disease
- most cancers
- respiratory disease
- Alzheimer's.

You can use Blackburn and Epel's recommendations to increase the odds that you can enjoy independent, meaningful years into your 80's.

Adverse Childhood Experiences

We clinicians are very aware of the trauma and losses youth experience before they become adults:

- Over 3 million children a year are reported as abused or neglected. Of those found to be in danger, 75% were neglected, 17% were physically abused, and 8% were sexually abused. Sexual abuse is the most underreported trauma because shame and fear of legal consequences

make both the perpetrator and victim unlikely to report the abuse (Lopez, 2015).

- In a survey of 12 to 17-year-old youth, 60% reported experiencing or witnessing violence in their homes, schools or communities (Keller et al., 2017).
- Sixty per cent of inner-city Black girls are sexually abused by adult men before they reach the age of 18 (Starr, 2011).
- Many Black youth have been traumatized seeing the death of Blacks at the hands of police or vigilantes (George Floyd, Breanna Taylor and so many others).
- In 2015, 36% of all teens reported feeling desperately sad and/or suicidal because of cyber bullying or social media.
- Repeated school shootings which receive much media attention have made some of our children afraid of dying at school.

In the initial ACE research, over 17,000 members of the Kaiser Permanente insurance program were surveyed to identify how many of them experienced early childhood trauma or losses. 48% of these primarily middle-class adults reported no ACE experiences in their childhoods; 25% reported one event. Individuals with zero or one ACE event were found to have good emotional and physical health as adults. 7% of those studied had four or more ACE events in their childhood; that group had a much higher rate of emotional problems and they were prone to high-risk behaviors:

- smoking
- alcoholism or drug abuse
- suicide attempts
- overeating and obesity
- promiscuity (more than 50 partners) and STDs.

They were more likely to be victimized more as adults via rape or domestic violence. Most significantly, they tended to die years earlier than their healthier peers due to substance abuse, suicide, obesity, cancer, liver disorders, and heart disease (Anda & Felitti, 2012; van der Kolk, 2014; McClanahan 2014; Stevens, 2012).

ACE experiences were found to contribute to anxiety, depression, oppositional behavior, substance abuse and delinquency in children and adolescents. Nemeroff and Lippard, highly respected psychiatrists, describe ACE experiences as the largest single contributor to psychiatric and medical disorders today, more powerful than genetics (Stratkowski, 2020)! The CDC (2019) confirms that one in six adults (17%) have experienced four or more ACE's (using a sample

more representative of the population); at least five of the top 10 leading causes of death are associated with ACE's.

The initial 10 items in the ACE questionnaire involve emotional, physical and sexual abuse, safety, parental separation or divorce, domestic violence, family member substance abuse, mental illness, and incarceration of a parent. A criticism of the initial 10 items is that they are overly focused on family dysfunction. Additional items found to be predictive of current and later distress include:

- peer rejection/isolation
- peer victimization/cyber bullying
- community violence
- family poverty
- high level of parental emotional conflict (Finklehor et al., 2013).

Other researchers highlight the destructive impact of racial trauma/discrimination on minority youth and adults (Hamby et al., 2021). Follow-up research has identified groups more vulnerable to early adverse experiences:

- Children growing up in families with chronic poverty tend to experience more financial stress, family violence, divorce and community violence (Juntunen et al., 2019).
- Veterans may be traumatized in war. What is less known is that veterans tend to come from homes with more trauma; 13% of veterans reported six or more ACE experiences during their childhood (versus 8% of non-veterans) (Blosnich et al., 2021).
- Blacks and Latinx Americans tend to experience more ACE's due to poverty, family dysfunction and racial trauma, e.g. watching George Floyd die at the hands of Minneapolis police (Hampton–Anderson et al., 2021).
- LGBTQ teens reported being victims of bullying, assaults or rape at much higher rates than cis-gender, straight youth (Craig et al., 2021).

Anyone experiencing early trauma or major losses is encouraged to do grief work and/or trauma work to process any pain in their lives that could interfere with their long-term peace of mind.

Racism, Minority Stress and Health Inequities

There are those who tell us that focusing on racial inequities is divisive, that we all need to become colorblind for the good of the country. Early in the pandemic that outlook was exposed as out of touch with reality. There were disparate outcomes as to death from Covid depending on one's ethnic group. In the first year of the pandemic

- Black Americans were 43% more likely to die from Covid than white Americans.

- Indigenous Americans were 39% more likely to die.
- Latinos were 24% more likely to die (staff of [The Atlantic](#), 2021).

Black Americans often have health related issues such as diabetes, asthma or obesity that make them more vulnerable to illnesses such as the pandemic. Black Americans were more likely than whites to work in frontline jobs in which they could not work remotely, e.g. bus drivers, factory workers or nurses. Native Americans and Latinx are also more likely to have health issues and lack access to quality healthcare.

Race and class intersect to make low-income Black Americans die younger than middle-class white Americans. In the Philadelphia area, Black men are likely to live almost 20 years less than higher income white men (64 years versus 82 years); Black women live 13 years less than white women (Barber et al., 2022). Blacks tend to live in racially segregated communities with less access to healthy food and quality healthcare; they often have higher risk factors for cardiovascular disease (Barber et al., 2022). Gee et al. (2011) have documented the toll that residual racism in our society has on the health of Black Americans. The stresses associated with individual disrespect, community poverty, pollution, workplace discrimination and police harassment can accumulate contributing to heart disease, cancer, diabetes or obesity.

Health inequity is most notable in the deaths of babies and mothers in childbirth. Black infant mortality is twice that of white babies; black maternal death is three times that of white mothers. Such holds true even for college educated black mothers (Wilkerson, 2023). Too many healthcare professionals discount the report of pain or distress by black mothers. Serena Williams, the greatest female tennis pro ever and a very successful businesswoman, had difficulty breathing and moving her legs after her second child was born in 2017. She had experienced blood clots earlier in her life and asked her nurse for CT scan and heparin drip to address her distress. She was told to relax; her nurse told her she was “talking crazy”. She insisted on a CT scan which identified a blood clot in her lungs which could have killed her. Her assertiveness and celebrity resulted in better care which saved her life. Too many other Black women die during or after childbirth because of racialized medical neglect (Wilkerson, 2023).

Latinx peoples in the US are sometimes vilified for being in the country illegally, for being violent criminals, for taking the jobs of white Americans and for taking advantage of our social services. Immigrant Latinos commit fewer crimes than native born Americans. Many Latinos take jobs that other Americans do not want, e.g. agricultural work, roofing or meatpacking. Of the 55 million Latinx individuals in our country, about 9 million are here without documentation. Those individuals are often exploited by their employers; many are paid below the minimum wage (Chavez-Duenas et al., 2019). Latina employees are sometimes coerced into unwanted sex (Ramos, 2020). Those who use false Social Security

numbers pay earnings into the Social Security system, but will never receive Social Security because of the false IDs. Some Latinx individuals live in fear of being deported by ICE. Some Latinx children are fearful that their parents will be forcibly removed from the country, and they will not be able to say goodbye.

Aging Latinx individuals who are undocumented face abject poverty because they are no longer able to do their physically demanding jobs; they are not eligible for Social Security, and most have no savings because they have sent surplus monies home to their family in Mexico or Central America. Many will return to their places of origin rather than be homeless here.

Latinx individuals here may receive little or no medical care because they are itinerant farmworkers or do not have employment-based insurance. They often have frontline jobs that expose them to high level health risks, e.g. roofing or working in meatpacking plants.

Both Black and Latinx Americans may develop resilience to overcoming obstacles because of their spirituality, work ethic and family cohesion.

LGBT Americans also tend to have more health issues than straight, cis-gender Americans (Mueller, 2023). Sometimes LGBT Americans receive inadequate healthcare because of their reluctance to be "out of the closet" with their medical providers. That may be especially true in rural areas where being out may be dangerous to your health (Dispenza et al., 2021). LGBT Americans tend to have more complicated health histories. Some may be taking hormones. Some have been exposed to HIV and need lifelong medical care to avoid AIDS. Some LGBT individuals experience bullying or assaults; they may cope by engaging in risky behaviors such as smoking, drinking excessively, abusing drugs or having unprotected sex. The current climate in which some politicians belittle LGBT Americans for political gain tends to encourage more bullying or assaults on gay and transgender individuals. Such can be highly stressful. Although some tend to think of LGBT Americans as well educated and successful, researchers point out that there are higher rates of underemployment and unemployment in this group leading to poverty. In our country, poverty is often a risk factor for health inequity (Dispenza et al., 2021).

More Americans are now accepting of gay and trans individuals than 30 years ago. The Supreme Court's approval of gay marriage and positive portrayal of gay or trans characters in the media have lessened the stigma about being different. Many gay and trans Americans are embracing pride in who they are and living better because of that self-acceptance (Kort, 2017).

Updating Vaillant's Research

Aging Well is over 20 years old now. In the Berlin Aging Studies Mayer et al. (2001) and Gerstorf et al. (2020) have learned that older adults are aging more slowly now. Seventy-five year olds had been found to have the cognitive capacity of 56-year-olds. More adults are college educated and have access to heart healthy drugs such as statins and antihypertensives which delay cognitive decline. Although adults 60 and older experienced some loss of attention and memory, only 17% of adults 70 and older experienced disabling cognitive decline (Mayer et al., 2001). Older adults who expect to do well (have a growth mindset) are more likely to exercise, enjoy family and friends and contribute to their communities. Most 95-year-olds still live independently!

In the Nurses Health Study, over 110,000 nurses were followed for about 30 years. Nurses who follow these practices achieved on average an additional nine years of health, free of heart disease, cancer and diabetes:

- Do not smoke.
- Exercise regularly.
- Use alcohol moderately.
- Eat a healthy diet.
- Avoid being obese or overweight, having a BMI more than 25 (Li et al., 2020).

The Vaillant study continues and has expanded to include three generations. The central finding of this expanded study is that strong relationships can result in a longer, happier life. Social fitness is just as important as physical fitness. It is not the number of relationships that matter most – it is the quality of relationships with family and friends. Loneliness can result in depression or poor health (Dunn, 2023). In the same vein, Zaraska (2020) has learned from a review of the literature that:

- Older adults in a positive marriage are 49% less likely to die young.
- Adults with a positive network of family and friends are 45% more likely to grow older.

She has decided to run fewer marathons and enjoy more time with family and friends!

The Blue Zones

Dan Buettner (2010), a National Geographic writer, searched the world to find the places where people tend to live longer, healthier lives. He found five communities in the world where a higher percentage of people lived to be 90 or even 100! These communities include

- Icaria, Greece

- Sardinia, Italy
- Okinawa, Japan
- Nicoya, Costa Rica and
- the vegetarian Seventh-day Adventists in Loma Linda, California.

What is surprising about the first four communities is that they tend to be low income or working class. They do not have gyms with expensive equipment to stay in shape. They are not eating exotic foods or taking supplements to be extraordinarily healthy.

What people living in these four areas have in common is that:

- They are close knit communities with strong social connections.
- Exercise is a regular part of their lives in these often mountainous areas. They walk, garden and enjoy time in the sun.
- They eat simple diets, high in rice/pasta and beans, with no processed foods and little meat.
- They tend to drink alcohol moderately.
- They tend to be religious or have a purpose in life.
- They enjoy good humor and laugh daily (Buettner, 2010).

The Seventh-day Adventists in Loma Linda are vegetarians in a cohesive community. They abstain from smoking, alcohol and caffeine. They pray often and help others informally or in organized volunteer programs (De Felicis, 2022).

These five locales can be considered natural experiments with amazing results. Yet there are simple habits to learn from these communities that we can all benefit from. I will explore more detailed lessons from the Blue Zones later in this paper.

III Strategies for Living Longer and Happier

Years of research make clear the paths to healthier lives:

- *psychological resilience*
- *social fitness*
- *letting go of addictions*
- *healthy nutrition*
- *regular exercise*
- *finding meaning.*

These are just some of the ways to live your best life.

Psychological Resilience

Facing crises in middle-age or in later years is inevitable. Losses pile up. You may lose your job or your spouse. You will lose friends, and health issues will emerge in your life. Your growing children may disappoint you in significant ways. Having resilience makes a difference between becoming immobilized or becoming stronger when facing crises.

Resilience includes inner strength as well as the ability to bounce back after stress or trauma. Resilience can be best understood as a set of skills that can be learned rather than an innate temperament. Strengthening one's resilience can be accomplished through a series of important steps:

- removing obstacles to resilience
- having a growth mindset
- refining self-awareness and self-soothing skills
- increasing problem-solving skills
- acceptance/mindfulness
- nourishing positive relationships (Palmiter et al., 2020).

There are significant obstacles to resilience:

- unresolved ACEs
- adult trauma
- drug or alcohol abuse
- mindless living.

Research tells us that exposure to repeated sexual abuse and/or four or more ACEs is correlated with impaired health and mental health as well as premature death in some adults. Disorders linked to unresolved ACEs include:

- COPD
- asthma
- heart disease
- obesity
- kidney disease
- stroke
- diabetes
- suicide

(CDC, 2019; Briggs et al., 2021).

Everyone does not respond the same way to trauma. Some experience acute symptoms for a month. Others have lifelong symptoms. Any person who has been traumatized as a child or adult and is having symptoms of anxiety, depression or numbness is strongly encouraged to obtain treatment via EMDR or Cognitive Processing Therapy (Shapiro, 2017; Resick, et al., 2017) to process those emotions and let go of any risky behaviors that may be impairing their health. Likewise, individuals abusing drugs or alcohol are encouraged to explore any emotional issues behind their acting out and commit to a regiment of treatment that would work for them such as control drinking, AA or NA.

Many Americans organize their lives to stay busy every waking hour. They may be workaholics, shopaholics or may stream social media or movies daily. Stopping the endless activity in becoming more self-aware may help them learn of negative emotions that they are avoiding. Acceptance and Commitment Therapy may help them get in touch with their emotional pain which they are avoiding so that they can shift to healthier living (Hayes et al., 2004).

Having a growth mindset can be life-changing for those who are middle-aged or older adults. Many Americans unknowingly absorb negative beliefs about growing older. Old age is linked to decline, disability and death for those adopting this mindset. A fatalistic, negative attitude can lead to expecting decline and failing to embrace activities that will enhance middle years and old age. It is true that older adults experience more physical issues as they grow older, yet

- Most adults live independently well into their 80s.
- Older adults in the community are less anxious or depressed than younger adults.
- Many older adults are more agreeable and conscientious and are better at self-calming than younger adults.
- Many older adults find part-time employment or volunteering to be enjoyable and meaningful (Weir, 2023).

Letting go of ageist biases and adopting a growth mindset can enable us or our clients to expect positive experiences as they grow older.

Improving self-awareness and self-calming skills can be life-changing. Self-awareness is being open to experience your current feelings, thoughts and images without judging them or trying to shut them down. Self-awareness includes awareness of body sensations, such as tightness in your chest, a knot in your stomach or the excitement accompanying good news. Resilient individuals can stand back from these experiences; they do not identify with their thoughts or feelings as occurs in emotional reasoning. Years ago, Freudians would describe this process as using your observing ego. Today we describe this as metacognition.

Self-calming skills are many; they may focus on relaxing physically, calming your negative thoughts or distracting yourself. Examples would include:

- abdominal breathing
- progressive muscle relaxation
- relaxing imagery
- cognitive restructuring
- yoga or tai chi
- enjoying a game of pickle ball

- taking a walk in nature (Greenberger et al., 1995; Germer, 2009; Hanson, 2009).

When people are stressed, they may get stuck in emotional reasoning – “I am a bad person; I deserve what I get.” For some individuals, black or white thinking is a chronic problem – “if my wife leaves me, my life is over.” Problem-solving involves slowing the process down and exploring alternatives. The steps in problem solving are:

1. identifying the problem
2. brainstorming possible solutions
3. looking at the likely costs and benefits of each solution
4. deciding on a solution
5. using that option in reviewing the expected and unexpected consequences (Wetzel et al., 2017).

This process can be used by an individual, a couple or family. It is most effective when done with humor, compassion and flexibility.

Acceptance or mindfulness is both an attitude and practice. It can be practiced for 10 minutes or more daily to promote self-awareness, inner peace and better relationships. Mindfulness is an approach to life that embraces flexibility in letting go of the need to control others. Mindfulness involves

- focusing on the present
- using your senses
- letting go of judging self or others.

We can get stuck in the past, ruminating about our losses or injuries. We can worry about the future, bad events we fear we may face. The present is often more calm. If we focus on our senses, we are more present focused. If we let go of judging our self or others, we are more at peace.

We will discuss ways to enhance our relationships later in this home study.

As we strengthen these coping skills, we become more resilient, able to bounce back from difficulties we face. Growing older does not mean we face fewer challenges. Hopefully we will gain more skills so we can experience less turmoil and take wiser action to address those challenges.

Education and Lifelong Learning

Many of us boomers and younger generations have had the opportunity to attend college. We gained a great deal of information in college and in later careers and have developed cognitive reserve, neuron connections that give the person more time to function at a high level, even in the face of a dementia

process (Gerstorf et al., 2020). Choosing to be curious as we grow older can lead to life long learning:

- What happened after the Big Bang?
- Why are some people more compassionate than others?
- What is the best way to make an omelete?
- What makes the Bible the most popular book in human history?
- How would you build a cabinet?

We can learn through reading and travel; we can learn a new language or about cultures different from our own. Professionally related reading is mandatory throughout our careers. Other learning is more individualized. Some explore paleontology or art history. Others do Sudoku or crossword puzzles to stimulate their brains. I have found learning new things has brought me joy over many years.

Social Fitness

Over 30% of 50+ year olds in one study affirmed that having loving family and friends was the most important ingredient for a happy retirement (Rosato, 2015). Emotional investment in close relationships becomes more important as people age (Laidlaw et al., 2011). As one grows older, one's friends and family begin to migrate south or die. In a recent study, nearly half of U.S. adults reported feeling isolated; loneliness is as harmful to health as smoking or obesity (Novotney, 2019). Wise adults invest more time and energy in their most rewarding relationships to avoid isolation in old-old age.

Marriages tend to be more satisfying in one's later years. The day to day stresses of child rearing are over. In a study of older adults, 60% of the couples reported high levels of love and communication; only 10% were primarily negative (Boerner et al., 2014). Couples sometimes report difficulties at the time of retirement; adjustments need to be made for allocation of household duties, time for friends, etc. Most couples make such adjustments without major stress. Gottman's research (1999) has highlighted the most important skills for couples to maintain satisfying relationships:

- Attentive listening
- Regular compliments
- Avoidance of the Four Horsemen
 - criticism
 - contempt
 - defensiveness
 - stonewalling
- Problem solving
- Strong repair skills after conflict
- Agreeing to disagree in some areas

- Sharing values and future plans.

Loving touch is also a key component of intimate relationships. No matter what our age, we are never too old to need physical connection. Whether making love or sharing passionate kisses, physical intimacy is bonding and life-giving. Loving touch is also a wonderful part of the grandparent-grandchild connection – the circle of life! Those living alone are encouraged to have friends who welcome affection.

Not all long term marriages are positive. Those involving chronic conflict can be detrimental to both spouses. In one study of 1200 married couples, high conflict was associated with a significant increase in heart disease, especially in women (Liu et al., 2014). Older adults in unhappy marriages are encouraged to obtain quality marital therapy.

Relationships with siblings become more important as parents die. Without the hub of the family wheel, often the mother, siblings often increase their support of and reliance on one another. Contact between siblings becomes more regular. When families disintegrate because of a history of abuse or lack of cohesion, wise adults form “alternative families” of friends to share holidays and day to day important events.

As was mentioned above, wise adults spend more time and energy in their rewarding friendships. Humor lightens the days, and acts of kindness are much appreciated between friends (one of Lyobomirsky’s 10 Hows of Happiness, 2008). Fisher (2017) advocates that older adults develop relationships with children and young adults. Spending time with grandchildren, children and younger friends is lifegiving. Friendly competition, mentoring or inviting a crowd to dinner can add energy and variety to one’s life.

Minority adults may experience disrespect or micro-aggressions on the job or in their communities. Blacks, Latinx, Asian Americans, Jews and gender and sexual minorities may experience putdowns, verbal abuse or even assaults. Such may be experienced in person, via the Internet or vicariously, e.g., seeing the murder of George Floyd on TV. Our minority clients who are stressed by micro-aggressions can benefit from venting their feelings and discussing setting effective boundaries. Sue et al. (2019) recommends assisting the client

- to make the “invisible” visible
- to disarm the micro-aggression
- to educate the offender or
- to use their resources, e.g. friends, therapy, human resources or police if necessary.

The importance of positive relationships to healthy aging should not be underestimated. Shah et al. have created The Social Frailty Index, based on data from research on over 8000 older adults (Hampton, 2022). This index uses age, SES and relationship data to predict longevity; it is available online via the Hampton article. Vaillant (2002) writes it is better to spend an hour working through a conflict with your spouse than working out at the gym! Hadler (2011) asserts that having good friends and family is more important than low cholesterol!

Letting Go of Addictions

Most Americans do not smoke or abuse alcohol or drugs, yet a minority continue to do so. Twenty-three percent of men smoke as do 20% of women (Goodman, 2010). Smoking is the cause of most preventable deaths in the United States.

Smoking increases risk for:

- cardiovascular disease (heart attack, stroke, dementia)
- cancer (lung, throat, stomach, pancreas, kidney, bladder, ovary, colon)
- osteoporosis (Harvard medical school, 2017).

Most smokers themselves know that smoking is bad for them, but “now is just not the time to quit”. Every human being experiences stress of some kind, so it is truly never the time to quit, but the sooner a person stops smoking after the age of 50, the more they increase their likelihood of living longer and enjoying a healthier life. Raising teenagers, caring for an elderly relative, handling a job, handling a layoff, worrying about family finances are all stressful. But those life challenges are not as stressful as getting cancer, losing a lung or developing COPD. There are better ways to manage your stress than smoking. Encourage your clients to take a look at smokefree.gov or any of the hundreds of other smoking cessation programs out there!

Alcohol abuse is estimated to be problematic for 7% of men and 5% of women. Heavy drinking is associated with damage to the liver, the stomach, the heart and the brain. Drinking excessively increases the risk for osteoporosis and cancer (breast, mouth, throat) (Harvard Medical School, 2014). Too much alcohol can impair family functioning, emotional control, memory and functioning on the job. Families with a problem drinker may be fearful, angry or in denial; they may make excuses for the drinker or nag him/her to drink less. Frequently people who drink too much are in denial about both the amount and the consequences of their drinking. If your client binge drinks five alcohol drinks in a day more than once a year or if a family member has shared concerns about their drinking, you may encourage your client to see a substance abuse counselor to explore this issue. While older guidelines have focused on binge drinking, new NIAAA guidelines suggest that men who drink more than 14 drinks a week and women who drink more than seven drinks a week are probably doing damage to their

bodies (NIAAA, 2020). Therapists working with clients who are abusing drugs or alcohol are encouraged to address the underlying emotional issues and refer their clients to AA, NA or a substance abuse specialist.

Productivity and Retirement

Retirement has changed dramatically in the last generation or two. Years ago, mothers “retired” from child rearing as their children became adults and left home. Fathers retired from their jobs between 62 and 65 unless they were self-employed. With the end of mandatory retirement and company pensions, many adults now work into their later 60’s and 70’s. Some continue work because they find their work deeply satisfying, others because they need the ongoing income. However, some adults are unable to work in their 50’s and 60’s because they have lost their positions due to personal disability or their employer’s downsizing. In a study of adults 65 to 75, the lowest satisfaction was reported by those involuntarily unemployed. The highest satisfaction was reported by those who chose to work on a part-time basis. Moderate satisfaction was reported by those completely retired (Rosato, 2015).

Self employed professionals who enjoy their work often report wanting to continue their careers past 65. Some individuals start new careers or new businesses after 65. Homemakers become successful realtors after their children are grown; accountants become artists or potters. In a study of 70-year-old Scots who were employed, those in intellectually demanding jobs retained their cognitive skills better than those in blue collar jobs, while controlling for intelligence and education (Taos Institute, 2014b). Use it or lose it – a general principle for healthy aging certainly applies here.

There is a unique joy in doing something well. Whether that is continuing a career that one has enjoyed for years, starting a new business, volunteering to give back to your community or cleaning and preparing your home in eagerness for a much anticipated party, work done well results in the experience of flow. Csikszentmihalyi writes about flow: “the best moments usually occur when a person’s mind or body is stretched to its limits in a voluntary effort to accomplish something difficult and worthwhile . . . Flow [is] being completely involved in an activity for its own sake. The ego falls away, time flies Your whole being is involved, and you’re using your skills to the utmost” (1997, p. 3).

Older adults may experience flow during a breakthrough counseling session with a difficult client or while fixing a broken toilet. Many do volunteer work as part of their generativity. Planting new trees, leading a Bible study discussion group, visiting isolated elderly in a nursing home can all be deeply rewarding. Just two

hours a week helping others is a recipe for feelings of well being (Taos Institute, 2014).

Some older adults have flow experiences in learning a new language or becoming adept in an art form or craft. Painting, sculpting, needlecraft or glass-blowing require attention, dexterity and skill acquisition. The results of one's efforts can be enjoyed with family or friends. Taking up new challenges when retired is valuable for both body and spirit.

Retirement is best understood as a process rather than a given day in one's life. This process is seen as having five stages:

Stage 1 – Imagination. In the five to 10 years leading up to retirement, people start imagining leaving their jobs. Individuals with good health and sufficient financial resources have more options in terms of working or not. Those without pensions who have done little saving may face working more years out of necessity (Feldman & Beehr, 2011).

Stage 2 – Anticipation. In the four years leading to retirement, people tend to experience excitement about the expected freedom along with various levels of anxiety. Will they have the financial resources to retire? Will they miss their work colleagues? What will they do with their time?

Stage 3 – Liberation. This stage is often the honeymoon phase, the actual day of leaving work and the following six to 12 months. Freedom from old routines is celebrated. Many retirees reconnect with family and friends. They travel more and develop new hobbies or interests. They may choose to work part time in an area of interest.

Stage 4 – Reorientation. Many retirees report that they miss co-workers. They may join a new group or reach out to acquaintances to form deeper friendships. Wise older adults develop a new sense of themselves – involved grandparent, entrepreneur, community leader or life of the party.

Stage 5 – Reconciliation. As the years pass, the pace of activities may slow. There is time for reflection, reminiscence. Wise older adults accept and let go of regrets; they mourn their losses and savor joyful moments. They celebrate the good times, past and present, and enjoy vicariously the successes of their children and grandchildren.

Wang et al. (2011) summarize the findings of psychological research into retirement adjustment. Not surprisingly, retirement satisfaction varies depending on the level of one's resources – cognitive, emotional, social, physical, motivational and financial. Those retiring involuntarily due to health problems, who have few social and financial resources, are likely to be highly dissatisfied. Those with good health, positive relationships, and sufficient funds are likely to experience better quality of life. Too Young to be Old (2017) by Schlossberg is a useful resource for professionals planning for or just in retirement.

Healthy Nutrition and Weight Management







Most of our grocery stores are filled with a wide range of fruits and vegetables as well as plenty of meat, fish and cheeses twelve months a year. Most Americans have many healthy food choices available at their nearest store. The average American lives less than four miles from a grocery store (Schmitt, 2015). One would think eating nutritious meals would be easy for most of us, yet such is not the case. As Kessler (2009) has detailed in his eye-opening book The End of Overeating, the food industry gives us processed foods and restaurant foods high in sugar, fat and salt that have exploded our waistlines. Forty percent of Americans are now obese from supersized fries and colas, from chicken tenders and potato skins loaded with butter, salt, bacon and cheese. Ice cream with chunks of chocolate, M&M's and cheesecake with caramel and pecans are addictive for some. Highly processed foods are not just pleasurable, but are addictive (McCall, 2021); many Americans have come to crave the brief but compelling inner contentment of rich and/or salty foods as a balm for coping with life stresses. The numbers of obese adults with adult-onset diabetes have skyrocketed. Even the numbers of children who are overweight or obese have increased dramatically.

Yet there are reasons for poor food choices beyond the food industry. Many low income Americans live in food deserts where the only food available is at convenient stores or delis that have few fresh fruits and vegetables, but specialize in high fat and/or processed foods.




Information and recommendations about nutrition have become more cutting-edge and specific to individual needs over the past two decades; there is a great deal more awareness in our culture about helpful and unhelpful food choices. In the past Americans were discouraged from eating all fats and oils. Today, the Harvard School of Public Health recommends olive oil and other vegetable oils to be consumed daily, while white rice, white bread, white potatoes are strongly discouraged as a daily part of the American diet (Crowley

and Lodge, 2007). Many experts do agree on recommendations for better nutrition. The Department of Agriculture (2019) recommends MyPlate portions with half the food we eat being fruits and vegetables.



	<p><u>Focus on whole fruits</u> Include fruit at breakfast! Top whole-grain cereal with your favorite fruit, add berries to pancakes, or mix dried fruit into hot oatmeal.</p>		<p><u>Vary your veggies</u> Cook a variety of colorful veggies. Make extra vegetables and save some for later. Use them for a stew, soup, or a pasta dish.</p>
	<p><u>Make half your grains whole grains</u> Add brown rice to your stir-fry dishes. Combine your favorite veggies and protein foods for a nutritious meal.</p>		<p><u>Vary your protein routine</u> Next taco night, try adding a new protein, like shrimp, beans, or chicken. Make one day meatless.</p>
	<p><u>Move to low-fat or fat-free milk or yogurt</u> Enjoy a low-fat yogurt parfait for breakfast. Top with fruit and nuts to get in two more food groups.</p>		<p><u>Drink and eat less sodium, saturated fat, and added sugars</u> Cook at home and read the ingredients to compare foods.</p>

The following table offers menus of conventional meals versus more nutritious, tasty choices.

	Delicious but Deadly	Delicious and Nutritious
Breakfast	2 donuts 2 cups of coffee 	Low fat, unsweetened yogurt with blueberries, strawberries, walnuts and granola Coffee with low fat milk
AM snack	Another donut	Date nut bar
Lunch	6-oz. cheeseburger on white bun with large fries and a large soda	Tofu chili with beans and crackers (no transfats), coleslaw, water
PM snack	Candy bar or chips Soda	Apple or banana with peanuts, water 
Dinner	10-oz. sirloin with loaded baked potato, small salad with leaf lettuce, carrot strips and croutons	3-oz strip steak with brown rice and stir-fried vegetables (broccoli, mushrooms, bell peppers, onions, carrots), small side salad with spinach
	Fish & chips, small coleslaw	Salmon salad with romaine lettuce, kale, zucchini, carrots
	Fried chicken, mashed potatoes and gravy, corn, side salad with leaf lettuce	Baked chicken breast (no skin), half baked sweet potato, roasted vegetables (asparagus, carrots, onion, bell pepper), side salad with romaine
Late snack	Rich chocolate cake with chocolate icing (ice cream optional)	One cup of berries and cherries with one ounce of dark chocolate 

The conventional diet is loaded with salt, fat and sugar. It is linked with obesity, cancer, heart disease, strokes and adult-onset diabetes (Goodman, 2010). The USDA Diet has less saturated fat and more healthy oils. It gives fruits and vegetables half of the entire plate, and restricts meat, beans, fish and legumes to less than a quarter of your plate. Colorful fruits and vegetables contain key vitamins and key anti-oxidants which improve health and reduce inflammation which is seen as an underlying cause of arthritis and heart disease (Goodman, 2010). The healthy diet uses less salt and a broad range of spices known to improve health, e.g., cinnamon, turmeric (curry), garlic, sage, oregano, ginger, thyme and rosemary (Amen, 2012) The nutritious diet includes foods high in

Omega³, such as salmon, walnuts, brussels sprouts, avocados and navy beans. This diet is delicious and can become your permanent approach to eating.

Many studies now document that the Mediterranean diet is linked to longer health, cardiovascular/brain fitness, and less obesity:

- lots of colorful fruits and vegetables
- less red meat
- more salmon, sardines or tuna (rich in omega-3)
- butter, eggs, yogurt and cheese in moderation
- one glass of wine a day (Blum, 2023).

Embracing the Mediterranean diet at a young age could add 13 years to your life – but starting it even in your 80s is linked to clear health benefits (LaMotte, 2022). For more variety in your diet, consult with Oldways, a health organization that has developed guidance for cultural variations to the Mediterranean diet (e.g., using tofu and bok choy in the Asian diet or yams in the African version) (Giles, 2020).

Many Americans know they do not eat enough fruits and vegetables, so they take vitamin pills or supplements to compensate. Recent research, however, suggests the body benefits much more from foods with desired vitamins than from pill form of those same vitamins. In a study of 30,000 U.S. adults, researchers found that people taking supplements did not live longer. People taking high doses of calcium via pill were found to be at greater risk of premature death from cancer (Ducharme, 2019). Likewise, Omega³ supplements have not been found to prevent cognitive decline, treat dry eyes or prevent heart attacks (Berkeley staff, 2018a). If we are what we eat, there may be no shortcuts to better health than better eating.

The CDC estimates that 2 out of 3 Americans are overweight and 1 in 3 are severely obese (35+ BMI). That is not surprising since most of us are sedentary and we are prone to eating foods high in sugar, fat and/or salt (Goodman, 2010).

Weight loss is a major industry in the U.S. There are hundreds of weight loss programs that promise you could lose up to 20 pounds in the first 30 days on their diet. Notice “could” suggests this is possible; a far different number would be the average weight actually lost which these programs do not advertise.

A friend of mine lost over 50 pounds several years ago. My wife asked her how she did this. She replied “Eat less and move more!” This is good advice, and briefly summarizes the basics. The “move more” part is right on. People who are sedentary will lose weight if they begin a regular exercise program and do not increase their calorie intake. If you seldom exercise, see your physician for

medical clearance and start with ten minutes of aerobic exercise three times a week – walking, biking, swimming, rowing, etc. Increase the time and frequency. Our goal is 25 to 50 minutes of aerobic exercise 4 times a week and strength and balance training 2 times a week for middle aged and older adults (DHHS, 2019). Health conditions may make that level of activity impossible, but exercise is critical for those who have diabetes, arthritis or heart disease. Your physical therapist, consulting with your physician, can help you identify the routine that will work best for you, given your health and lifestyle issues.

Some researchers are now recommending interval training as helpful to weight loss. Davenport (2019) cites a Brazilian study using over 1,000 adults that found that interval training resulted in 28% more loss of fat than continuous speed exercise. Interval training might be especially relevant for adults who are older and/or obese because they cannot sustain high intensity exercise. Any high intensity exercise causes greater calorie burn during the exercise, and post exercise (Goodman, 2010). If you are alternating brisk walking with sprinting, you may start with 10 minutes of walking and 2 minutes of sprinting. As you get stronger, you may walk for 6 minutes and sprint for 4, alternating until you reach 45 minutes. You work up a sweat. You feel really alive.

Shifting focus to the nutritional changes associated with losing weight, there is no one diet that works for everyone. Rena Wing has run the National Weight Control Registry <http://www.nwcr.ws/> to learn what changes people who lose weight and keep it off have in common. To be on the Registry, you must lose at least 30 pounds and maintain that loss for more than a year. There are more than 10,000 people listed in the Registry, and their average weight loss is 66 pounds, which they have maintained for at least 5 years! (Sufferlin, 2017). Wing learned:

- There is no one diet that works for everyone.
- On average, 90% exercise an hour a day.
- Seventy-eight percent eat breakfast daily.
- Seventy-five percent weigh themselves at least weekly.
- Many learned to eat more slowly and be aware of emotional triggers for over-eating by keeping a journal.

Weight loss experts debate whether low-carb or low-fat is the better approach. All would agree that a plan that prevents frequent hunger is likely to be more successful. A Spanish study in The New England Journal of Medicine compared the Mediterranean diet with a lowfat diet, and found that those eating the Mediterranean diet lost more weight and had 30% fewer heart attacks, strokes and cardiac deaths. Those on the lowfat diet had more difficulty in abiding by their food restrictions. A Mediterranean diet focuses on

- increasing fresh fruits (3 or 4 servings daily) and vegetables (especially broccoli, tomatoes, green beans and zucchini) (See handout #1)

- increasing fish (2 to 3 times a week)
- decreasing red meat (once a week)
- increasing legumes as a source of protein (e.g., lentils or beans)
- using olive oil and nuts
- encouraging limited enjoyment of wine (one or two glasses for men, one for women)
- decreasing processed foods. (Berkeley staff, 2018b)

I have found these changes are easy to make and the use of nuts for snacks helps with avoiding hunger.

After reviewing the weight management literature, Goodman (2010) makes these additional recommendations:

- Eat as many low starch vegetables as you want (carrots, green beans, zucchini and spinach).
- Control portions of red meat and starches.
- Eat mindfully, enjoying each bite and avoiding emotional eating.
- Eat a substantial breakfast with proteins and/or nuts.
- Make dinner your lightest meal of the day.

Those concerned about obesity and diabetes are encouraged to read Ludwig (2016) on learning to reduce eating foods high on the Glycemic Index:

- white potatoes
- fruit juices
- white bread
- low fiber breakfast cereals
- crackers and pretzels
- pancakes
- white rice
- pasta
- chips, cookies, pies and cakes.

These foods are high in sugar and/or fat and our bodies use their energy quickly, leaving us hungry. Ludwig's low carb diet mirrors the Mediterranean approach, with an emphasis on fish, nuts and olive oil.

Weight loss is more difficult as one grows older because your metabolism slows and you lose muscle each year unless you are exercising regularly. Weight loss is more difficult when one's life is more stressful. It is wise to choose a less stressful period to lose weight if possible. Embracing mindfulness and self-compassion is valuable in any weight loss effort. Reducing self-criticism and increasing mindful eating can be very helpful. It is helpful to note that many individuals living in the Blue Zones (associated with living into the 90s or older) would be considered to have low incomes, yet their food choices are very beneficial:

- no processed foods

- a diet high in beans and nuts daily and low in meat (once a week or less)
- moderate amount of fish (less than 3 ounces of fish 2 to 3 times a week)
- no more than 3 eggs a week
- snack on nuts or fruit daily
- drink water, a little milk and no juice or pop (blue zone staff, 2022).

Buettner (2020) encourages us to adopt a Japanese mindset in our eating:

- Eat slowly and focus on the food and conversation.
- Stop eating when you are no longer hungry (rather than eating until you are stuffed).

Low income individuals who are obese have many obstacles to healthy nutrition, e.g., lack of fresh produce at nearby stores and lack of consistent income to afford healthy foods. They are at higher risk for diabetes and/or heart disease (Seligman, 2012; Goodman, 2010). Some communities are developing programs for low income diabetics, focused on making healthy foods more accessible, teaching low glycemic cooking, and reducing emotional eating (Gittelsohn, 2016). If low income individuals can access healthier foods and adopt the Blue Zones diet, their health may improve significantly.

Exercise and Time in Nature

Few Americans would be surprised to learn that regular, moderate to strenuous exercise is key to good health. Yet only about 20% of adults get the recommended 150 minutes of moderate exercise each week (staff, American Heart Association, 2018a). We are too busy, too tired or too stressed to exercise. Low income Americans living in the inner city may have difficulty finding a safe, accessible area in which to exercise.

The Department of Health and Human Services has revised its guidelines for physical activity:

- Adults need to move more and sit less.
- Adults are encouraged to engage in 2½ to 5 hours of moderate intensity exercise each week (or at least 75 minutes per week of vigorous exercise). That should include aerobic activity and strength training.
- Older adults are encouraged to continue the same level of exercise unless health conditions make that unsafe.
- Older adults are encouraged to add balance training to aerobics and strength training.

Currently less than 30% of men and less than 20% of women are exercising at this level, so a clinician can be a transforming force by modeling and encouraging movement for all clients, as appropriate (DHHS, 2019).

Moderate intensity exercise includes brisk walking, biking, swimming and tennis, among others. Your heart rate is up to 65% of its maximum output. You calculate that number by subtracting your age from 220; hence, if you are 55, your maximum heart rate is 165. Sixty-five percent of 165 is 107. You should be able to exercise with your heart rate up to 107 for 25 to 50 minutes a day. It is critical to have a physician check your heart health before beginning or increasing the level of difficulty of your exercise program. People who have not exercised much for years will need to start with less time and move slowly at first.

Why should Americans bother to exercise more? Crowley and Lodge (2007) have written an informative book, Younger Next Year, that answers the question and will make you smile. They take the long view of history and place us in the savannahs of Africa 100,000 years ago. There were no supermarkets, no convenience stores, no refrigeration and no fast food. Humans were hunters and foragers who spent multiple hours a day moving, looking for food and avoiding being prey for the nearest pride of lions. They walked for several hours a day, seeking nuts and berries. If they desired meat, they scouted the nearest herd of antelope looking for the youngest or weakest animal. Likely working in small groups, the men would sprint toward the target animal, using a spear to make the kill. These men and women could and did walk for hours a day to forage nuts and berries. The young men ran at maximum speed for brief minutes to obtain meat for their clan.

Our bodies have that potential, yet too many of us spend our days at our desks, working our mobile phones, or in front of our computers and TVs. Crowley and Lodge tell us that this minimal activity signals to our bodies that we are preparing to die. We are no longer hunters. Medical research confirms that inactivity will shorten our lives. Crowley and Lodge urge us to embrace our past as hunters and to commit to exercising more – much more. Humans have three gears: walking, hunting and dying. They encourage us to get moving – even if we are in our seventies! Healthy adults are advised to get 30 to 45 minutes of moderate exercise six days a week.

After six months of regular, moderate exercise, Crowley and Lodge encourage us to take our activity to the next level – more strenuous exercise, eventually pushing our hearts into high endurance exercise – up to 85% of our maximum heart rate, 140 beats per minute (BPM) for a 55-year-old. We may do interval training, alternating relaxed jogging (10 minutes) with sprinting (5 minutes) for 45 minutes altogether. Such exertion will kick in our adrenalin, facilitate weight loss, and make us feel years younger than our chronological age.

Strength training is also critical in middle and old age to offset the muscle loss that begins automatically as even healthy people enter middle age. Crowley

and Lodge (2007) recommend strength training twice a week for 45 minutes. This may include:

- free weights
- bands
- equipment, e.g., Go Fit, BowFlex
- yoga.

Use a trainer to get your form correct and challenge your body to make a difference while avoiding injuries. As you age, such training will strengthen muscles and stretch tendons. Strength training with balance exercises can reduce injuries connected with falls which can be serious for older adults (Goodman, 2010). Older adults with health problems may object that they are too ill to exercise. Yet, under their physician's supervision, adults with back issues, heart disease, diabetes or arthritis are likely to benefit from regular exercise. They are less likely to rely on opiates for their pain (Goodman, 2010).

Balanced focused exercises are also encouraged for middle-aged and older adults to maintain agility and avoid falls. The American Heart Association (2018 B) recommends balance training three days a week for at least 15 minutes:

- Stand on 1 foot for 10 to 20 seconds; repeat three times for each foot.
- Walk heel to toe for 20 steps.
- Walk normally in as straight a line as you can.

The benefits of sustained exercise are many for both mental and physical health:

- reduced depression or anxiety
- improved sleep
- fewer heart attacks and strokes
- less cancer (especially bladder, breast, colon, lung and stomach)
- less hypertension and diabetes
- weight loss (if combined with better nutrition)
- improved cognitive functioning, e.g., attention, memory, problem solving (CDC, 2022).

Regular exercise is associated with reduced risk of dementia, even in those with a family history of dementia (Fairbank, 2022). Intense exercise (weight lifting or vigorous aerobics) kicks your brain into high gear. It is spring and you are hunting on the savannah! Working up a good sweat "brings out our youngest and best biology: strong, fast, energetic and optimistic all day long" (Crowley and Lodge, 2007, p. 108).

We are wired to relax in nature:

- sitting beneath the trees in our backyard
- taking a walk in a local park
- enjoying the colors of the birds and flowers

- spending a week in a state or national park.

Of course, we may jog in nature to experience additional health benefits. Time in nature is linked to

- improved attention and memory
- more flexibility
- less anxiety and depression.

Green and blue spaces (oceans, rivers and lakes) can even enable us to be more empathic with one another (Weir, 2020). We may feel awe at some of our national parks or oceans – Grand Canyon, Yosemite, Yellowstone are amazing!

Get Enough Quality Sleep

Sleep has been an after-thought in health education until recently. Sleep has been what you do when you run out of more interesting things to do. Getting a good night's rest tends to be more difficult for older adults. Men with prostate enlargement may have to urinate multiple times a night. Older adults tend to have less deep sleep. Daytime napping (if more than 20 minutes) may interfere with over-night sleep. Experts are now recommending seven to nine hours of sleep every night. Good sleep enables the glymphatic system to clear out brain toxins, including the amyloid plaque that is endemic to Alzheimer's. Sleep allows the brain to sort through the day's experiences and create order out of thousands of experiences. Sleep facilitates the solidifying of memories. People who sleep poorly are at risk for cognitive fog and/or irritability (Doraiswamy, 2015). Too little sleep increases the risk of hypertension, diabetes, obesity, stroke and depression (Weir, 2017b). Some insomnia is due to sleep apnea which is often related to obesity. Treatment of sleep apnea can greatly improve one's quality of life. Regular exercise is one of the best ways to get quality sleep.

Good sleep hygiene is recommended for all:

- no napping or one brief nap in the early afternoon
- minimal alcohol
- no coffee after 2:00pm
- no intense exercise after dinner
- avoidance of high stimulation activities two hours before bedtime (e.g., dramas, videogames)
- no use of electronics during sleep hours
- no activities in bed other than relaxed reading, sex or sleep.

Individuals with clinical levels of anxiety, depression and/or substance abuse often have poor sleep and need treatment.

Using Health Resources Well

Getting quality medical care requires an awareness of one's symptoms, assertive discussion of one's concerns with one's physician and possible options for intervention. Wise consumers take medication as prescribed and bring troublesome side effects to the attention of their providers. Older adults desiring to maintain a healthy lifestyle get flu shots and appropriate vaccinations; they agree to health screenings appropriate for their family and personal health history, e.g., mammograms to detect breast cancer, colonoscopy to detect colon cancer, PSA to detect prostate cancer or DEXA scan to detect osteoporosis (APA Committee on Aging, 2012). When faced with serious health threats, e.g., cancer, heart disease, COPD or diabetes, they carefully review with their specialist(s) the benefits and risks of various interventions, reviewing clinical data when possible – for instance, most Americans are not aware that medication is as effective as and less dangerous than angioplasty or stenting for most heart disease (Hadler, 2011).

Most Americans are not aware that there are two kinds of strokes (one of the top five causes of death):

- An ischemic stroke is caused by a blockage in an artery of the brain.
- A hemorrhagic stroke is caused by a burst artery in the brain.

A brain scan that confirms that a stroke is ischemic in origin can be followed by clot busting drugs such as tPA or by an EVT (clot removal) greatly reducing death and disability (Staff of NIH, 2023; Holland, 2023).

Polypharmacy is the norm for many older adults. It is critical that patients communicate with each of their providers about every medication they are taking (including over the counter medications). Wise consumers have some knowledge of the side effects related to drug interactions, with sedation being most problematic.

Heart disease is the leading cause of death among older Americans (27-28%). Cancer related deaths have decreased dramatically in the last 50 years, but cancer remains the second most frequent cause of death (21%) (CDC, 2013). Strokes lead to the death of 6-7% of Americans and Alzheimer's afflicts one out of three adults who reach the age of 85.

To prevent heart disease or strokes, lifestyle changes can significantly reduce your cardiovascular risk:

- Sedentary lifestyle – movement and exercise are critical.

- Obesity – exercise and healthy nutrition are the antidotes: reduce saturated fats, e.g., red meat and trans fats which are found in deep fried and bakery foods.
- Hypertension – anti-hypertensives, exercise, mindfulness, and dietary salt reduction can help; monitor blood pressure regularly.
- High cholesterol – statins are often helpful along with better nutrition (reducing trans-fats and saturated fats and increasing poly-unsaturated fats).
- Avoid smoking and other tobacco use.
- Major depression is a significant risk factor for death, especially in those who have already suffered a heart attack (APA, 2014). Anti-depressants, psychotherapy, loving relationships and healthy spirituality can all reduce or end depression. Optimists have less heart disease and fewer strokes (Galluci, 2015).
- Gum disease is a risk factor for heart disease. Inflammation is linked to cardiovascular problems as well as Alzheimer's. Regular dental care may reduce heart disease and stroke and postpone Alzheimer's.
- Chronic anger and irritability have been linked to heart disease. Stress management, mindfulness, and meditation can help.
- Get 7 to 9 hours of quality sleep every night (Mayo Clinic, 2019).

Although some cancers are due to faulty inherited genes (e.g., BRCA 1 and BRCA 2 cause breast cancer), two of three cancers might not have occurred if Americans quit smoking, improved their diet and exercised more, according to the American Cancer Society (Schwartzberg, J. et al., 2014). The following are the top 12 risks for preventable cancer according to the staff at the UC Berkeley School of Public Health:

- Don't smoke or use any tobacco products.
- Keep the weight off.
- Get off the couch; exercise reduces the risk of 13 cancers including breast, colon, lung and leukemia.
- Eat a healthy diet; avoid colas and eat less red meat and smoked meats. Eat more colorful foods, e.g., apples, grapes, blueberries, oranges, peppers, tomatoes, spinach, etc. Add rosemary or thyme to marinades when grilling.
- Drink less alcohol.
- Limit high heat cooking.
- Limit sun exposure; use sunscreen.
- Limit radiation from medical imaging tests (no risk – ultrasounds and MRI's, highest risk – CT scans and PET scans, moderate – x-rays and mammograms (Consumer Reports, 2015).
- Test your home for radon.
- Test your tap water for arsenic (if you use well or other private water).
- Avoid workplace exposure to carcinogens.
- Decrease indoor and outdoor exposure to air pollution (e.g. tobacco smoke, some pesticides). (Schwartzberg J. et al., 2014; Thompson, 2016).

Some cancers cannot be prevented, e.g., pancreas or glioblastoma (brain), but attention to the risk factors can make a real difference in cancer prevention.

Fear of Alzheimer's Disease and other dementias is a common concern of those who are growing older. With each passing decade we are all aware that we have poorer attention and short-term memory. Forgetting names of acquaintances or vocabulary is common. Early Alzheimer's is highly genetic and is usually diagnosed in patients in their fifties, but can occur earlier. The frequency of Alzheimer's in people in their seventies is dropping as more Boomers enter those years. One explanation for that change is higher levels of education reached by this cohort. Graduating from high school and pursuing lifelong learning both reduce the frequency of dementia. Building cognitive reserve can be life-saving; several studies have found that one in three people without Alzheimer's symptoms actually have the plaques and tangles indicative of Alzheimer's in their brains, but those plaques and tangles have not stimulated the development of symptoms of dementia (Weir, 2017c).

Good heart health also reduces the risk for dementia due to Alzheimer's and vascular issues. These recommendations can help prevent heart disease and dementia:

- Exercise regularly.
- Keep blood pressure low.
- Keep cholesterol low.
- Manage weight well.
- Do not smoke.
- Do not drink alcohol to excess (more than one drink for women or two drinks for men).
- Avoid diabetes or manage it carefully.
- Enjoy the Mediterranean diet.
- Obtain treatment if clinically depressed or frequently angry (Livingston et al., 2017)

People with a history of TBI are at higher risk for dementias (especially Parkinson's and Lewy Body disorders), so use of seat belts is recommended as well as avoidance of falls (especially from ladders) (WHO staff, 2019).

Social isolation and hearing loss have recently been found to be risk factors for dementia (WHO staff, 2019). Active social engagement and use of hearing aids are recommended.

Financial Planning

It is not surprising that financial security was rated by retirees as one of the most important ingredients for a happy retirement (Rosato, 2015). We all know that Social Security is meant to only partially cover our expenses in retirement. Historically the other two legs of the stool have been work-based pensions and private savings. Now most retirees do not have pensions, so they must save more; professional retirees may also continue to work part time because of high job satisfaction and the need to use work income longer and delay dipping into savings for living expenses.

Saving for retirement is difficult. First, one ought to pay off credit card debt and put aside money for an emergency fund. Some middle class Americans save money for a down payment on a home or perhaps for a larger home as children grow older. Parents save for a college fund for our children; we do not want them burdened with \$50,000 or \$100,000 in debt as they start adulthood. Finally, we save for our retirement by putting money into an IRA or 401(k). The median 50-year-old American has a household net worth of \$124,000; the median 70-year-old has saved \$224,000 (Elkins, 2019). This level of saving is not enough to support a middle class lifestyle in retirement.

Competent financial planning can aid us to save enough to meet our retirement goals and to develop a withdrawal plan once we have retired that will help us avoid out-living our nest egg. In the beginning of the 20th century, the average American died by the age of 50. In 2010 the average American lived until the age of 80 (Hadler, 2011). Upper middle class couples who are alive and together at 65 are likely to live much longer; there is a 43% likelihood that one of the partners will be alive at 95 (Rosato et al., 2014)! So, it is clear that careful planning is needed to have the financial resources for 20 to 30 years of retirement.

Some professionals use a certified financial planner and are well on their way to having their financial needs covered. For do-it-yourselfers like me, the following information may be of use.

Some planners discuss how to reach your magic number -- the amount of savings needed to supplement your Social Security and pension (if you have one) and provide you with the yearly income to maintain the lifestyle you desire. If your monthly expenses in retirement are \$5,000 per month, your Social Security payment at age 66 is \$2,000 per month, and you have no pension, you would need \$3,000 per month which would go up with inflation each year (3% on average?). To generate \$36,000 per year, you would need a savings of \$900,000; a 4% withdrawal rate is appropriate if you expect to live 25 more years. If you have not saved that much, you have multiple options to get to your goal:

- Reduce your expenses, e.g., move to a smaller home with a lower mortgage.

- Work full time several added years, then part time in retirement, and delay taking your Social Security, thereby reducing the number of years to live off your savings, so you can withdraw more from your savings (e.g., 4% to 4.5%) and increase your Social Security payment.
- Power up your savings now while you are working full time. The government permits you to save additional funds in your IRA and Roth IRA after you turn 50 (\$5,000 to \$10,000 additional each year).
- If you have most of your savings in cash and bonds, consider increasing your stock percentage to 50% - 60%. On good years, your savings will grow faster (Brandesky et al., 2014). This approach is reasonably safe if you also use the bucket approach to investing in retirement which will be described below. Also, regarding investing in stock funds, avoid front end load funds which eat up your money and are no more successful than no-load funds. Place most of your stock portfolio in index funds (e.g., S&P 500 or Total Market) with low yearly service charges of 0.1% or lower (vs. many actively managed funds which may charge 1.5% annually).
- When you are retired, you may find annuities can deliver predictable income at a reasonable cost.

A combination of these strategies is likely to get you to your goal. And, by the way, the really adventuresome retirees move to Panama or Ecuador where living costs are much lower and there are clusters of American retirees living there!

Once you are in retirement, it is valuable to review your resources and needs:

- What is your current life expectancy? Living to 100 is a helpful website (<https://www.livingto100.com>) to give you a projection. The number of years in retirement will impact your withdrawal rate from your savings.
- What is your monthly Social Security benefit? It is likely that you will pay income tax on 85% of it.
- Are you working part time? What is your take-home pay? How long will you work?
- What are your living expenses? Is your home mortgage paid off or soon to be completed?
- Do you have a Medi-gap policy to supplement your Medicare to cover most medical expenses? Do you have a long term care insurance policy to assist with covering nursing home expenses?
- Do you have a will, power of attorney and advanced medical directives that are up to date?

Once your review is complete, you know if you need to reduce your expenses or you have freedom to spend more. Many people need to reduce their expenses

in retirement. Letting go of status-related spending can be freeing (Crowley and Lodge, 2007). You know the withdrawal rate that is safe to take from your savings – 4% if you expect to live 25 years in retirement, more if your expectancy is shorter, less if your expectancy is longer or if you want to avoid spending all your savings in order to leave a legacy to your family or organizations you value.

If you are to manage your savings for the long term, it is essential to have adequate diversification of your portfolio. Most investors need some cash for current spending. Most need significant investments in stock or stock funds to grow their portfolio and keep up with inflation over 20-plus years. Most need bonds or bond funds for stability and income. A balanced mix for early retirees is 50% stock/40% bonds/10% cash. The way monies are allocated in retirement can be refined further.

Most retirees are at risk for substantial difficulty if the market experiences a correction or even more serious losses as occurred in '08-'09. If retirees must sell stock when it is at a low point, they will burn through their savings at a rate that will be untenable if the market does not reverse to baseline in a year or so. Christine Benz, a Morningstar analyst, recommends the “bucket” approach to safely manage risk in retirement (2012).

The first step is to determine the cash you expect to withdraw from savings in the next two to three years. If you have a \$750,000 portfolio and are withdrawing 4% a year adjusted for inflation, you would take \$30,000 the first year and \$30,900 the second. That sum (\$60,900) is what you would have in cash instruments (money markets or CD's). That is the first bucket.

The second bucket has investments for years three to 12 in retirement. The retiree would invest about \$300,000 in bonds or bond funds for stability and safety. The third bucket is invested in stocks for growth to beat inflation and supply funds for the latter half of retirement. Low cost index funds are recommended generally over more expensive actively managed funds. Vanguard and Fidelity are large, well-managed companies with low cost index funds. In our example, the third bucket would hold \$389,000, the rest of the retiree's portfolio.

The bucket approach gives the investor both safety and growth. If the stock market takes a large loss, the retiree does not need to sell stock at a loss. As the years pass, as bucket one is emptied, investments from bucket two are sold to replenish the cash needed for the first bucket. As bucket two is emptied, when the market is in a positive position, stock can be sold to replenish bucket two. No approach to investing is fool-proof, but the bucket approach has considerable merit.

Finding Meaning, Spirituality and Religion

In counseling we sometimes address issues of life and death, suffering, love and hope. Every major religious and spiritual school of thought addresses the same issues. Most Americans believe in God, and the majority of Americans belong to a church, synagogue or mosque. Counselors can learn to discuss spiritual issues, not to proselytize their own beliefs, but to assist clients to access their own beliefs to get through trauma or major stresses or explore coping with their own deaths or the deaths of family members. Sensitive counselors have “An openness and willingness to take the time to understand the client's spirituality” (Miller, 1999, p.10). In working with Black families, professionals who appreciate the role of Black churches in the community may help their clients to use the resources available there (spiritual, emotional and financial).

Aging well for some Americans includes regular attendance at a religious venue of their choice. Koenig et al. (2001) found that those who attend religious services weekly tend to live on average seven years longer than those who do not. What would explain this finding? Regular church goers have a built-in support network, they embrace a religious meaning for their lives, and they are less likely to engage in self destructive behaviors, e.g., alcohol and drug abuse or reckless driving. Religious believers are usually encouraged to give generously of their time, talents, and treasure to those in need both locally, nationally and globally.

Church attendance has declined over the past 20 years. Some Americans develop strong spiritual beliefs which are outside of traditional churches, and are conducive to spiritual and mental health. They may refer to themselves as spiritual but not religious. These individuals strive to find meaning in life and grow spiritually with a mixture of humanistic psychology, Eastern practices, and Native American beliefs. These spiritual seekers focus on subjective experience and may avoid church doctrine or participation. They may use meditation, fasting or spiritual reading to grow personally or connect with their Higher Power. Both the “religious” and the “spiritual, but not religious” experience meaning in their lives. Heintzelman and King (2014) write that the “human experience of meaning in life is widely viewed as a cornerstone of well being Considering one's life to be meaningful [is] . . . associated with higher quality of life, especially with age, superior self-reported health, and decreased mortality . . . and with lower incidence of psychological disorders and suicidal ideation” (p. 563). In a University of Michigan study of Americans over 50, summarized in the Heintzelman and King article, 95% of the respondents affirmed that they experienced their lives as meaningful.

Appreciating everyday experiences can enhance our sense of meaning in life. Simple pleasures are often available if we make time for them:

- colorful birds with their songs
- the smile of our partner or BFF
- the sweetness of an orange
- a gentle breeze.

Being open to awe can be life-changing. Gratitude for all that life/God gives us is a path to well-being (Newman et al., 2022).

We therapists who work with middle aged and older adults can benefit from familiarity with the world's five great religions. Three of those religions claim Abraham as a singular catalyst for their traditions: Christianity, Judaism and Islam.

Christians are divided into many sects, but they share belief in a loving, merciful God, in Jesus Christ as God's Son, and in the Scriptures as the inspired story of salvation history. Most Christians believe they are called to love every person and especially those poor and in need. Richard Rohr, a Catholic priest, has written an insightful book on aging well, Falling Upward (2011). Echoing the work of Jung, Rohr describes the first half of life for those who are career oriented as self-focused (identity) and striving with tendencies to be tribal and competitive – my product is better than your product, my church is better than your church, my country is better than your country. Rohr writes that maturation in the second half of life results in people being more generous and other-oriented, more peaceful and less addicted to money/power/fame/business/substances, etc. Mature older adults, Rohr asserts, value the good in each person, and in humanity, with less need to be right than to see what is right in others.

Judaism is the oldest monotheistic faith. Jews vary from Orthodox practice which emphasizes strict observance of the 613 laws of the Torah to secular Jews who are agnostic or do not believe in God. The central event in Jewish history was Moses leading the Hebrews out of slavery in Egypt to the Promised Land in Canaan. Believing Jews accept that God (YHWH) gave Moses the Law; Jews, in gratitude, pray the *Sh'ma* daily:

Hear O Israel: Eternal is our God, the Eternal is One. You will love the Eternal One, your God, with all your heart, with all your soul, and with all your resources (Deut. 6).

The holiest day of the year is Yom Kippur, the Day of Atonement. On that day Jews are called to face their failings, both sins of commission and omission (cheating on their taxes or failing to help a person in need). They fast to keep

their focus on spiritual issues. They go to their synagogue to ask God to forgive them for their sins.

Jews are called to be liberators; a key mission is *tikkun olam* – to heal the wound. The world is broken in many ways. Observant Jews work for social justice, peace, care of the planet or mystical repair of the universe. A helpful resource in understanding Judaism is Judaism for Dummies (2001).

The third people of the Book are Muslims. Islam began with Allah's revelation to Mohammed in Arabia of the final prophecy, the Quran. Islam is intensely monotheistic. The core creed and prayer of Islam is:

There is no god but Allah, and Mohammed is his prophet.

Central to understanding Islam are the Five Pillars:

- The creed
- Pray, facing Mecca, five times a day
- Charity (2.5% of income and resources yearly)
- Ramadan
- The *Hajj*, the pilgrimage to Mecca.

Muslims are encouraged to pray constantly, with five instances of often communal prayer being a daily minimum. Prayer involves gratitude to Allah for life, for his kindness and mercy. Social inequality, families in need, are not the will of Allah. Muslims who have resources are encouraged to share with those who do not. *Ramadan* is a month of prayer and fasting. Muslims neither eat nor drink while the sun is up for the entire month. In not eating, Muslims are encouraged to identify with the suffering of the poor. Muslims with the economic means are encouraged to travel to Mecca (Saudi Arabia) at least once in their lives in order to walk the steps of Abraham and Hagar and worship Allah (The Most Generous). In the *Hajj*, all Muslims are equal, wearing simple white robes whether the richest king or the poorest laborer. Huston Smith (2001) has written Islam: A Concise Introduction to explain the basics of this religion; it is a revised part of his larger work, The World's Religions (1991), which is a wonderful resource on understanding all five great religions.

Buddhism is an Eastern religion focused on the Four Noble Truths:

- The fact of suffering
- The causes of suffering (greed, hatred and illusion)
- The path out of suffering
- The way itself

Wallace and Shapiro (2006), writing on the overlap of Buddhism and Western psychology, affirm that Buddhism “is considered the most psychological of all spiritual traditions; ... it has focused for over 2500 years on cultivating exceptional states of mental well being” (p. 690). Buddhism suggests that only temporary satisfaction comes from sensual pursuits, e.g., good foods, great bourbon or hot sex. Likewise, well being based on fame or fortune, praise or respect, may not last. True happiness comes from a wholesome way of life, cultivation of mental balance, and the experience of wisdom and compassion; both Buddhists and most counselors would endorse this approach to life (Wallace and Shapiro, 2006).

Buddhism is agnostic about the existence of God and the origin of the world. Ceremony is of minor import. A central tenet of Buddhism is that all experience is impermanent. If you are suffering, it will pass if you do not cling to it. Learning to let go is central to the Buddhist way of life. Letting go of the need for material things, for wealth, is the first step. Letting go of neediness for others is the next step. Letting go of the self is the final step to freedom, wisdom.

Buddhists achieve awareness and equanimity through mindfulness. Mindfulness is the antidote to mindlessness, being scattered, chasing one thing after another. Mindfulness has become a helpful practice incorporated in a variety of treatments to promote more insight, balance and sense of well being, as well as more compassion for others.

Three excellent books integrating psychology, psychotherapy and Buddhist thought are Buddhist Psychology and CBT by Tirsch et al. (2016), Buddha's Brain by Hanson (2009) and The Mindful Path to Self-Compassion by Germer (2009).

Hinduism is the oldest of existing religions, with its beginnings in India over 5,000 years ago. Originally Hinduism was polytheistic, but modern Hindus may be monotheistic or agnostic. The central (or only) God is *Brahman* the Absolute. Brahman is omnipotent, omniscient and all powerful. Every human soul is part of the Brahman. Hindus believe that “Life is a long journey back to the creator, interrupted by death for the person’s own good in order to continue the journey in another body” (McLoughlin, 2007, p.14). The law of *karma* requires that “As you sow, so shall you reap”. The good that one does is “rewarded” in this lifetime or the next. Misdeeds are “punished” in the same way. The holy books of Hinduism include the Vedas and the Upanishads, which detail general knowledge, worship and music, and right action (*karma*).

Hinduism gave rationale for the caste system which has plagued India for centuries. Hinduism views the goal of life as *moksha*, unity with God, unity with all existence, peace and freedom from suffering. “Skillfulness and excellence in actions is yoga” (McLaughlin, 2007, p.16.). The highest yoga is centered in union

with the Brahman. Hatha yoga is well known in the West as a series of postures (*asanas*) which enhance balance, strength and calmness.

Therapy for some clients can be a safe place where spiritual issues or resources can be identified. More than that, therapy for some clients can be a sacred space. Jack Kornfield (2015) writes, "The work of the soul requires that we create a place of safety. . . . Therapy should be a place where they can experience deep repair, forgiveness, and an opening to greater wisdom" (p. 26). "You can create a sacred space by hanging a picture, lighting a candle, sitting quietly [with your client], or reading a few lines of a prayer or poem, . . . we can invite the client to create their own rituals as part of their healing process" (p. 37). Clients can be encouraged to create their own sacred spaces. Barbara Hensley (2002) writes, "The sacred space is an internal, spiritual retreat where a client can center him/herself when experiencing any type of . . . negativity, an inner haven where a client can spend time alone in retrospection and meditation, thereby regaining his/her strength and resolve. . . . It is here that a client is invited to come to meet his/her inner teachers, guides, the ones who hold the keys to his/her particular life purpose, . . . the mystery of that which makes him/her unique and special in this world."

IV Goal Setting and Personal Change

Learning about the research-based paths to a healthier life is more than an academic exercise. To the extent that we embrace these paths and assist our clients to do so also, we are increasing the odds that we, or our clients, can live longer, healthier lives.

It makes sense to start by identifying our strengths (or those of our clients). Which of the 11 paths are we (or they) currently walking successfully

- psychological resilience
- lifelong learning
- social fitness
- avoiding addictions
- being productive
- healthy nutrition
- exercise and time in nature
- getting enough quality sleep
- using health resources well
- financial planning
- finding meaning?

If you are already well on your way on six of these paths, you are experiencing many benefits in terms of peace of mind and well-being. If you have not given

much thought to the other five paths, it can be helpful to pick one or two paths to learn more about them. As you gain more information, you may be motivated to make behavioral changes in your own life:

- What change would bring you joy?
- What growth would give your life more meaning?
- What skill set would add most to your health or mental health?

Setting goals is the next step. Useful goals are SMART:

- specific
- measurable
- attainable
- relevant/valued
- time bound.

If your goal is to increase the amount and variety of your exercise, you might aim for:

- walking or gardening five days a week for 30 minutes or
- playing pickle ball three times a week
- doing strength training two days a week for 20 minutes
- doing balance work 15 minutes three times a week.

If you have not exercised regularly for some time, you may decide to set more modest goals. You might have an exercise partner for some of these activities. You could give yourself a reward of gratitude daily and a book of your choice any week you have reached 80% of your goals. You will face obstacles and likely not meet your goals some days. Accepting your fallibility is important while recommitting to get back on track the next day is essential.

Every day is a new opportunity to embrace life with all its complexity,
to show compassion to yourself and others,
to be grateful for the gift of life, for beauty, and for peace.

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