

# Body Psychotherapy for Healthy Aging

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## Abstract

Declining physical prowess is inevitable as we age. Depression, loneliness, isolation and apathy are not. Through body psychotherapy, we enhance the physical, emotional, sensual, and even spiritual well being of our clients. This article will begin by focusing on aging, signs which are considered normal, symptoms which are actually disease process, and health practices currently recommended to remain healthy at any age. Then we will suggest how body psychotherapy can alleviate, slow down, and even reverse some of the physical, mental, and emotional signs of aging.

According to the U.S. Census Bureau, there were about 3,000 Americans over 100 years of age in 1950, about 37,306 in 1960, 73,674 in 2004, and there will be an estimated 1.1 million by 2050. Steven Austad, renowned expert on aging and author of the book *Why We Age*, suggests that longevity is only one quarter about the genes and three quarters about healthy lifestyle. (1)

## Deceased 110+ Centenarians

- Age 128 - Elizabeth “Ma Pampo” Israel of the Caribbean Island Dominica died 10/14/03. Authorities attribute her longevity to the tranquility of Dominica, the world’s “centenarian capital,” with more than 20 men and women over age 100 among its 70,000 inhabitants. “For much of her life, she ...worked in the sugarcane fields...and she rose every morning at 5 A.M. to pray.” (2)
- Age 122, 5 months and 14 days - Jeanne Calment of Arles, France, a wealthy woman who never had to work. She died in 8/4/97, the oldest documented person at that time. Her advice? "Always keep your smile." (3)
- Age 119 – Sarah Knauss died in 1999, the oldest American in history.
- Age 112 - George Johnson “Sausage Man,” who died recently, had lived on a high fat diet of sausage and waffles, yet he had the organs of someone in their 50’s or 60’s. (4)

## Currently Living 110+ Centenarians

“There are 75 people alive – 64 women and 11 men – who are 110 or older, according to the Gerontology Research Group, an Inglewood, Calif.-based group that verifies reports of extreme ages.” Scientists have found certain genetic mutations in centenarians that may help to delay aging or boost resistance to age-related disease. The general consensus is that it is a combination of genetics and environmental factors such as health habits and a positive attitude, not dwelling on stress. (5)

- Age 120 - Mariam Amash, in applying for a new Israeli identity card in February 2008, claimed to have been born 120 years ago, which, if verified, would make her the oldest living person in the world. A relative says she drinks a glass of olive oil every day. (6)
- Age 115 – Edna Parker turned 115 on 4/20/08, recognized by the Guinness World Records as the world’s oldest living person. “We don’t know why she lived so long,” said Don Parker, her 59 year old grandson. “But she’s never been a worrier and she’s always been a thin person....” Her DNA is now preserved, along with about 100 others, for research about centenarians living past 110. (7)
- Age 112 – Tomoji Tanabe of Japan, holds the record for the world’s oldest man. (8)

## Currently Living Centenarians

In a 2005 National Geographic article, “The Secrets of Long Life,” author Dan Buettner identified three “Blue Zones,” regions of the world with the greatest longevity of its inhabitants. At that time he had identified three such areas, Okinawa, Japan; Sardinia, Italy; and Loma Linda, California. Recently he added a fourth Blue Zone, the Nicoya Peninsula in Costa Rica, where he met and interviewed Panchita Castillo and her 80 year old son, Tommy.

- Panchita Castillo, who recently turned 100, lives in Hojancha, Costa Rica, a place with “one of the healthiest, longest-lived populations on the planet...” Researchers attribute this longevity to the fact that the villagers here:
  - have a strong sense of purpose
  - drink hard water with high calcium content
  - focus on their family
  - eat a light dinner
  - have social networks
  - keep working hard
  - have regular “smart” sun exposure
  - strong spiritual connections keep them stress-free (9)
- Richard Savage, 100, of Chicago, Speedy Iavarone, 100, of Wood Dale, Ill., Marcia Hawkins, 100, of Chicago, and Lucia Klas, 102, of Morton Grove, Ill., were recently treated at the ESPN Zone in Chicago to a free lunch to share their enthusiasm for the Chicago Cubs, despite 100 years of the team’s failure. (10)

## Aging in America

The good news is that Americans are living longer, experiencing fewer fatalities from heart disease and stroke and improved recovery from cancer and other illnesses. The portion of the U.S. population over 65 has increased from 9.5% in 1967, to 12.4 % in 2005, to an estimated 20 % by 2030, approximately 70 million. (11) “In 2011, the first wave of America’s 76 million baby boomers will turn 65.” (12)

## Active Seniors Ages 60 – 99

- Nola Ochs, earned her Bachelor’s Degree, at age 95, from Kansas’ Fort Hays State University (13)
- Michael DeBakey, M.D., 97, internationally recognized heart surgeon from Texas and Denham Harman, M.D., 89, father of the free radical theory of aging, are still working and lecturing. Dr. Harman “recommends taking vitamins and anti-oxidants to slow free-radical production, specifically vitamins C and E and coenzyme Q-10 and betacarotene.” (14)
- Harry Bernstein, at age 96, became a first time published author of *The Invisible Wall*, memoirs of growing up Jewish in the mill town of Stockport, England, during the time of WW I.
- Irena Sendler, “a Polish social worker who helped save some 2,500 Jewish children from the Nazis by smuggling them out of the Warsaw Ghetto and giving them false identities...” died at the age of 98 on 5/12/08. (15)
- Dorian Paster, M.D., age 86, is happily married for 48 years and director of his surfing camp for over 35 years. “Every morning, Doc spends an hour and a quarter doing deep breathing squats, flexibility exercises, and some work with a ten-pound barbell....he prays and converses with those no longer here.” (16)

- Wifold Bialokur, at age 71, could “run 10 kilometers, or 6.2 miles, in less than 44 minutes and he is smooth and controlled.” (17)
- Sheila Johnson, age 60, a retired high school algebra teacher who is third ranked women’s player in the USTA 60’s division, joined the undergraduate college tennis team at Grand Canyon University. She leads the team with a 3-2 record in singles and doubles. (18)

The bad news is that “...at least 80% of seniors have at least one chronic [physical] condition, and 50% have at least two...chronic conditions that limit their abilities... [to] ... perform basic activities of daily living, such as bathing, shopping, dressing, or eating.” (19)

“Almost 20% of older Americans experience mental disorders. Many primary care physicians...attribute psychiatric symptoms to ‘normal aging’ or to chronic physical illness. As a result, close to 90 percent of depressed older patients in primary care get no treatment or inadequate treatment.... Only 3 percent receive treatment for mental disorders from a mental health specialist.” (20)

By age 75, the lifetime risk of having any [DSM-IV] disorder is 50.8%, according to a nationally representative study, The National Comorbidity Study, found in the June 2005 Archives of General Psychiatry, published by the American Medical Association. This study revealed that mental illness begins in the early twenties followed by a gradual increase in comorbid conditions: anxiety disorders (35.5%), mood disorders (28.0%), impulse-control disorders (25.4%), and substance abuse (16.3%). Psychology Today reported similar findings in its own study, Therapy in America, in 2004. (21)

One organization, The Association for Adult Development and Aging (AADA), a division of the American Counseling Association chartered in 1986, is committed to examining and redefining the aging process and working toward improving life span mental health competencies and the lifelong well-being of adults. (22)

Another group, The National Social Life Health and Aging Project (NSHAP) is organizing an NIH funded conference to present research findings on aging and physical and mental health, social networks and support, and sexual and intimate partnerships. This NSHAP Early Results Conference will be held on January 28 and January 29, 2009 at the University of Chicago. The conference was organized to present NSHAP research (interview and biomeasure data collected from 3005 adults aged 57 to 85) and collaborate with other researchers of aging and health from various disciplines. The data is available through the National Archive of Computerized Data on Aging. For information, contact [Leitsch-Sara@norc.org](mailto:Leitsch-Sara@norc.org).

The Center for Disease Control (CDC) and the American Association for Retired People (AARP) are focusing on disease prevention, health promotion, and dispelling myths about aging to enhance the quality of life for our aging population. The CDC suggests strategies for maintaining health through healthy lifestyle, early detection of disease, immunizations, injury prevention, and self-management techniques. (23)

In 2008, the U.S. Administration on Aging (AoA) is encouraging and highlighting programs in this country that are modernizing community-based long-term care and assisting older people to remain independent in the community as they age. From May through July, daily 2008 Program Champions will be featured on the AoA Web site. (24)

## Worldwide Focus on Aging

WHO, the World Health Organization, submitted regional action plans to implement the International Plan of Action on Aging, adopted at The United Nations Second World Assembly on Ageing in Madrid in 2002. WHO defines active aging as “the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age. This active aging concept was adopted at a series of international conferences, including the XVIII World Congress of Gerontology held in Brazil in 2005. The next World Congress of Gerontology will meet in Paris in 2009. (25)

## Aging is Inevitable

Although aging is inevitable, how we look, feel and cope as we get older, is not. Aging affects each of us at different rates and in different ways. Even within the same individual, each organ and organ system ages differently, influenced by genetics, environment, lifestyle, attitudes, social networks, spiritual connections, and overall health and well being.

In infancy and childhood, we can be fairly accurate in predicting physical growth and development at different ages and stages. But as we age, there is no uniform timetable. Chronological age is not necessarily a good indicator of how someone will look, feel or function in the world.

## How Do You Know When You Are Old?

### Stereotypical Signs of Aging

- You get dizzy when you stand up or bend over
- Your joints and muscles ache all the time
- Your skin is itchy, spotty, wrinkled and dry
- Your body fluctuates between constipation and diarrhea
- You have poor muscle tone, tire easily, and often feel weak
- You are often irritable, grouchy, depressed and generally unhappy
- You can't remember what you did an hour ago
- You've stopped learning or trying new things

The above symptoms are generally considered to be inevitable effects of aging, but these are actually signs of lifestyle deficiencies, injury, and disease.

### Physiologic Changes and Aging

Past research about aging has focused on patients suffering from illness and disability, observed in doctors' offices, clinics or hospital settings. What we have believed about aging, it seems, has been a reflection of the effects of disease process and unhealthy lifestyle. Studies are only beginning to focus on active seniors and the normal aging process.

### Aging is NOT Disease

Physiologic changes that occur with aging do not necessarily cause disability. Aging does not inevitably lead to declining levels of cardiac functioning, bone density, muscular strength, cognitive ability and memory, sexual desire and activity, physical and social functioning, nor does aging

insure rising levels of blood pressure, cholesterol and anemia. But aging does decrease the body's ability to withstand and respond to stress. "Therefore, older people are less able to regulate pulse rate, blood pressure, oxygen consumption, blood glucose, serum sodium, and blood ph levels under stress. As the reserve ability to maintain homeostasis declines, there is difficulty successfully reacting to injury, and increasing probability that the stress of injury will lead to acute or chronic illness over time." (26)

### One Percent Rule

From age 30 onward, "most organ systems lose roughly one percent of their functioning each year...." (27)

### Body Organs Age Differently

"The physiologic state for any organ in any individual...is determined by the rate of change that organ has been experiencing multiplied by the number of years that change has occurred....Therefore...Age related changes in one organ are not predictors of changes in other organs." (28)

### Dementia is NOT Part of Normal Aging

"Studies of more than 350 men and women between the ages of 20 and 90 have found that cognitive decline starts as early as the twenties, and this decline in cognitive processing power appears to be constant – that is, the rate of decline is the same when you are in your twenties as when you are in your sixties. However, young adults do not notice this decline because the loss has not yet become great enough to affect everyday activities. (29)

"Memory decline with age is common, with some reports suggesting that more than 40 percent of people over age 60 have some memory impairment. But not all age related memory decline inevitably leads to dementia." (30) "Dementia is a loss of mental function in two or more areas, such as language, memory, visual and spatial abilities, or judgment severe enough to interfere with daily life. It accompanies...such [illnesses] as Alzheimer's disease, Parkinson's disease, and Huntington's disease....It is not caused by stress or hardening of the arteries." Dementia-type symptoms include hearing loss, confusion or disorientation, difficulty performing simple tasks and making every day decisions, as well as changes in mood and loss of interest in life activities. (31), (32)

Brain tangles, accumulation of neurofibrillary tau tangles, causes the memory loss of Alzheimers, but may also cause memory deficits of normal aging. "...mild cognitive impairment may be an intermediary stage between aging-related memory loss and Alzheimer disease." (33)

## How Do We Age?

### Chronological Age

Chronological age measures the number of years, hours, minutes and seconds we have been alive.

### Biological Age

Biological age is determined by outward physical appearance and such critical life signs as thinning and graying hair, wrinkled and sagging skin, brown, white and red spots, hazy, puffy eyes with bags underneath, and a weak and fragile body. Many of these signs can be ameliorated by living a healthy lifestyle or camouflaged with makeup or cosmetic surgeries.

### Functional Age

Functional age is measured by level of physical fitness, including breathing capacity, cardiovascular efficiency, muscular strength, flexibility, vitality, energy, rate of recovery from injury and illness, and immune system strength.

### Psychological Age

Psychological age is subjective, determined by how old we feel we are, our enthusiasm and passion for living, our interest in life activities including sexuality, and our willingness to explore new activities and learn new skills.

### Emotional Age

Emotional age is emotional stability and maturity, the way we feel about, respond to, interact and handle conflict with, our friends, family, co-workers, responsibilities, commitments, goals, dreams, and our self. It is determined by how we adjust to circumstances and to life's normal ups and downs.

### Intellectual Age

Intellectual age is determined by the strength of our memory, our ability to concentrate, to think critically about the world around us, and to solve problems and remain curious, creative, and flexible. (34)

## What Are the Physiological Changes of Normal Aging?

From conception to our early twenties, aging involves growth, maturation, and learning. Then, sometime in our late twenties, the growth process slows down and deterioration begins. Some human abilities, such as athletic strength, agility, and sexual potency, tend to peak for many of us by age 30. Other abilities, such as business acuity and social savoir-fair, continue to expand and improve with practice over a lifetime.

### Height

Height tends to gradually decrease due to normal posture changes and increased compression of joints, spinal vertebrae, and discs. By our 80's, some of us have lost as much as 2 inches (5.1 centimeters) in height.

### Hearing

Decline of hearing acuity, especially with higher pitched tones, changing speech tones, and background noise, tends to accelerate after age 55, and decline more rapidly in men (which

can be frustrating to female partners with higher pitched voices). Shorter stature from birth and loss of height may also be associated with hearing loss.

A study conducted at the University of Sweden compared the hearing acuity of two groups of about 500 men. Data was collected on “height, weight, exposure to noise on the job, heredity for hearing loss and other medical disorders, and the use of medications.” Results indicated:

- Among the workers exposed to noise at work, those who were short had worse hearing than expected for their age
- Short workers were three times more likely to have hearing loss compared with taller workers
- Short workers were 12 times more likely than taller workers to be taking medication

The researchers explained that during gestation, negative factors such as lower levels of growth hormone IGF-I can cause reduced numbers of cells at birth. Therefore, “the potential for hearing loss develops in the prenatal period.” (35)

## Eyesight

Beginning in our 40’s, as the lens becomes more flexible, most of us experience a decline in near vision, peripheral vision, depth judgment, clarity of colors, visual sharpness, and night vision. From our 50’s on, many of us have decreased visibility with glare, with lower levels of light and more difficulty detecting moving objects. From our 70’s on, ability to distinguish fine details may decline. Puffiness and skin folds under the eye are caused by thinning of the connective tissue septa that holds the orbital fat in position. (36)

## Taste

As we age, there is a decrease in taste buds and saliva, which tends to lower our ability to distinguish between different flavors.

## Smell

Our ability to detect different smells also tends to decrease as we age.

## Touch and Kinesthetic Sense

Aging is associated with decreased sensitivity to touch, often leading to lowered sexual activity, and less ability to balance, often leading to accidents and injuries

## Heart and Blood Circulation

The heart becomes less efficient and has to work harder as we age. There is a decrease in maximum pumping rate and decreased oxygen extracted from the blood. The heart muscle gradually thickens and increases in size while arteries tend to stiffen as fatty deposits and plaque accumulate in blood vessel walls. As a result, most of us experience a gradual decline

in energy and endurance over the years and many develop atherosclerosis and other heart problems.

### Metabolism, Body Composition and Body Fat

Gradually declining metabolism along with hormonal changes often leads to diminished muscle tone. Body fat tends to increase until middle age, stabilize for several years, and then gradually decrease in the elderly. However, as we age, layers of fat tend to redistribute from beneath the skin to surround the deeper organs. Women often store fat in the hips and thighs while men tend to develop larger abdomens. Medicine and alcohol are processed more slowly and reflexes become slower while driving or participating in sports and other activities.

### Brain and Nervous System

Starting in our thirties, there is a gradual loss and damage of some neurons, blood flow diminishes, brain weight decreases, and there is gradual loss of brain cell functioning, including memory changes, inability to recall recent events or remember names and details. However, the brain adapts to these changes by increasing the number of connections between cells (synapses) and dendrites and axons (branch-like extensions) that carry messages in the brain. A study in the *Journal of Neuropsychology*, suggests that higher education can actually prevent age-related cognitive decline by enabling older people to call up reserves from the brain's frontal lobes. (37) "Maximum life-span potential of man is about 115-125 years...and in mammals shows a strong correlation with brain weight." (38)

### Bones

Starting in our mid-thirties, our bones gradually become less dense and strong, losing minerals faster than they can be replaced. Bone loss tends to increase in many women after menopause, leading to increased risk of osteoporosis. By age 65, one in three people report falls; one out of 20 ends in a fracture.

### Lungs and Breathing

Beginning in our twenties, lung tissue loses elasticity, rib cage muscles shrink and our maximum breathing capacity diminishes. As we age, especially for inactive people, the lungs become increasingly less efficient and the body cells receive less oxygen.

### Kidneys and Bladder

Kidneys decline in size and function as we age, becoming less efficient at handling dehydration or extracting wastes and some medications from the blood. As bladder capacity declines, urination may be more frequent and if the tissues atrophy, urinary incontinence may result.

### Muscles

Without exercise, muscle mass declines as much as 22 percent for women and 23 percent for men between the ages of 30 and 70. Strong muscles, however, pluck oxygen and nutrients

from blood more efficiently, create less work for the heart, and help the body to stay sensitive to insulin and sop up sugar from the blood.

## Skin

As we age, our body decreases its production of collagen and our oil glands produce less oil, making our skin gradually less elastic, drier, and more wrinkled. We may develop age spots or liver spots (brown, yellow, white or red) caused by decreases in melatonin, buildup of waste products, and developing carcinomas. (39)

## Hair, and Nails

“Just like the eyes are the window to the soul, so are the nails,” says Tamara Lior, M.D., a dermatologist with Cleveland Clinic Florida. Nail appearances can be warning signs for serious medical conditions, but nail changes are rarely the first clue.

- White Nails.....Liver Disease, e.g., Hepatitis
- Yellowish, Thick, Slow-Growing Nails...Lung Disease, e.g., Emphysema
- Half-White, Half Pink Nails.....Kidney Disease
- Red Nail Beds.....Heart Disease
- Pale or White Nail Beds.....Anemia
- Pitting, Rippling of Nail Surface.....Inflammation, e.g. Arthritis
- Clubbing at Ends of Fingers or Nail Inversion...Lung Disease
- Irregular Red Lines at Base of Nail Fold...Connective Tissue Damage
- Dark Lines Beneath the Nail.....Melanoma (40)

Our hair and fingernails grow more slowly as we age and we also heal more slowly from wounds. The hair on our scalp, pubic area, and armpits gradually thins and the loss of hair pigment cells leads to gray and eventually white hair. (41), (42), (43), (44), (45)

## How Does Sexual Functioning Change As We Age?

Aging leads to changes in bodily appearance and organ functioning, lower levels of pituitary hormones, and a higher incidence of illness, injury, disease and chronic pain involving multiple prescriptions for pharmaceutical medications. These bodily changes, along with emotionally stressful life events, e.g., retirement, empty nest, loss of partner, or caring for elderly parents, may adversely affect sexual functioning.

### Women

As women enter menopause, no longer ovulate, and their estrogen, progesterone and testosterone levels drop, many experience decreased desire for and arousal during sexual activity combined with less powerful orgasms or even inability to attain orgasm. Physiologic changes may include:

- decreased lubrication leading to vaginal dryness and pain
- atrophy or expansion of vaginal tissues
- decreased elevation of the uterus
- reduced muscle tension with few orgasmic contractions
- rapid decrease in arousal after orgasm

- reduced spread of sex flush
- decreased sexual desire and arousal

## Men

As males age, decreased testosterone and testicular function, lowered sperm count, enlarged prostate, and reduced muscle tension often cause men to require greater stimulation to become aroused, have less frequent and more easily diminished arousal, decreased sensation, less powerful orgasms, and becoming tired or exhausted for some time after orgasm and ejaculation. Physiologic changes include:

- delayed and less firm penile and nipple erection
- longer excitement phase and longer interval until ejaculation
- decreased preejaculatory emissions
- diminished lifting of scrotum and testes
- more rapid return to prearousal state
- shorter ejaculation time with reduced volume and fewer contractions
- shortened phase of impending orgasm and expulsion of semen
- more rapid loss of erection and longer refractory period (46), (47), (48)

## Predictors of Healthy Aging

- Physical Predictors of Healthy Aging

“A multiyear, multiple component research process was undertaken to revise the original Food Guide Pyramid and to develop the MyPyramid Food Guidance System. This research has been documented in a number of articles published as a supplement to the Journal of Nutrition Education and Behavior in November/December 2006. With the permission of the Journal and the Society for Nutrition Education, you can access and print these articles directly from this website.”

According to the USDA, a healthy diet:

- emphasizes fruits, vegetables, whole grain and fat-free or low- fat milk and milk products
- included lean meats, poultry, fish, beans, eggs, and nuts,
- is low in saturated fats, trans fats, cholesterol, sodium, and added sugars. (49)

“Tufts University researchers have updated their Food Guide Pyramid for Older Adults to correspond with the USDA food pyramid, now known as MyPyramid. ....The Modified MyPyramid for Older Adults continues to emphasize nutrient-dense food choices and the importance of fluid balance, but has added additional guidance about forms of foods that could best meet the unique needs of older adults and about the importance of regular physical activity....

Older adults tend to need fewer calories as they age because they are not as physically active as they once were and their metabolic rates slow down. Nevertheless, their bodies still require the same or higher levels of nutrients for optimal health outcomes.....

- Whole, enriched, and fortified grains and cereals such as brown rice and 100% whole wheat bread

- Bright-colored vegetables such as carrots and broccoli.
- Deep-colored fruit such as berries and melon.
- Low- and non-fat dairy products such as yogurt and low-lactose milk.
- Dry beans and nuts, fish, poultry, lean meat and eggs.
- Liquid vegetable oils and soft spreads low in saturated and trans fat.
- Fluid intake.
- Physical activity such as walking, house work and yard work.

“The Modified MyPyramid for Older Adults will be published in the January 2008 issue of the Journal of Nutrition. Added to the new pyramid is a foundation depicting physical activities characteristic of older adults, such as walking, yard work and swimming. Regular physical activity is linked to reduced risk of chronic disease and lower body weights. Government statistics indicate that obesity in adults 70 years and older has been increasing, physical activity is one way to avoid weight gain in later years and its adverse consequences....In addition, regular physical activity can improve quality of life for older adults.

...Emphasized in the Modified MyPyramid for Older Adults are icons depicting packaged fruits and vegetables in addition to fresh examples, forms that for a number of reasons may be more appropriate for older adults.... the importance of consuming adequate amounts of fiber rich foods, which means choosing mainly whole grain products rather than highly refined forms, and whole fruits and vegetables rather than juices....the importance of consuming fluids by having a row of glasses as its foundation....As we age there can be a disassociation between how hydrated our bodies are and how thirsty we feel, this can be particularly of concern in the summer months....The authors note food and beverages with high water content, such as lettuce, vegetable juice and soups, are important contributors of fluid in an older person s diet....Also included...is a flag at the top suggesting that older adults may need certain supplemental nutrients.... However...the majority, if not all, of nutrients an older adult consumes should come from food rather than supplements." (50)

- Intellectual Predictors of Healthy Aging

Healthy aging requires keeping our minds active before and especially after retirement, regularly learning something new and participating in new activities, maintaining an interest in and passion for reading and current events, and often reflecting on the good things in life.

- Emotional Predictors of Healthy Aging

Emotionally healthy people are optimistic, generally happy with life, rarely hostile, recover quickly from angry episodes, and tend to live longer. They cope well with stress, maintaining a good sense of humor and a positive attitude, regardless of how the circumstances in their life unfold, and they continue to develop many outlets for recreation and relaxation.

- Relational Predictors of Healthy Aging

Those who remain healthy as they age tend to feel supported by a large social network of family and friends. They tend to frequently help others, have many younger friends, remain in successful marriages or enjoy a full single life, attending social functions and sharing happy events with others.

- Spiritual Predictors of Healthy Aging

Spiritually connected people tend to fare better as they age. Spiritual commitments and practices, such as daily prayer, meditation, or regular church attendance, help them to maintain a strong sense of personal purpose and meaning in life as well as ongoing appreciation of the beauty and power of nature and its natural rhythms and cycles. (51)

- Sexual Predictors of Healthy Aging

Those who age successfully continue to feel joyful and passionate about life. They tend to continue to derive sensual and sexual pleasure, within their own body, in physical and emotional contact with others, and in connection with the natural environment.

## Why Do We Age?

Theories about the aging process suggest that intracellular changes are caused by

- “the effects of reaching the end of a finite turnover of cells”
- “chromosomal aberrations”
- “the accumulation of metabolic, inadvertently destructive or posttranslational errors and waste products”
- “endocrinologic changes due to programmed changes in the central nervous system” (52)

Researchers are optimistic that studies of Werner Syndrome, premature aging disease, may provide information about the genetic process of normal aging. Werner Syndrome mimics gene expression of elderly subjects, causing early onset of many signs of normal aging such as graying of the hair, scleroderma-like skin changes, cataracts, diabetes, degenerative vascular disease, osteoporosis, and a high incidence of cancer.” (53)

## Aging Theories

- Programmed aging theories are based on the assumption that senescence sets in when a predetermined finite number of cell divisions or heart beats have occurred. “Recent molecular genetic research indicates that...variations of a single genetic loci may modulate the rate of development of all aspects of aging.”
- Somatic mutation theory suggests that chromosomal changes occur from “miscoding, translation errors, hydrolysis, irradiation, and spontaneous replication of errors.”
- Error catastrophe theory blames defective enzymes for disrupting cellular function and actually causing errors in translating the genetic codes for protein synthesis.
- Free radical theory claims that “oxidation of lipids, proteins, fats, and carbohydrates, “ along with environmental toxins, is the culprit, causing “the formation of oxygen compounds with an extra electron charge, or ‘free radical’ .”
- “The cross linking theory suggests that the cross linking which occurs in proteins, DNA, and lipids results from exposure to environmental and dietary compounds...and changes the characteristics of major constituents of body organs, such as collagen and elastin, which then

becomes less pliable and less elastic, resulting in gross changes in the skin, arterial blood vessel walls, the musculoskeletal system, and the proteinaceous lens of the eye seen with aging.”

- “The cybernetic theory suggests that the central nervous system accelerates aging due to changes in the endocrine system and the hypothalamus, affecting the rate of production of thyroid hormone, adrenal cortical steroid, and the hormone associated with Parkinson’s disease, dopamine.
- Long term and cross sectional studies do not support any theories of “uniform rate of aging of humans.” Studies of identical twins have shown large discrepancies in life span. Interestingly though, there seem to be large differences in aging rates between men and women. “Physiological measurements from early childhood to middle age show that median systolic and diastolic blood pressure levels are lower in women...as are blood sugar levels after administration of glucose, serum lipids, and relative body weight gain...[and] mortality rates for men are six to eighty percent higher than women.” (54)

## Problems As We Age

- Physical Problems – Causes and Complications of Chronic Pain

“Often called ‘the fifth vital sign,’ pain ranks with temperature, pulse, respiration, and blood pressure as a key indicator of a patient’s medical status.” (55) The longer we live, the more likely it is that we will eventually experience some type of injury or disease that results in temporary or even chronic pain. Surgeries become more frequent, both elective and those deemed vital to our survival and well-being. Injury and surgery leads to scar tissue that may cause lingering pain, mar our outer appearance, and diminish certain movement capabilities. Many of us also take a variety of pharmaceuticals and/or recreational drugs to delay some disease process or to alleviate symptoms of chronic physical or emotional pain. These drugs, even properly prescribed prescription drugs, may sometimes exacerbate the problems and even create new unexpected painful side effects.

### - Causes of Pain

A popular belief, even among medical professionals, is that the most common cause for pain is a pinched nerve. According to this belief, there are three types of pain:

\*Nocioception – immediate, protective pain  
local cellular damage

\*Inflammatory –  
\*Neuropathic – one or more nerves are affected, delayed in onset, becomes chronic pain, requires physical input to heal the injury...and is radiculopathic (nerve root impingement causing weakness, numbness, and difficulty controlling certain muscles)

Chronic pain is believed to be caused by shortened (contracted) muscles resulting from neuropathy and radiculopathy. This theory is based upon Cannon’s 1949 Law of Denervation Supersensitivity which states: “Any measure (such as a nerve impingement caused by radiculopathy) which blocks the flow of motor impulses and deprives an organ or tissue of excitatory input (motor impulses) for a period of time, will cause abnormal functioning (called ‘disuse sensitivity’) in the receptor organ or tissue.” (56)

Recently, however, the nerve impingement theory has been questioned. “Researchers working with magnetic resonance imaging (MRI’s) have demonstrated no matter how much a normal functioning spine is compressed or twisted, there is ample room in the intervertebral foramina for free movement of the nerve....

While conditions such as intraneural edema and ischemia from prolonged nerve root abuse certainly causes pain in a certain percentage of the population, it is also possible much of the reported pain may be due to sensory receptor overload from postural imbalances....As deep intrinsic muscles are subjected to abnormal sustained loading, nociceptive stimuli warn the brain of the possibility of tissue damage.

....Through a process called sensitization, an aberrant hard-wiring pattern is ‘burned’ into the central nervous system (CNS). Long-term CNS agitation from angry nociceptors causes the brain to twist and torque the body in an effort to avoid pain.

....the pain-generating stimulus must be interrupted until the memory burned into the nerve cells has been completely ‘forgotten.’ For many chronic pain cases, a ‘serial-type’ deep tissue therapy works best where clients are seen twice weekly until hyperexcited receptors feeding the CNS are quieted.” (57)

#### - Deconditioning Complications of Chronic Pain

Any part of the body that has severe and chronic pain will discontinue “normal, symmetric, coordinated movement, and the patient will simply self-splint, immobilize, and decondition the area.” Muscles, nerves and joints weaken and deteriorate leading to muscle atrophy, neuropathy, contracture, decreased movement, and gradual weight gain. To compensate for a weak, painful area, joints, nerves and muscles in other parts of the body will work overtime, leading to “overload and overuse syndrome.”

#### - Hormonal Complications of Chronic Pain

Chronic pain is a potent stressor that may affect every endocrine system in the body. Initially, the pain causes an excess of catecholamines and glucocorticoids to help the body control pain and prevent damage. However, this excess may trigger hypertension and tachycardia, sometimes leading to cardiovascular death.

If severe pain continues and is not controlled, “adrenal exhaustion and decreased serum levels of glucocorticoids, including cortisol and pregnenolone, may result.” The fluctuation between excess and deficient glucocorticoids, often called Cushing and Addison syndromes respectively, “may have debilitating consequences including mental deficiencies, muscle weakness, edema, osteoporosis, diabetes, and stone formation....tooth erosion and decay....[and] testosterone deficiency....The immune system is compromised, leading to “poor resistance against infections and slow healing of wounds in injuries.” Not as much is known about the effect of pain on other hormones, such as estrogen, progesterone and endorphins, but changes in these hormones can affect the immune system adversely.

#### - Neuropathic Complications of Chronic Pain

“Persistent pain generates excess electrical activity in peripheral nerves, spinal cord and brain. This ‘hot wire’ effect appears to cause degeneration of nerve tissue – particularly in the dorsal horn of the spinal column,” but also some low back patients have developed cerebral atrophy, deterioration of brain tissues, which can easily lead to dementia and other organic brain abnormalities. (58)

- Emotional Upsets, Loss and Change

As we age, it is more likely that we will eventually experience emotional upsets, loss and change. Many of us go from busy, full time workers or full time parents to partial workers, empty nesters and grandparents, to full time retirees, with or without a life partner, adequate financial resources, secure housing, or a network of close family and friends. We may move from a familiar neighborhood to a different retirement community. Friends, neighbors, close relatives and even our beloved house pets may become ill and pass away. Depending on whether we have developed the positive mental attitudes, uplifting and life affirming spiritual connections, healthy lifestyle, social contacts, and continued passion for living – which researchers describe as the formula for healthy aging – we are more likely to suffer more from illness, disability and emotional instability as we age.

- Complications of Emotional Upsets and Stress

- \* Stress Accelerates Cellular Aging

Research is beginning to substantiate the devastating effects of long term stress on health and aging. “Telomeres, the DNA-protein structures that cap the ends of chromosomes and promote genetic stability, appear to play important roles in cellular aging and disease. The length of telomere is also a means of assessing biological age, versus chronological age.”

Elisa Epel and colleagues examined the effects of psychological stress on telomere maintenance in 58 healthy premenopausal women. Results, appearing in the December 1, 2004 Proceedings of the National Academy of Sciences, indicate that the psychologically stressed women “had significantly shorter telomeres and less telomerase, a telomere-producing enzyme, in the peripheral blood mononucleocytes, which are immune function cells. In fact, these cells had experienced the equivalent of about 10 additional years of aging....The high stressed group also had higher oxidative stress.” (59)

- \* Stressful Jobs Affect Health of the Elderly

“Problems on the job raise blood pressure in workers over 60, although they claim to be less upset or sad than younger employees when work problems hit....They say they feel less emotion, but their bodies tell a different story.”

University of Utah psychologist, Timothy Smith and co-author, Bert Uchino, studied 384 adults ages 40 to 70 at the American Psychosomatic Society meeting in Vancouver, BC, in Spring 2004. Study participants wore monitors that took their blood pressure while they recorded their moods and whether they were dealing with a problem, every 45 minutes, for one day. Although younger employees expressed being more upset, only the elders, 60-70 years old, showed a

jump of about 5 points in diastolic (lower number) blood pressure during stressful times at work. The researchers concluded: “Older workers may be more vulnerable to cardiovascular problems if they stay in high-pressure jobs.” (60)

\* Emotional Stress May Precipitate Heart Problems

“Emotional stress can precipitate severe, reversible left ventricular dysfunction in patients without coronary disease....Myocardial stunning [also called cardiac stunning or myocardial stress] refers to a unique medical condition in which severe emotional stress causes cardiac contractile abnormalities and heart failure.” This condition is probably caused by “exaggerated sympathetic stimulation.”

Research corroborates the phenomenon that severe emotional stress and heartbreak, such as the break up, loss, or death of a a loved one, can release an onslaught of stress hormones that cause heart muscle to contract and spasm, possibly leading to severe complications and even loss of life. In one report, the median age of patients with stress-related cardiomyopathy was 63 years, and 85% were women. Evidence is accumulating that stress can and does lead to disease and that women respond differently to stress, especially emotional stress, than men. (61)

\* Emotions Affect Blood Cells

Inspired by photos of frozen water crystals imbued with different emotions in the book, *The Hidden Messages in Water* by Japanese researcher Masaru Emoto, Rebecca Marina attempted to replicate the experiment by having her own blood samples photographed on slides while she focused on feeling specific emotions and having these photos observed by her technical assistant, Dr. Felici.

She focused first on sadness. In the photograph, her blood cells seemed to actually take on the formation of teardrops and were seen moving rapidly (rather than slow and sluggish as we might expect) with a lot of white blood cells predominant, more so than in a normal blood sample. When she felt fear, the blood cells moved around rapidly and frantically with an increased number of white blood cells and then stopped moving rather abruptly, as if exhausted.

Feelings of love produced slower, more placid movement and some sparkly substance in the fluid. Interestingly, when she felt love, the blood cells on the “sadness” slide that had remained on the screen began to change. In other words, even when her blood was no longer inside her body, her feelings of love actually affected the movement, shape and quality of her blood cells on the slide.

But the most astounding effect was when she focused on Divine Mother or spiritual love and peace. “The fluid part of the blood was very clear, the movement of the cells was so placid, and the cells were just gliding along in peace....The white blood cells that showed each had a white glowing center and a pulsation in that center almost like a heartbeat!...[In fact],...some of the cells began to take on a heart shape.” (62)

Health practitioners from countries around the world (including but not limited to Chinese medical doctors and acupuncturists, Japanese acupressure and shiatsu practitioners, Indian Ayurvedic doctors and yogis) have believed for centuries that there is a definite connection between health, disease and body organs and tissues.

Their methods have been focused on specific acupuncture or acupressure points, the energetic flow of “chi” through vertical meridians, the flow of “kundalini” energy through “nadis” (vertical energetic channels) and chakras gateways of spinning energy at the horizontal level of various organ systems), or the effect of locating and releasing pain in “trigger points,” often far removed from the actual source or site of the pain.

According to acupuncture theory, energy (chi) flows through meridians (vertical energy channels) that connect anatomical structures and organs in our body. “Obstructions to this flow, leading to areas of congestion or deficiency, are seen as contributing to health problems....” both physical and emotional and can be relieved by applying acupuncture needles or manual acupressure to the points.

Helene Langevin, Ph.D. and her colleagues at the University of Vermont found that most “acupuncture points [and probably trigger points as well]...lie directly over areas where there is fascial cleavage, where sheets of fascia diverge to separate, surround and support different muscle bundles....” These study results have shown “...that soft tissue fibroblasts have important, and so far unsuspected integrative functions at the level of the whole body.” (63)

Candace Pert, in a ground breaking book, *Molecules of Emotion: The Science Behind Mind-Body Medicine* (1997), revealed that there is another body-wide network, a network of chemicals (neuropeptides) connected with and affected by our emotions. Her research established the biomolecular basis for the mind-body connection and the powerful healing effects of mind-body therapy. Her work provided evidence that these neuropeptides are located, not only in our brain but also in cellular tissues throughout our body, forming an elaborate body-wide communication network. (64)

Christiane Northrup, M.D., longtime advocate for women’s health, created a comprehensive chart, excerpted here, to depict her understanding of the physiological, mental and emotional functions of organs and organ systems in a woman’s body. At first glance, this chart can appear to be mere hocus-pocus, but in light of the trend of recent research, the connection between our body organs and functions and our emotional states is becoming more believable and significant. Although Dr. Northrup’s charting is focused on female organs, the corresponding male organs (e.g., vagina/penis, ovaries/testes) probably serve similar functions and have similar metaphorical meaning as well in a man’s health and life.

### Body Organs and Conditions

- Head: Brain, Ears, Eyes, Nose, Sinuses, Pineal Gland  
Thought and Perception – rational/irrational, clarity/ambiguity, rigidity/flexibility, repressed/inhibited, conservative/liberal
- Heart  
Capacity to fully feel and express emotions, resolve anger and hostility, feel grief, forgiveness, joy, and love
- Lungs

Ability to feel fully and release the emotions, especially grief and sadness. Ability to take in inspiration and release it to others.

- Bones, Joints and Muscles

Foundation of our body and connected with our immune system. Ability to stand on our own two feet.

- Thyroid: Mouth, Teeth, Gums, Throat and Cervical Spine

Communication – Expression vs. comprehension, speaking vs. listening. pushing forward vs. waiting, willful vs. compliant. Health of thyroid – affected by relationships with people who cannot hear what we have to say.

- Breasts

Emotional expression and partnership. Capacity to form mutual, reciprocal partnerships with balance between giving and receiving, nurturing self and others, intimacy with others, and capacity to be alone.

- GI Tract

Ability to take in and process nourishment.

- Ovaries

Creative drive and assertiveness in the outer world. Excessive, insufficient or imbalanced drive toward financial, creative and relationship goals.

- Vulva, Vagina, Cervix, Lower Urinary Tract

Discretion about intimacy. Ability to create healthy boundaries. Capacity to feel emotions fully and discharge completely.

- Skin

Major boundary in the outer world. Derived from the same embryonic layer as the brain and functions as an external nervous system.

- Immune System and Blood

Safety and security in the world. Knowing when to trust or mistrust, feel fear or not. Balance between independence and dependence. (65)

### Common Treatments for Physical and Emotional Pain

The prevalent medical treatments for acute and chronic pain often involve the use of pharmaceuticals for pain relief, including addictive substances such as opioids, and minimally to severely invasive surgical procedures. Interdisciplinary Pain Treatment interventions may help sufferers with “drug detoxification, drug management, physical therapy (active exercises as well as passive modalities), and psychological treatment (e.g., relaxation therapy, problem solving, coping skills training) among others. (66)

Research has begun to indicate that there are additional, less invasive and more comprehensive options to healing the mind-body connection of chronic pain. One study at the University of Iowa and the Technical University of Aachen, Germany, offered some insight into how hypnosis can work as an anesthetic to block pain signals. Functional Magnetic Resonance Imaging (fMRI), used on volunteers while under hypnosis, revealed “that brain activity was reduced in areas of the body’s pain network, including the primary sensory cortex, which is responsible for pain perception. There was also increased activation in two other brain structures, the left anterior cingulate cortex and the basal ganglia.” (Schultz-Stubner, S., et. al. “Hypnotized Brain Feels No Pain: Validating the Techniques for Medicine, Hypnosis Shown to Alter Brain Activity While Reducing Discomfort.” (67)

### The Value of Touch and Body Psychotherapy

“Perhaps if I recognize bodily tightness and constriction as being attributes of myself, then, with a little reflection, I would gain insight into those aspects of my life that are uncomfortable. I would learn how I am reacting to life physically and emotionally. It is, after all, the unconscious aspects of the central nervous system that are responsible for postural muscular hypertonia. If, on the other hand, I keep tightness and constriction firmly located in my body – the machine – then a mechanic is what is called for. I may never realize the extent to which my body reliably reflects my attempts to integrate my environment, my relationships, my thoughts and feelings.” (68)

Studies of touch therapy methods, somatic education, and body psychotherapy have shown promising and impressive relief from emotional and physical pain and improvement in overall well being in clients suffering from such diverse ailments as post-traumatic stress disorder, recovery from physical and sexual abuse, sexual dysfunctions, sexual compulsions, and other physical and psychological ailments. (69), (70), (71), (72), (73)

Dr. Tiffany Field’s Touch Research Institute at Jackson Memorial Hospital in Miami, Florida and at other sites around the world, and Dr. John Upledger’s Healthplex Center in Palm Beach Gardens, Florida, pioneers in researching this vastly untapped healing potential of mind-body therapy, have amassed an impressive number of studies. Dr. Field’s research focuses on the healing benefits of massage therapy (74) while Dr. Upledger has researched craniosacral therapy and somatoemotional release. (75)

Numerous studies, several conducted by the National Center for Complementary and Alternative Medicine of the National Institutes of Health (76), have validated the healing benefits of massage, acupuncture, acupressure and other modalities. Many doctoral dissertations and additional studies have focused on the benefits of Therapeutic touch, a method developed by Dr. Delores Krieger, a nurse educator at New York University. (77).

### What Is Touch Therapy?

Touch therapy can be a gentle, soothing, relaxing type of massage or a deep, intrusive and even painful connective tissue release. It can involve touch directly on the body, clothed, unclothed and covered by a sheet, or touch that hovers in the energetic field above the body or even a long distance away from the

body in distant healing. Touch therapy can focus on release of muscular tension, release of nerve impingement, structural or postural rebalancing, spinal readjustment, muscle strengthening, improvement of energetic flow within meridians or chakras, improved cerebrospinal flow, lymphatic drainage, enhanced breathing, and/or emotional release and spiritual connection.

- Traditional Massage, Swedish Massage, Massage Therapy

Massage Therapy is probably the most well known in this country, most thoroughly researched, and one of the methods of touch therapy licensed by almost every state. The therapist typically uses oils and creams as well as herbal and aromatic essences, music, soft lighting, and basic massage strokes directly on the client's skin. The client should be draped in a sheet, with exposure of only the specific body part being massaged. The goal is usually to alleviate muscular tension, improve circulation, eliminate painful nerve constrictions, and relieve stress by relaxing the body to relax the mind.

- Contemporary Western Massage and Bodywork

Expanding upon the practice of traditional massage therapy, these methods may include the use of hydrotherapy, heat and ice packs, chair massage, on-site massage, medical massage, sports massage, pregnancy massage, and more recently, animal massage.

- Structural, Functional, Movement, Alignment Techniques

These methods focus on improving body alignment, organ functioning, flexibility of movement, hormonal balance, and integration of the body as a holographic system. The techniques may include actual resculpting of connective tissue, chiropractic and osteopathic realignment of vertebrae, postural reeducation, trigger point release, kinesiology, physical therapy, craniosacral therapy, lymphatic drainage, visceral manipulation, rolfing, or simply guiding the body to move in an easier, more fluid and graceful manner.

- Asian Bodywork

Originating in the countries of Asia, these methods tend to have evolved from the theories of Traditional Chinese Medicine. This ancient theory views the health of the body in terms of five basic elements (fire, water, earth, metal and wood) and the functioning of the 12 pairs of meridians and the 8 extraordinary meridians, vertical lines of energy flowing in specific patterns throughout the body. Stimulating points along the meridians, using fingers, hands, feet, knees, elbows, or the fine needles used in acupuncture, the goal is to release restrictions, balance the flow within the meridians, and restore the free flow of energy or chi through the entire body.

- Trans Cultural Bodywork

With the increase of globalization and the internet, healing methods that used to be restricted to local healers around the world are becoming available in our own communities. Each country has added its own unique cultural approach to touching and healing the body. Some of these methods include: Russian massage, Shamanism (from Peru and other countries), Indian Ayurveda, Brazilian Calatonia, Hawaiiin Lomi Lomi, Yogic Chakra healing, and others.

- Energetic Bodywork

These methods focus on the energetic fields within and surrounding the body. The practices range from direct contact on the skin, to indirect contact an inch to a foot or more above the body, to distant indirect contact from another room, another city, or anywhere on the planet. Training may be simple to complex, requiring anywhere from one weekend of basic training to several years of ongoing instruction, to a secretive initiation process open to only a select number of students.

- Somatic Education, Expressive Arts, and Body Centered Therapies

Focused on body awareness and bodily expression, these methods may or may not involve actual touch. Through movement, dance, music, sports, yoga postures, martial arts, dramatic performances, artistic expression, guided imagery, visualization, journaling, as well as through hands on touch, we may gain access to our subconscious or unconscious thoughts, wishes, fears, and desires. The body may allow us to feel sensations and express emotions that have previously been unavailable to our conscious minds. Some practitioners are trained artists, some have received training in one or more body therapy methods, while others are graduates of accredited academic programs.

### What is Body Psychotherapy?

“The common element of all body psychotherapy methods...is the focus on body awareness and the judicious use of touch during the psychotherapeutic session. The touch may vary from very gentle and respectful of the client’s needs to more forceful touch focused on breaking through defenses and body armoring. A body psychotherapy session may include guided imagery, focused breathing, role playing, movement, expressive arts, as well as emotional release work. Body psychotherapists are trained and certified in both psychotherapy and body therapy methods or in specific body psychotherapy modalities.” (78)

“Although each modality of Body Psychotherapy may use a different specific strategy, there are some elements common to the field as a whole:

1. Observation of the body to determine physiological underpinnings of neurotic and psychotic character structures and emotional patterns.
2. Touching the body in specific ways designed to release bodily armoring, release neuromuscular tension, and promote less restricted movement.
3. Eliciting verbal responses and emotional catharsis as the body lets go of habitual tension patterns connected to memories and mental blockages.
4. Partnership between Body Psychotherapy practitioner and Body Psychotherapy client/patient in interpreting and evaluating the meaning of verbal, emotional and imaginative responses.
5. Body Psychotherapy clients/patients gain control over their emotions, become focused on their goals, and accomplish life tasks with renewed energy, vigour and confidence.
6. Body Psychotherapy clients/patients learn to confront and handle their problems as they arise, communicate authentically with peers, co-workers, friends and family, and as a result create more fulfilling and satisfying relationships, including marital and other intimate love relationships.” (79)

### What is the Rubenfeld Synergy Method® (RSM)?

“The simultaneous use of talk therapy and gentle touch distinguishes the Rubenfeld Synergy Method® from most other body oriented therapies. Touch heightens physical and emotional awareness and provides an additional and valuable form of communication between you and the Synergist. Combining touch, movement, imagery, and humor with reflective listening and dialogue, the Synergist assists you in contacting your ‘inner wisdom’ – the gateway to healing.” (80)

### The Formula for Healthy Aging

There seems to be a formula for healthy aging, suggested by the latest research on centenarians and the research comparing people in their 20’s – 40’s to those in their 60’s – 90’s. Those who maintain a high quality of life as they age tend to have:

- A large supportive social network of family, friends, and neighbors
- A daily spiritual practice and faith in a higher power
- A healthy lifestyle including exercise, nutrition, rest, sleep and play
- An active imagination, intellectual stimulation, and a passion for learning
- Emotional well being, an optimistic outlook, and a good sense of humor
- Passion for life, sensual and sexual aliveness, and appreciation of nature

### How Can Body Psychotherapy and RSM Promote Healthy Aging?

Body psychotherapy uses somatic experiencing, metaphors and body image work, empathic listening and feedback, touch, body/mind/spirit awareness and connection, mental health skills, and a wide variety of the best techniques from Eastern and Western teachings, psychology, body therapy and transpersonal revelations and insights. Rubenfeld Synergy Method.

RSM helps us learn to listen to the body, become aware of habitual patterns and tensions and decode their messages empowering us to make concrete improvements in our daily lives and relationships. The uniqueness of Rubenfeld Synergy lies in the use of talk and touch together. Touch heightens awareness, both emotionally and physically, and allows us to explore levels that are difficult to access through talk alone. (81)

- Body Awareness, Body Acceptance, and Enhanced Sensual Awareness
- Stress Management, Relaxation and Enhanced Breathing Capacity
- Pain Relief, Pain Management, and Improved Postural Alignment
- Heightened Self Awareness, Self Esteem and Improved Coping Skills
- Improved Communication, Social Skills, and Capacity for Intimacy and Love
- Renewed Enthusiasm for Exploring, Learning and Living
- Sense of Purpose and Meaning in Life as well as Faith in a Higher Power

### The 12 Warning Signs of Health

Body Psychotherapy methods, including the powerful yet extremely gentle Rubenfeld Synergy Method®, often contribute to the 12 Warning Signs of Health, created by Karen Armitage, District II Health Office for the New Mexico Department of Health.

“If five or more of these indicators are present, you may be at risk for full-blown health.” At any age!

1. Persistence of a supportive network.
2. Chronic positive expectations, tendency to frame events constructively.
3. Episodic peak experiences.
4. Evidence of increasing spiritual growth.
5. Increased awareness of the present moment.
6. Tendency to adapt to changing conditions.
7. Rapid response and recovery when challenged.
8. Increased appetite for physical activity.
9. Tendency to identify and communicate feelings.
10. Repeated episodes of gratitude and joy.
11. Compulsion to contribute to society.
12. Persistent sense of humor.” (82)

### The Final Question

How old would you be if you didn't know how old you was?  
Paige (83)

---Satchel

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