

# Achieve Your Full-Life Potential

*Five Easy Steps to Living Longer, Healthier, and  
With More Purpose*



**Gary Foster**

# Achieve Your Full-Life Potential

## Five Easy Steps to Living Longer, Healthier, and With More Purpose

*“Nearly every day we read a story about a new centenarian, the fastest-growing demographic category in the country. It seems a thrilling affirmation that we are still progressing, still evolving as a species, still the pinnacle of the evolutionary food chain. Masters of the universe further asserting our mastery by extending the very span of our lives. But in the same paper, there will be at least one story about our soaring health care costs, signs of a major national crises. We are getting early warnings that our average life span may well decline in the next generation, the first such occurrence in the entire history of mankind.*”

*“The division between those who live long, productive lives with a real likelihood of achieving a full century, and those who merely progress deeper in the high-risk categories of medical statistics as they descend farther into middle age is increasing. What to make of all this?”*

So begins Dr. Walter Bortz, retired Stanford geriatric physician, in his book [“The Roadmap to 100.”](#) Having treated the elderly for over 50 years, Dr. Bortz has been at the forefront of observing and understanding the challenges of aging. From his tireless research, writing and speaking on the subject, along with the work of other “successful aging advocates”, we today have a valuable roadmap for achieving a longer and healthier life.

In the next few pages, we’ll lay out a highly-summarized review of five key steps to living longer and healthier, drawn from the experience, research, and wisdom of Dr. Bortz and others.

None of these steps should surprise. We’ve known them for a long time. But we’ve forgotten or turned our backs on them, succumbing to comfort, convenience, instant gratification, the pace

and stress of modern living, and just plain laziness. My hope is that you will reinsert these five easy steps back into your life and begin to realize your full life potential.



## Key Step #1:

# ADOPT AN ATTITUDE WITH GRATITUDE AND ALTITUDE

Stop reading right now and grab a pen and paper and write down five things that you are grateful for. Go ahead. I'll wait.

Not that tough was it? We can always find something to be grateful for.  
But it seems that we don't, generally. Why?

Our brains are kind of wired up that way to start with. Neurologically we have a survival mechanism that protects us from danger. It's left over from when we were running from saber-tooths or fighting a warring clan. Back then, our brain's ability to release stress hormones (adrenaline, noradrenaline, and cortisol) helped us survive.

We obviously don't so much need them for that today, but the adrenal system can still produce these chemicals and will when we send it the signals. And that's where attitude comes in.

We live in a world with lots of dark recesses and a thousand things coming at us daily to convince us that the world is pretty rotten. It's pretty easy to relinquish our mental bandwidth to the things that aren't right in the world and in our lives. (Does that make you feel a little guilty about the precious time you spent reading the newspaper or tuning into the Constant Negative News network - CNN?)

I once heard Tony Robbins say in a recent interview with Joe Polish at a Genius Network event that "most people are wired for stress, they're wired for frustration, they're wired for feeling lonely with a highway to p\*\*\*ed off and a dirt road to happiness."

I've said for a long time that stress is largely a choice. While we don't have total control over the thoughts that pop into our heads (we get about 65,000 of them per day from who knows where), we do have control over how we respond to them.

We need some stress in our lives. Healthy stress propels us forward. Look at your bicep or quadriceps - they only grow and stay healthy if subjected to some stress.

The same goes for our brain. It's like a muscle. It needs a certain level and kind of stress – a positive stress in the form of positive thoughts, of worthwhile stretch goals, of feelings of gratefulness, of happiness. Our mind thinks only in pictures and we have the option to produce good pictures.

Gratefulness and lofty, positive thoughts and images sustain brain and general health by holding back the release of stress hormones. The stress hormones that are there to protect us are also what kill us early. Although we are rarely in life-threatening “fight or flight” situations today, we have the ability to release these hormones continuously through how we think and respond to what we perceive as adversity.

## The insidious, silent killer

Stress has become the silent killer in our culture. We know this about what our “stinkin thinkin” does to our bodies, all damaging carry-overs from our pre-historic saber-tooth era:

1. It shuts down digestion. Ever feel nauseous while in a high-stress situation? There you have it.
2. It makes us stop thinking. High stress actually signals the prefrontal cortex to shut down and stop thought processing and decision-making. It shifts the decision-making to the lower, fight-or-flight sections of our brain.
3. It makes us sick. The CDC reports that up to 90% of all illness and disease is related to stress. Chronic doses of cortisol, created by our culture's equivalents to saber-tooths, lowers our immune system, opening the door to myriad illnesses.
4. It shrinks our brain. Research has shown the size of the brain actually decreasing when exposed to continuous stress. One area affected is the hippocampus, an area of the brain that is integral to memory formation.
5. The constant, insidious release of stress hormones attack our circulatory system and are a major contributor to cardiovascular disease. [Click here.](#)

Psychologist Vivian Diller, Ph.D., sums up the seriousness of chronic stress this way: “It's very possible that if you have a life filled with constant stress, little by little the body is breaking down.”

Sounds simple, this idea of eliminating negative thoughts and thinking only lofty ones. It is simple – it's just not easy. It takes practice and commitment.

Here are a few solutions that work:

- **Exercise.** What doesn't exercise make better? Personally, I haven't found anything more effective to stop the cortisol flow than a brisk walk or some treadmill time followed by some weight-lifting.

- **Meditation.** I suspect you are suspicious about meditation. You're not up for TM and chants, little cymbals, lotus positions, robes, and incense. Neither am I, but I have discovered that simple meditation (without all the above) is very effective in setting the emotional course for the day, bringing me to the moment and not giving the cortisol flow a chance to start.

You may be aware that meditation, or mindfulness, has become very mainstream. In fact, major corporations such as General Mills, Aetna, P&G, and Target now conduct meditation classes, especially for executives. Mindfulness is now being taught in business schools and being written about, positively, in major news publications.

I understand your skepticism about expecting your stress to drop and your day to go better by simply focusing on your breathing for a few minutes. Do what you want. I'm just saying it works for me, and apparently for many others.

A morning meditation, followed by affirmations and visualization of long-term goals has proven to be a very productive way to start the day.

If you would like a source on the power of using your morning hours to reduce stress and move you into the growth mode for your second half, I highly recommend the book [“Miracle Morning for Entrepreneurs”](#) written by Hal Elrod and Cameron Herold.

Tony Robbins helps us understand the power of gratitude when he points out that the two fears that mess us up are anger and fear - but that we can't be angry or fearful and be grateful at the same time. Try being grateful and angry at the same time. You can't do it.



## Key Step #2:

# BECOME HEALTHCARE LITERATE

Let's first agree that we don't have a healthcare system. We have a disease-care system. There is little about what we call our healthcare system that deals with maintaining good health. It deals with fixing what's broken. We either drug it or cut it out. It's reactive, not proactive. And it's not going to get better anytime soon. In fact, it's most likely going to get worse as we try to find solutions to the mess it has become through the other mess we have created on the Potomac. How confident are you that your good health will be protected by the government?

## Where are you on the self-care literacy scale?

I've heard this numerous time from qualified healthcare professionals: the #1 killer in our society isn't heart disease, or cancer, or diabetes, or stroke or dementia. It's healthcare illiteracy.

Run the numbers for the top ten reasons that cause people to die early, which has been researched by the CDC and in a pioneer study back in 1994 called the Willis and Foege study. Yes, we find the aforementioned diseases well ensconced as the top five. But, surprise, surprise – every one of them is subject to intervention. In other words, the top five are heavily influenced by the lifestyle choices that we make.

OK, I know what you are thinking. It's genetics that rules. Well, not so much. Does genetics play a role? Certainly, but we are learning that, at most, genetics may play a 30% role in our acquiring the aforementioned diseases.

As I understand it, we all carry genes that may have a tendency to manifest in one or more of these diseases. But we are also learning, rapidly, that if a particular disease-oriented gene doesn't express itself, nothing happens. So, it's really about gene-expression rather than the existence of the gene itself.

Do we have influence over gene expression? Voila! We do indeed. Through our lifestyle.

### ***Lifestyle changes are a b\*\*\*\*!***

But we often aren't open to a lifestyle change. After all, been doing it this way for 30+ years and I'm still kicking! Yep – you're right. But we overlook the insidious nature of these diseases.

The effects of unhealthy lifestyle choices – for example eating a high saturated fat diet, not exercising or spending 49 hours a week in front of the TV – compound very slowly. And then, one day, bam! Heart attack, stroke, cancer, out-of-control blood sugar. No or limited warning. We read or hear about it every day.

One of my favorite spokespersons on this subject is a physician at the Yale School of Medicine, Dr. David Katz. I heard him say the following in a presentation to a large group of his peers:

*“We already know all that we need to know to reduce, by 80%, the five major killers in our country. We don’t need any more fancy drugs or equipment or more Nobel Prizes. We know all we need to know today.”*

I believe Dr. Katz is spot on. He is outspoken, as a practicing physician, about the importance of lifestyle choices. In fact, he founded an organization called the Academy of Lifestyle Medicine to promote lifestyle education amongst his peer group of physicians.

## I’m a walking heart attack candidate

Well, as it turns out, not quite. But I’ve had an experience that I want to share with you to illustrate the role of lifestyle and healthcare literacy in my life. There may be some parallels in your life and some pearls that can help convince you to elevate your understanding of how your body works.

I can speak, first hand, to how healthcare illiteracy and habit formation can team up to produce bad results.

I smoked for eighteen years until June 6, 1979 - a glaring clue to my own former major healthcare illiteracy. Following that life-changing decision to stop smoking, I became a gym rat, so to speak, moving from long-distance running, to basketball and weight lifting five days a week for seventeen years (until the right knee screamed “STOP!”). Today, my weekly routine is aerobic exercise six days a week for 45 minutes and strength training with free weights and machines three days a week.

Pretty good lifestyle choices, wouldn’t you say? However, I discovered just a few months ago, following a heart scan my doc insisted I have, that I had artery calcification that put me at a high-risk level of cardiovascular disease.

In other words, I had some level of artery blockage, based on a CT scan calculation, that put me in the high-risk category for a heart attack.

No way, I said. I pushed my doc on it. Without an angiogram, he informs me, we can’t tell the exact level of blockage. Neither he nor I wanted to go there. So we did an echo stress test and a nuclear stress test to determine my heart’s ability to pump blood. Both tests results were, thankfully, normal.

So, short of invading my arteries with a tube and camera, we have concluded that the blockage is not affecting the blood flow enough to be concerning. One key metric is that the left ventricular artery – referred to as the “widow maker” – was completely clear.

Thanks for enduring that peek into my confidential medical record but I want to take it on to make a point about how health care illiteracy got me there.

## **Gym-rat and junk-food junkie**

My doc and I agree that the arterial “damage” that the scan revealed was most likely the result of the slow, insidious build-up of calcium (plaque) in the first fifty-or-so years of my life. The majority of that fifty included little exercise (until age 37) and lots of unhealthy eating for the full fifty.

I grew up in a rural, small Wyoming town environment where healthy diet was never a discussion topic. You pretty much ate what you killed and grew and it meant lots of meat, potatoes, and corn – few greens.

Exercise was pretty much relegated to high school sports and then to zero after high school – or, as in my case, until some literacy lights came on.

In my pre-teen years, smoking was considered healthful and was actually supported in advertising by medical doctors. I was all over it after high school and continued that injurious habit for eighteen years.

While I made one good habit change in 1979 when I quit smoking, I failed to make another critical one, further demonstrating my healthcare illiteracy. I continued to eat poorly.

Example: nearly every day that I played basketball during lunch hour and then did some weight lifting, I would typically grab a Good Times cheeseburger, fries, and a custard or a KFC potato and chicken meal with a Coke for lunch. Then consume an evening meal that usually was very calorie-dense and usually included meat.

I now call it the Jim Fixx mindset. You may recall his story. Fixx was a world-renown long-distance runner who staunchly maintained that diet is irrelevant as long as you kept your exercise levels high. He “grandstanded” his position by living on a diet very heavy in cheeseburgers. He died roadside in the middle of a solitary run of a massive heart attack. His autopsy revealed highly occluded arteries.



I was on the same path.

I credit my wife for helping me elevate my diet literacy through her successful weight loss through Weight Watchers. She became, and has remained, an excellent “gatekeeper”, making sure that our refrigerator and pantry contain better, more healthful foods.

This elevated knowledge of nutrition through her 7-month experience at Weight Watchers spurred me on to learn more about diet and I’ve become a devoted student of understanding the impact of diet on our well-being and how difficult it is to adhere to a healthful diet in our culture.

### **This isn’t rocket science**

For the last 10 years, I have devoted a great deal of my non-work time to reading and studying to understand my biology and the impact my lifestyle has on that biology.

It’s been a very revealing journey and enlightened me to how little I knew about how my body works and how it is impacted by the things that I do to it and put into it. Furthermore, my eyes have been opened to how powerful the forces are in our culture that work counter to what we should be doing to it and to what we should put into it.

### **You’re not going to get help from your doc, the food industry or big pharma.**

I admire and respect my primary-care-physician (PCP). I’ve been with him for 25+ years. He spends more than the normal 15 minutes with me primarily because I am able to engage him at a much deeper level about my health and body than probably 95% of his patients. He’s given me good advice when any problem or concern develops.

But he’s never asked me about my diet, my exercise plan, my social relationships, stress – or offered any unsolicited advice in any of those areas.

That’s understandable. All that focuses on prevention. He’s trained to mop up the water, not turn off the spigot. Plus, prevention doesn’t pay much. His primary tools are to either drug it or cut it out. And he’s in a hospital-based system that pushes for shorter patient visits and encumbers him with a computer-system that absorbs most of his attention during the office visit.

His medical education included virtually no training on a proper diet. And, here’s a real kicker – like 90% of physicians in our country, he did not take one class in gerontology during medical school.

My intent is not to beat up on doctors - we need them and 99% of them are deeply committed and do a wonderful job - on disease care.

We call it a healthcare system in our country. It isn't. It's a disease-care system that has evolved over the last 100+ years fixing problems. It's a system that ridded us from scarlet fever, polio, measles and mumps and other infectious diseases. And it continues a relentless pursuit of fixing other diseases after they have developed. It's a reactive system, not proactive. It won't ever be anything other than that in my lifetime, and yours.

Nice to have when you get sick. Probably the best in the world.

But what if I don't want to get sick to start with? That's my goal and yours, right? Well, as Dr. Katz stated earlier, we know all we need to know to reduce our chances of getting sick and that means exercising self-efficacy and taking charge of our own health. That means to raise our literacy about how the body works and treat it right.

If elevated healthcare literacy makes sense to you, let me suggest a three-book project that will put you on a fast track to understanding your biology and how to treat it. Each book is a progressively more complex read so I suggest reading them in the order listed. Each has a treasure trove of current information and insight into how we can live longer and healthier.

*[“The Roadmap to 100”](#), Walter M. Bortz, M.D.*

*[“Younger Next Year”](#), Crowley and Lodge*

*[“The Telomere Effect: A Revolutionary Approach to Living Younger, Healthier, Longer”](#), Dr. Elizabeth Blackburn and Dr. Elissa Epel*

## **Big food = big problems**

The food industry in our country is the most productive in the world. We feed a substantial portion of the world. We have more food available to us than any other country and in the most convenient forms possible. And it's killing us!!

Here in the U.S., we have the dubious distinction of having the highest levels of obesity, diabetes, fatal heart attacks and cancer rates. All that while we, year-after-year, produce the most significant breakthroughs in medical science. Do we agree there is a disconnect here?

The average American today weighs 15 pounds more than 20 years ago – and we haven't gotten any taller. The CDC announced recently that fully 1/3 of the U.S. population – 84 million – are pre-diabetic and don't know it.

That, folks, is staggering and speaks clearly to our lack of healthcare literacy!

## How do I become healthcare literate?

You don't need a medical degree to exercise effective self-efficacy and take positive control of your health. I do believe, however, it requires a commitment to some study to understand your biology accompanied by a willingness to rid your lifestyle of biology-eroding practices.

Personally, I've found it beneficial to understand, at a very basic level, how I function at the cellular level. The book ["Younger Next Year"](#) kickstarted that for me so that's a great place to start.

In the book, Dr. Henry Lodge's massively simplified explanation of our body's cellular-level biological makeup taught me that I am a walking, talking 24x7 immune system made up of about 15 trillion cells that are working overtime against formidable odds to keep me healthy. The more I help them by oxygenating them regularly (exercise) and providing them with appropriate amounts and type of glucose (a mostly plant-based diet), then the better they will repay me by keeping me healthier and extending my useful life.

The takeaway for me from all this is that what our incredibly complex bio-system is asking for is pretty simple: use me or lose me (exercise), feed me well (proper diet) and stimulate me (challenge me mentally, surround me with positive relationships).

Another part of my discovery in optimizing my health is to not abdicate my health to my physician, as much as I appreciate his expertise and commitment to helping me. Good health should not be a \$35 co-pay experience and putting your health into the hands of a physician. Rather, your physician should be a partner in your self-directed health strategy and a source of valuable information along the way and help when things skid off the tracks.

## Do you know your biomarkers?

Your doc should be the source for helping you establish and understand the key biomarkers of your health. What is a biomarker? Misters Google and Webster says:

*"a measurable substance in an organism whose presence is indicative of some phenomenon such as disease, infection, or environmental exposure."*

At a minimum, we all should know where we are and where we should be with the following (most of these should come from blood panels done for physical exams):

- Blood pressure
- HDL, LDL, triglycerides and total cholesterol
- Glucose (blood sugar)
- Uric acid
- Calcium, phosphorous, potassium and sodium
- Bilirubin, total protein, and albumin (liver function indicators)
- BUN (blood urea nitrogen) and creatinine – kidney function
- Waist size (under 40” for men, 35” for women)
- PSA (men)
- TSH (thyroid stimulating hormone)
- Homocysteine (amino acid associated with vascular disease, Alzheimer’s, colon cancer and osteoporosis)
- C-reactive protein – related to inflammation

We can enact most of the things that will keep those biomarkers in the healthy ranges. We’ve become a culture wherein not only do we not fully understand the nature and importance of biomarkers, we only respond to them when something is out of range and then abdicate to our “drug it/ cut it” disease care system rather than to understand more of the root cause and adopt the lifestyle changes that address the issue for the long term.

A recommended source of scientifically- and experience-based insight on this is the book [“Start Strong, Finish Strong, Prescriptions for a Lifetime of Great Health”](#) by Dr. Kenneth Cooper and his fellow-physician son, Tyler, of the renowned Cooper Clinic in Dallas, TX.

Dr. Cooper, 86, and still going strong, is widely recognized as the world’s leading authority on preventive medicine. His son has joined him in his practice as a leading preventive medicine specialist.

The book is a 370-page project but worth the investment of time and \$10.70. Written in 2007, the information and recommendations are timeless.



### Key Step #3:

## MAKE “LIFESTYLE” YOUR NEXT MEDICINE.

The Greeks, twenty-five hundred years ago, had it right. They identified that medicine had two components – Hygeia and Panacea. Hygeia equals health preservation and Panacea equals repair. For the Greeks, Hygeia held precedence. We’ve moved far from that model.

Here’s what Dr. Walter Bortz has to say about this from his book [“Next Medicine, The Science and Civics of Health”](#).

*“The twin functions of medicine survive but are obscured by Panacea’s dominance. We have seen that Panacea as Medicine’s favored child does not fully assure the human potential. Panacea’s elaborate repair capabilities are brilliant. But are they fully relevant? Its repair tools of surgery and pharmacy do not fully match our mission statement.*

*The new paradigm, simply stated, is Next Medicine, the re-introduction of Hygeia into our lives so that Disease Medicine and Health Medicine rebalance themselves and assure our human potential. This involves both health preservation and repair.”*

Dr. Bortz goes on to suggest that “next medicine” is a medicine that “embraces self-efficacy and individual responsibility and insists on studying the total organism over time. It asserts that controlling and maintaining health resides primarily with the individual.”

Perhaps we could paraphrase that last paragraph down to “lifestyle driven by literacy.”

I admit, this sounds very much like what’s said under Key Step #2 above. That’s intentional because, once literate, we find lifestyle changes highly relevant and easier to make.

Change is difficult, especially when it comes to habits entrenched in our psyche for decades. But change is possible in any area of our lives given adequate knowledge and motivation.

My victory over smoking was very difficult but succeeded as I grew more aware of the biological damage I was doing, coupled with my family’s concern over the habit.

My shift away from a diet based heavily on animal products is based on my understanding, through study, of the dangers therein coupled with my aforementioned scary cardio-vascular score.

I get it – it's hard to change away from habits built on comfort and convenience. But at some point, we have to get real about what our lifestyle is doing to us. I spoke to this on my blog [“It's Time to Get Real About Our Lifestyle – It's Killing Us!”](#) where I unpacked some of the warning signs that surround us. Specifically:

1. Eighty percent of American adults do not meet the government's national physical activity recommendations for aerobic activity and muscle strengthening. Around 45 percent of adults are not sufficiently active to achieve health benefits. (Robert Wood Johnson Foundation).
2. More than two-thirds (68.8 percent) of adults are considered to be overweight. More than one-third (35.7 percent) of adults are considered to be obese. More than 1 in 20 (3 percent) have extreme obesity. **Almost 3 in 4 men (74 percent) are considered to be overweight or obese.**
3. The American Diabetes Association reports that the number of people who have diabetes increased by **382 percent** from 1988 to 2014.
4. The CDC recently reported that as many as one-third of the U.S. population may be pre-diabetic and not know it.
5. The weight of the average American increased by 15 pounds over the last 20 years – but we didn't get any taller.

Doesn't that all sound like we are headed for real trouble?

The previously cited 1994 Willis and Foege study pointed out the “clarion call” of what we can safely call lifestyle medicine.

The study identified a list of ten factors that were responsible for virtually all of the premature deaths in our culture. In descending order of significance, the first three were:

1. Tobacco use
2. Dietary patterns
3. Physical inactivity

Stunningly, these three were attributed to 80% of premature deaths. Other factors in the top ten were sexual behavior, vehicle crashes, toxic substances, etc.

**Everything on the list was modifiable, to a significant degree, by behavior.**

Ten years later, a CDC study came to the same conclusion, with one difference: the gap between #1 i.e. smoking and the combo of bad diet and exercise had narrowed.

This speaks to the success of our anti-smoking campaigns combined with an accompanying increase in literacy and self-efficacy in that area. But we don't seem to be doing as well in the diet and exercise area. Fact is, we are getting worse as the aforementioned stats reveal.

Let's wrap this section with an analogy from Dr. Bortz that is one of my favorites. Again from his book ["Next Medicine"](#), Dr. Bortz uses the analogy of a grandfather clock that stops running. The various diagnoses are: (1) it's broken; (2) it's worn out; (3) it needs to be wound up.

*"Being broken fits the standard disease model of medicine, in which recourse to the repair shop is the appropriate next step. Being worn out is a reflection of true chronological decay. This is not susceptible to repair; the junkyard's the best option. But the third possibility, needing to be wound up, is an under-recognized alternative explanation. This is particularly important because winding up is cheap and doable and has no side effects. Too often, when confronted with a clock or a body that does not work as it should, we lapse into a disease inference - fix it, cut it out, solder it or replace it - rather than the appropriate approach, which is to let energy restore matter to its entitled state. Importantly, you cannot substitute surgery or pharmaceuticals or technical approaches for winding up."*

Dr. Bortz appropriately paraphrases the Serenity Prayer: "Change what you can, accept what you must, but know the difference."

That summarizes well the concept of healthcare literacy and lifestyle as your next medicine.

## Key Step #4:

# KEEP WORKING

In 1962, in a luxurious meeting facility on the Queen Mary, a gathering of the crème de la crème of insurance executives were gathered for a Million Dollar Roundtable of the National Association of Life Underwriters. The featured speaker for this roundtable was the renowned educator and author, Dr. Mortimer Adler, brought aboard to speak to members “to aid in their continuing search for self-development.” They were in for a surprise.

Mark S. Walton recreates this fascinating story in his outstanding book [“Boundless Potential”](#). In it he shares a portion of Adler’s speech as he turned the tables on the expectations of this illustrious group when he likens the American retirement dream to digging a premature grave:

*“The retirement age is coming down from 70, to 65, to 60 and may, in the course of the next 25 years, go below that.*

*But the dream come true is a nightmare.*

*For retirement, conceived as a protracted vacation, is a form of prolonged suicide. It marks the first formal stage on the road to oblivion.*

*Consider the loss to society and deprivation of the individual involved when a man in the real prime of life, the mental, moral, and spiritual prime, is turned out to pasture at the decree of the calendar - someone who has the most creative and most socially useful part of his labor still in him.*

*Here is greatness wasted on the putting greens of Long Beach or the green benches of St. Petersburg.*

*What is the solution, or is there a solution?*

*Just - work. Work, not to insure your retirement, but to prevent it! You will benefit greatly from any kind of work which is a challenge to that part of you which continues growing.*

*It is finally time to distill wisdom from experience and to give of that wisdom.”*

Adler’s assertion rings true today. Walton continues Adler’s message with: “Find a way to work for the sake of others and you will step up, Adler asserted, ‘from a lower to a higher grade of life.’”



Our pre-occupation with retirement has turned “work” into another unattractive four-letter word for many. For nearly a century now we have re-categorized work into something we tolerate for 35-45 years with the goal to get away from it so we can, hopefully, do what we really wanted to do 45 years before. That is assuming we knew back then.

Portrayed for decades by the retirement planning industry as something to abandon and replace with leisure, the idea of a lifetime of work has become anathema for many.

But research tells us that we abandon work at our own peril.

A study of 83,000 Americans 65 and older published in Preventing Chronic Disease, a publication of the U.S. Centers for Disease Control and Prevention found that being unemployed or retired was associated with the greatest risk of poor health.

Jay Olshansky, a professor at the University of Illinois at Chicago's School of Public Health and a spokesman for the American Federation for Aging Research agrees with the article, saying ““We know that remaining in the labor force is good for us. Not working can lead to overall poorer health.”

## Making it the best of four-letter words

In his 1989 best-selling business book [“The Age of Unreason”](#), Charles Handy offered some prescient advice about work and its role in our evolving society. He points out that 50-60 years ago (from 1989) people signed on for work expecting to work 100,000 hours. His formula: 47 hrs/week x 47 weeks/year x 47 years (age 18-65). But now that number is closer to 50,000 hours (37 x 37 x 37) as technology enables companies to do more with fewer bits of our time, as we enter the job force later (avg: 22-24) and with a trend (now disappearing) of people retiring earlier.

If we factor in a longevity bonus of 15-30 years that is now becoming more of a reality, I don't think I'm too far off Handy's mark by suggesting that we not only risk our health and longevity by stopping working, we are robbing society of 50,000 hours of productivity, creativity, and contribution back to mankind.

### In his words:

*“Those unused 50,000 hours can be our opportunity to discover the missing bits of ourselves, to explore new talents, to add variety to ordinary weeks, to meet new people, and to learn new skills. Those usual hours can add up to a huge new resource for society rather than a pile of unwanted people if we start thinking positively, if we find a way to pay for it, and if, first of all, we start redefining “work” so that it no longer means only a job. It is not the devil who finds work for idle hands to do, it is our own human instincts which make us want to contribute to our world, to be useful, and to matter in some way to other people; to have a reason to get up in the morning.”*

Some thirty years ago, Handy put a dagger into the heart of the prevailing concept of retirement with his appeal to his readers to consider work the purpose of life. He lists “the three P’s at the heart of life – purpose, pattern, people”. Work provides all three.

Sadly, work has been vilified such that over the past decades it has enabled people to conceptualize a world without work as a kind of paradise.

Handy suggests some upside-down thinking to re-invent work, “to make it, perhaps, the best of the four-letter words.”

## Four types of work in the second half

In their book [“Don’t Retire, REWIRE”](#), Jeri Sedlar and Rick Miners, executive recruiters and consultants, reveal the results of extensive grassroots research through dealing with people in personal and professional transition.

They found that most people want to work to remain productive. They suggest that there are four categories of work that people in late-life transition will turn to:

- 1. WORK FOR THEE (WAGES)** - working as an employee, in a for-profit or non-profit, part-time or full-time
- 2. WORK FOR FEE** - working for a fee and receiving a 1099 tax form rather than a W-2. Fees can be earned for literally any conceivable service, limited by one’s own creativity.
- 3. WORK FOR ME** - work you do for yourself, for your own pleasure, paid or not paid. It’s telling to note that more new businesses are being started today by people in their 50’s and 60’s than people in their 30’s and 40’s.
- 4. WORK FOR FREE** - volunteer work, often a very important part of retiree’s satisfaction.

## How about a “playcheck”?

Mitch Anthony is a consultant to the financial services industry. In his outstanding book [“The New Retirementality”](#) he coined the term “playcheck” to describe combining purpose, passion and a paycheck. He describes the four stages of work that typically precede that:

- 1. EXPLORATION MODE** (often experienced in our 20’s) - a process of finding out what you don’t like doing more than anything else.
- 2. UTILITARIAN MODE** (often experienced in our 30’s and beyond) - after we’ve exhausted the exploration years and settled into an option we find challenging or intriguing and pays adequately.
- 3. RENAISSANCE MODE** (often experienced in our 40’s through our 60’s) - where some (not all) examine working lives to determine what engenders energy and passion, a seeking of what affirms deeper personal satisfaction. “Doing it for the money” often keeps people stuck here in “analysis paralysis.”

**4. MISSION MODE** (can be experienced at any age but takes experimentation and experience to affirm) – a mode driven by a sense of purpose. In the mission mode, we rarely see ourselves as having a job or going to work.

People in the mission mode might be generating a paycheck and may be heard saying “I can’t believe I get paid to do this.”

Anthony points out: “- - we can evolve and mature through our work. We can eventually come to a place where our minds, our spirits, and our effusion of effort reach total assimilation.” That can result in a paycheck.

I felt Anthony was talking directly to me when I read this part of his book. I had spent my 30’s and 40’s in the Utilitarian mode, but with a good deal of movement and restlessness, finally settling in for a 17-year utilitarian run with MCI which became Worldcom which became “poof” following bankruptcy and a handful of acquisitions.

In retrospect, I can’t recall a time in those 17 years where I knew I was in the right spot doing what I was meant to do. Sadly, today I can’t honestly resurrect any memories of really positive feelings or events during those 17 years. I was truly there for the money and did well financially, carried only by an adequate mix of sales ability, communications skills and keeping my head down politically. But I had my “renaissance” mode in my mid- to late-fifties as restlessness resurfaced along with a repressed resistance to working in the corporate world. The result was a vault into starting my own recruiting business just as Worldcom declared bankruptcy. I decided to “reinvent” myself at 60.

Now, at 75 (2017), I realize that this move simply extended my renaissance mode as I found much of the recruiting business to be disempowering but some of it quite empowering. The empowering part was working with candidates. I seem to be instinctively drawn to listening to their stories and helping them in career decisions. Unfortunately, it’s not a good formula for success in the recruiting business because candidates don’t write the check. Finding and developing clients to hire those candidates was, for me, a disempowering grind.

The consequence of this 16-year recruiting experience is a re-acquainting of myself with my “uniqueability”, a term I am borrowing from Dan Sullivan, founder of Strategic Coach and one of my virtual mentors.

By acknowledging what I like and do the best, I can honestly say that I have been able to move my life close to a full “paycheck” environment where my work and play have intersected, through coaching, writing and speaking.

I say “close” because I still continue to maintain my recruiting business to finance the move to my lifestyle business goal of coaching, writing, and speaking and because it is consistent with the coaching part of this life.

At some point, I may be able to jettison the recruiting side but there is enough of it that aligns with my “uniqueability” that it is complementary and not counterproductive.

I risk boring you with that personal story to make a point consistent with what Anthony stated earlier. I’ve been able to move to “mission mode” in my life working to empower people to live a longer, healthier, more purposeful and productive second half. The “work” empowers and energizes me and I am beginning to realize a true “playcheck” that I envision being able to take to whatever level I need to support my lifestyle choices. These choices are built around freedom, control of my time and maintaining good health and vitality to 100 or beyond.

Which is a good segue with which I’ll end this section. A recent poll of centenarians revealed that two factors were neck-and-neck as a major factor in their longevity: their ability to walk and their ability to work. A surprisingly large majority of centenarians continued to work beyond the century mark. Who would have thunk it?



## Key Step #5:

# BE NECESSARY AND SERVE

Do you go to bed or get up in the morning feeling necessary? I'd guess it to be a challenging question for most of us.

Being necessary or useful or indispensable each day adds meaning to our lives. Without it, what meaning does life have? Without it, what sense does our continued consumption of resources make?

It gets easier, as we get older, to become more necessary, with our accumulated experiences and wisdom. Being necessary can take any form – as many as the individuals exercising the role. Perhaps it's mentoring someone on a skill you have or someone in need of help in finding a life direction. Maybe it's enriching the life of a grandchild, or singing or reading to nursing home residents. Maybe it's involvement as a community activist.

The number of options is endless. And they don't need to be – and usually aren't – world-changing. Nor do they need to be money-making.

Exercising this option in later life has survival advantages. Dr. Bortz points out in [“Dare To Be 100”](#) that “- medical journals are full of evidence that shows when a spouse or close partner dies, the endurance of the remaining partner is jeopardized. Married people live longer because marriage implies interdependent relationships. Each is necessary for the other. When this contract is broken and necessity seems at risk, then death lurks.”

Being necessary also helps us maintain vitality and keep the energy level up. It means being current, being up with the times. It will mean taking some risks and challenging ourselves to try new things and stretch ourselves, all vital components of living longer and healthier.

Being necessary and disengagement don't mix. Unfortunately, in full retirement into leisure, we often see being necessary decline and disengagement increase. Fortunately, for many – especially amongst the boomer generation – this is becoming less prevalent and traditional “vocation to vacation” retirement is being replaced with more of an attitude of wanting to continue to contribute and have an impact. Being necessary and in service to others fuels that desire.

Hopefully, by now, you've experienced Victor Frankl's impactful story in his book [“Man's Search for Meaning”](#) describing his time in a German concentration camp and his discovery

of what it took to survive. At the risk of oversimplifying the story, two things helped him survive and to help others survive as well. One was his realization of the necessity of never giving control of his thinking to his captors. The second was his instinctive drive to be necessary to fellow captors by helping them come to this same realization thus helping guarantee the survival of those who could grasp his theory and follow his advice. Being necessary to his fellow captors became a part of his own survival formula.

As we get older, we have a greater responsibility to pay back to society what it has given us. Each of us is more valuable today than we were last year or ten years ago because of our experiences and what we've learned. The world needs us more than it ever has. To withdraw into isolation – so common in retirement or following a major loss of any sort – is a disservice to self and to society. We can all be necessary to someone or something, regardless of age.

To conclude this section, and put what I feel is a fitting cap on this document, I want to encourage readers to invest in the teachings of Dr. Walter Bortz, through any of his seven books. The depth and breadth of the knowledge and insight of this Stanford geriatric physician, now approaching his ninth decade, are factual, hard-hitting and inspiring for anyone seeking a fuller, healthier, longer life.

Also, I encourage investment in [“Boundless Potential”](#) by Mark Walton which I'll turn to again to conclude.

In “Boundless Potential”, chapter nine, Walton takes us back to the ancient Greeks to introduce a concept they called “eugeria” which meant a long and happy life. According to Walton, “the lifelong pursuit of excellence, with the goal of contributing our accomplishments to others – this, to the Greeks, was the ultimate formula, the blueprint, for eugeria.” The path to eugeria was work and paying it forward, working for the sake of others.

The evidence of the payback of this philosophy was revealed following a study by the Royal Society of Medicine in London who identified men of achievement and intellectual excellence in the fifth and fourth centuries BC. The findings were astonishing and revealing: during a time when normal lifespans were about 35, many of these men of distinction were discovered to “have lived much longer lives characterized by eugeria, happy aging. Their means and median lengths of life were found to be 71.3 and 70 years, respectively, equal to that of the civilized population of modern times.”

Examples: Socrates lived to 80; Isocrates to 98; Sophocles to 90. The study even revealed several centenarians, one living to 108.

Genetics, favorable climate, nutrition, housing, sanitation all were favorable and certainly played a role, but it was the Athenian design for living that mattered most.

## Be a “generativity” participant

In the 1950’s, Pulitzer Prize winner and Harvard professor Erik Erikson introduced a life model very similar to the Greek model. He introduced the concept of “generativity”, which puts forward the idea that “I am what survives me” and that by leaving a footprint through our love and work we create a higher level of well-being and self-fulfillment that is rarely experienced.

Erikson wrote:

*“Adult man is so constituted as to need to be needed lest he suffer the mental deformation of self-absorption. He requires the challenge emanating from what he has generated. I refer to man’s love for his works and ideas as well as for children. Generativity, as the instinctual power behind various forms of selfless ‘caring’, potentially extends to whatever a man generates and leaves behind, creates and produces or hopes to produce.”*



## THE ATTITUDINAL TOMBSTONE

I recently had a conversation with a dear friend that underscores the importance of being necessary and what Dr. Bortz said in the quote provided earlier about how the endurance of a remaining partner is so often jeopardized when a spouse dies.

This friend's wife is an Alzheimer's victim and his life has been dramatically altered in his 24 x 7 caretaker role. A retired businessman, I'm impressed and proud of his selfless commitment to her care and comfort as this devastating disease progresses through the several stages of high unpredictability and deepening levels of care. His level of "being necessary" is likely at the highest level it's ever been in his life.

For as long as we've known them, they have been an inseparable couple, their lives totally intertwined, rarely doing things separately. For many years, they have been "paying forward" as a couple by being very active and influential in the lives of many couples who were struggling in their marital relationships.

Our conversation was around the eventuality of her death and what it would be like for him after that fateful day. His response was a surprise – and, frankly, bothered and disappointed me. He said that he couldn't see himself living more than a year or two beyond her death.

Perhaps I shouldn't have been disappointed considering his closeness and dedication to his wife together with his deep Christian belief in a better life to follow.

I was bothered by the tone of "uselessness and helplessness" that seemed to emerge from the statement. My friend is a highly intelligent, deep thinking man with a strong ability to see and untangle complex personal and business issues. In other words, a man with a lot to "pay forward" and a demonstrated desire to do that over the last quarter-century of this life. My disappointment was that he can't see himself continuing to do that following her departure. For reasons that I hope will change, he doesn't seem to see himself as being necessary outside of his relationship with her. To me, it's akin to ordering the tombstone way too early and denying humanity God-given talents and abilities.

I can't stand back and let his self-fulfilling prophecy succeed. I will continue to encourage him to rethink his thinking and instead consider that the greatest compliment he could pay to his wife would be to continue to impact others with what they learned and did together – by continuing to "be necessary".





## CONCLUSION

I hope you find these five keys helpful. It could easily be fifty. There is so much that we can do that we don't that will add to our vitality, energy and our enthusiasm for these final chapters of our life.

I started with attitude because it is the most important. All others emanate from attitude.

Dr. Bortz reminds us about the importance of attitude in "Dare to Be 100" by writing that "within attitude lie all the planning and decision making that facilitate the biological steps. It is possible to reach 100 by chance, but it's not likely".

I encourage you to adopt that attitude that this second-half, third stage, third act - whatever you want to call it - can be the highest productivity period of your life, full of energy, enthusiasm and a sense of mission that pays forward what you have been awarded in your life up to this point.

