

Ken Dychtwald:

How the Age Wave pathfinder inspired a new view of aging



This acclaimed psychologist, gerontologist, author and consultant has made ‘exceptional and lasting contributions’ to the active-aging industry—for which he recently received the ICAA INSPIRE Award

by Colin Milner

A singular figure in the aging sphere, Ken Dychtwald, PhD, has seemingly done it all. This leading-edge Boomer has spent more than four decades focused on older adults and their potential, emerging as an early visionary on an aging world.

Dychtwald, a psychologist and gerontologist, is today widely viewed as North America’s most original thinker about the social, economic, healthcare, marketing and workforce implications of the *age wave*—a term he coined in the 1980s. He is a bestselling author of 16 books, including *Bodymind* (1977), *Age Wave* (1989), *Healthy Aging* (1998), *Age Power: How the 21st Century Will Be Ruled by the New Old* (1999) and *A New Purpose: Redefining Work, Leisure, Money, Success and Retirement* (2009). The founding CEO of renowned consultancy Age Wave, Dychtwald has served as a fellow of the World Economic

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(L to r), Dr. Ken Dychtwald receives the ICAA INSPIRE Award from association CEO Colin Milner at the 2018 ICAA Conference and Trade Show

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Dr. Ken Dychtwald speaks at the American Society on Aging's 2013 Aging in America Conference, where the organization presented him with the ASA Award for his outstanding national leadership in the field of aging

Forum and twice received the American Society on Aging Award for outstanding national leadership in the field of aging. Among his many honors, *American Demographics* magazine named him as the single most influential marketer to Boomers over the past quarter century. [Ed. For a biographical snapshot of Dr. Dychtwald, see the sidebar on page 34.]

As of press time, Dychtwald was poised to deliver a keynote titled “How the age wave will transform wellness, longevity and medicine” at the 2018 International Council on Active Aging® Conference and Trade Show, in Long Beach, California. There, ICAA will present the “Age Wave pathfinder” with the 2018 ICAA

INSPIRE Award. Only the fourth recipient of this award, Dychtwald is being honored by ICAA “for his exceptional and lasting contributions to the [active-aging] industry and for his efforts to make a difference in the lives of older adults globally.”

Dychtwald has informed, challenged and inspired people worldwide with his insights into aging for decades. In the wide-ranging interview below, I asked him to share his remarkable journey and, among other things, how he came to focus on older adults and their potential to transform their lives—and society—early in his career. Let’s dive into the conversation!

CM: *You have spent nearly 45 years crusading for a new image of aging. How did this begin? Tell us about your upbringing.*

KD: I was born in 1950 in Newark, New Jersey, to a hardworking middle-class family. I was a good student, capable athlete, and was surrounded by a group of terrific friends with whom I’d play basketball, stickball, softball and touch

football every day until our moms called us in for dinner. Neither of my parents had gone to college, so my ambitions were both aspirational and ordinary.

When I started at Lehigh University in Pennsylvania, I hoped to become an electrical engineer or physicist. Everything was going according to plan until my junior year in 1969. That’s when my advisor suggested I try a psychology course to round out my science training.

Titled “The Psychology of Human Potential,” the course was taught by a young professor fresh out of Stanford University and a proponent of many cutting-edge ideas that were bubbling up in the San Francisco Bay Area. His lectures and the books on the reading list pointed to the fact that humans have an enormous range of mental, physical and spiritual capabilities—only a small percentage of which are being tapped. This concept blew my mind then, and it still blows my mind today.

So, I dug deeper and deeper into this realm and learned there were ancient therapies and practices like meditation, tai chi and yoga that could perhaps unleash this human potential. I also learned that controversial, exciting new disciplines were emerging (like Rolfing, biofeedback, and psychodrama, encounter and Gestalt therapies), designed to open up physical and mental restrictions and thereby liberate people to live a bigger, grander version of their possibilities. I was so taken by all of that—to the great chagrin of my parents—I dropped out of school and moved to Big Sur, California, to study at Esalen Institute, the breeding ground for this human potential revolution.

CM: *What was your time in Big Sur like, and how did it influence the direction of your life?*

KD: Moving from Newark to Big Sur during the heyday of the “make love, not war” era was transformational. Big Sur was gorgeous, the hippie spirit was alive and well, and I was exhilarated to find

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myself mixing it up with some of the world's leading philosophers, psychologists and scientists, such as Alan Watts, Ida Rolf and Joseph Campbell. At that time and place, as corny as it sounds now, there was the belief that we were going to understand our bodies and minds in a way that would help us to be healthier and more vibrant. From all of these teachings, workshops and practices would come a new psychology, a new medicine—maybe even a new humanity.

After five months of back-to-back workshops at Esalen, I returned to Pennsylvania a different person. I finished my undergraduate degree in psychology and got accepted into a special, experimental program at the Union Graduate School, one of the first “universities without walls,” to begin working on a doctorate on the psychology of the body, something no one had ever done. I returned

to Esalen to study and work for several more years, during which time I had a four-hour daily yoga practice, and I started writing my doctoral thesis. This thesis became my first book, *Bodymind*, which was ultimately published in more than a dozen languages.

CM: *How did you make the turn from a body-mind psychologist to the field of gerontology?*

KD: In the winter of 1974, when I was 24 years old, my good friend and colleague Dr. Jean Houston, president of the Foundation for Mind Research, put me in contact with a most extraordinary science writer and researcher, Dr. Gay Luce. Gay was planning a grand experiment, a kind of academy of human development based in Berkeley, and was searching for someone to help her design the program and curriculum.

The challenge was intoxicating. I envisioned that our academy's program would include techniques for enhancing all aspects of physical functioning (like yoga, martial arts, proper nutrition and aerobic exercise), as well as methods for improving mental skills and inner awareness (such as meditation, visualization and biofeedback). Since we would work in groups of 15–20 people, I also dreamed up an assortment of encounter and sensitivity training processes that would help create a mood of trust and intimacy among the group members.

I had just relocated to Berkeley when Gay called and said, “I've changed my mind.” I was stunned. “Please,” she said, “hear me out. I've become very concerned lately about my mother. She's in her 70s and hasn't been feeling well. In

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Ken Dychtwald on: What older people will be like in a decade's time

In 10 years, the typical older person will be even more youthful, active, hip and financially strapped than today's elder. Demographically speaking, they will also be better educated, more open-minded, more at ease with new tech and will be more female, Hispanic, black, Asian and gay. From a social point of view, tomorrow's older men and women will have somewhat rolled back today's pervasive ageism—and will be more honored as mentors, leaders, role models and elders. And they'll be the beneficiaries of an emerging longevity-focused marketplace of cool and/or helpful products and services.

We can be sure that the Boomers will have mainstreamed a new paradigm for work, learning and leisure/retirement throughout one's life. Previous generations lived what I call a “linear life.” You learned, then you worked

like crazy for 40 years, and then if you had a little bit of longevity, you had some retirement time. What you will see mainstreamed (and younger people will like this model, too) is a more cyclic model of how to live one's life, like going back to school at age 65 and learning a new career. A collateral result will be a more balanced life across the entire life course.

One of the biggest changes will be the accelerated ascent of female power and influence. Women are biologically superior and outlive men, and over the past decades, they have also outpaced men in all sorts of things, such as education and earnings growth. As we become an increasingly elder society, our political and social lives will become increasingly controlled by women.

I also see more financial hardship. Since about a third of the Boomers have saved

responsibly and actively or are the heirs of their parents' resources, they'll be living large. The middle third will need to work a few extra years and live more frugally or communally. But a full third of the Boomers haven't been able to save anything for retirement and their future will be fraught with struggles.

I am hopeful that tomorrow's older men and women will mainstream a potent new purpose of maturity. That, in the near future, purposeful volunteerism will increasingly have a meaningful place in people's lives—rather than retirees spending 49 hours each week watching television, as they currently do. Much of that contribution will be aimed at coaching, helping and befriending younger people in need. And that's a good thing—the older and younger generations have a lot to share with each other.

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caring for her, I've realized that although there are a lot of programs to help young people feel and function better, no one's doing anything for older people. If you're game, I'd like you to consider rewriting the entire program for people over 65. Let's create a human-potential program for senior citizens!"

I was *not* thrilled with the idea. Like many other 24-year-olds, I thought of older people as set in their ways, unattractive and difficult to relate to. Since most of the human potential strategies I'd planned were geared toward younger people, I wondered if they could even have an effect on people who I imagined were "over the hill." I agreed to consider it and my imagination started to churn. What would it be like to practice yoga

and share feelings with septuagenarians? Could you take an 80-year-old body and help it to become more supple, flexible and relaxed? Could you take an individual who had been alone and socially isolated for years and somehow bring back a feeling of intimacy and pleasure? And if people could grow and improve themselves at 70 or 80, what would that say about people in their 30s and 40s who claim it's too late for them to change? Before I knew what had hit me, I'd been bitten by the challenge. That was my introduction to gerontology.

We initially named our project the Holistic Health Council (yes, I was involved in giving birth to the phrase *holistic health*). We later changed the name to the SAGE Project. And we were proud of

the fact that we were the first preventive health program for older adults in North America.

Our efforts produced startling results that caught the attention of the media and the global scientific community. We found that physically rigid people of 70 and 80 could become more flexible and resilient. We found that many elders who had seemed distant, or even mentally dysfunctional, were simply bored and had turned inward. We found that people who were loners became open to making new friends, even to romance. During the 1970s, this program—which was eventually funded by the National Institutes of Health—became the model for hundreds of other human-development and wellness programs for older

Ken Dychtwald, PhD: A biographical snapshot



Psychologist and gerontologist Ken Dychtwald, PhD, is widely viewed as North America's most original thinker about the social, economic, health-care, marketing and workforce implications of the age wave. He is a best-selling author of 16 books, including *Bodymind*; *Wellness and Health Promotion for the Elderly*; *Age Wave*; *New Directions in Eldercare*; *Healthy Aging*; *The Power Years: A User's Guide to the Rest of Your Life*; *Age Power: How the 21st Century Will Be Ruled by the New Old*; and *A New Purpose: Redefining Work, Leisure, Money, Success and Retirement*. He is currently completing a

sort-of memoir, *Destiny Knocks: Lessons from an Irregular Life*.

The founding CEO of renowned consultancy Age Wave, Dychtwald has served as a fellow of the World Economic Forum and is a two-time recipient of the American Society on Aging Award for outstanding national leadership in the field of aging. *American Demographics* magazine honored him as the single most influential marketer to Boomers over the past quarter century. His article in *The Harvard Business Review (HBR)*, "It's Time to Retire Retirement," was awarded the McKinsey Award (tying for first place with the legendary Peter Drucker) for best HBR article in 2004. Premiering in 2007, his documentary film *The Boomer Century: 1946–2046* aired more than 2,000 times on PBS channels. And Dychtwald was honored by *Investment Advisor Magazine* as one of the 35 most influential thought leaders in the financial services industry over the past 35 years. He and his wife, Maddy, also recently received the

Esalen Prize for their outstanding contributions to advancing the human potential of aging men and women worldwide.

During his career, Dychtwald has addressed more than two million people globally in his speeches to corporate, association, social service and government groups. His accurate predictions and innovative ideas are regularly featured in leading media worldwide and have garnered more than 10 billion media impressions.

In addition to his role at Age Wave, Dychtwald is deeply involved in numerous efforts for the public good, including the Alzheimer's XPrize, which he coenvisioned with XPrize founder Peter Diamandis, MD, in 2012. The Alzheimer's XPrize team is now preparing to globally crowd-source a 21st-century approach to ending Alzheimer's disease.

adults throughout the United States, Canada, Europe and Asia.

CM: *What was it like to be working on self-care and self-improvement with older people while you were still so young?*

KD: Those five years as codirector of the SAGE Project brought me an unexpected result. I thought I was teaching older people how to live well, but in spending 40–50 hours a week with long-lived humans—people who were close to death, yet full of life—I learned the depth of experience in the spirits of these people. I began to see not only what I could teach them, but what they could teach me. I also began to see that aging was most definitely not something that begins on your 65th birthday. Rather, the way we care for ourselves and engage in our social relationships, and the kinds of activities we’re involved in throughout our lives, lead us straight to the door of who we will be in our later years.

By the early 1980s, as a result of the success of the SAGE Project and of several of my books, I found myself interacting with national policymakers, corporate leaders and media personalities. I quickly learned something very interesting about how Americans want to think about aging: They don’t. Like other “taboo” issues, aging was not discussed at polite social gatherings, not written about in popular books and not displayed in advertising. The psychologist in me could recognize “denial” when I saw it. As I probed deeper, I was shocked by the degree to which *gerontophobia* had permeated our culture.

CM: *You’ve been an outspoken crusader against ageism. Explain the roots of this problem with gerontophobia.*

KD: For most of human history, those who lived to a relatively old age—the elders—were respected, even revered. They had the wisdom of experience;



In 1969, a university psychology course changed the direction of Dr. Ken Dychtwald’s life, leading him to Esalen Institute at Big Sur, California, ‘the breeding ground for [the] human potential revolution,’ he says

they controlled property and wielded enormous power. Everything changed with the Industrial Revolution. Suddenly, there were new factory jobs in the cities. Young people could leave their family farms, get a job, make money, and do what they wanted with that money and their lives. City jobs didn’t require that you know about crop management; instead they required that you be strong and willing to learn something and do it over and over again.

With the arrival of the Roaring Twenties, America’s grand celebration of youth was in full force. That notion was turbocharged during our post-World War II Baby Boom. These 76 million American children, along with baby boom kids in Canada, Australia and Europe, were front and center on the world stage. Then modern media arrived and, suddenly, children would be watching television every day. Advertisers,

who had always focused on grown-ups, quickly realized that if these kids saw a toy—let’s say a Barbie doll or Hula-Hoop—they would ask their mommies and daddies for one. Or if you aired an acne cream commercial during *American Bandstand*, teenage viewers would go right to the drugstore and buy it.

America and its marketplace became even more youth obsessed, and we moved older people to the sidelines. The idea took hold that young people were the future. Young people were better looking, stronger, and had fresh ideas. The dark side of that story was that if young is good, old is not. If new ideas are good, old ideas are not so valuable. If young people are attractive, old people are much less so. What rose up was a pervasive and pernicious gerontophobia, or ageism—a feeling that older people were undesirable.

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CM: *You've taken a very public stand against all of this. Why has it been so important to you?*

KD: In my 30s, I became increasingly excited about what I saw as a really big story: The absolutely predictable arrival, in our society and in our time, of a demographic revolution that had no precedent in history. Our young country was about to grow old. The very thing that we had blanked out of our cultural life was about to overwhelm us. Were we prepared? The answer was no. I saw a grand, perhaps singular, life challenge—to help lead the charge in preparing our public institutions, our marketplace and our people for both the difficulties and the opportunities of the coming age wave.

CM: *Is that when you started your company with the same name?*

KD: Yes. In 1986, my wife, Maddy, and I formed Age Wave, which quickly became North America's leading think tank and consultancy focused on both the challenges and opportunities of our aging world. Our list of clients has included more than half of the Fortune 500. What a wild ride it has been! Age Wave's teams of demographers, researchers, educators, business consultants, and media and communications experts have collaborated with many companies and entrepreneurs in fields as widespread as pharmaceuticals, health insurance, housing, retail, technology, banking and long-term care.

CM: *Let's turn our attention to healthy aging—a term you coined in 1990. How are we doing?*

KD: Unfortunately, we're not doing all that well in matching our health span to our life span. Until recently, most people died relatively young of infectious diseases or accidents or in childbirth. During the 20th century, however, healthcare breakthroughs eliminated many of those threats. As a result, we have been creating—for the first time in history—a mass population of long-lived men and women. But what kind of long life have we created? Although we've managed to prolong the life span, we have done far too little to prolong the health span.

Ken Dychtwald on: Combatting Alzheimer's disease with the XPrize



Dr. Ken Dychtwald (at center) celebrates with the Alzheimer's XPrize team after their proposal was chosen in October 2017 for an XPrize global competition

When I was around 30 years old, I collaborated on a book with Dr. Jonas Salk. One evening over dinner, he shared with me the fact that during the 1940s, America was terrorized by the spread of polio. Many well-intentioned people felt the solution was to ramp up the iron-lung industry. Salk disagreed 100%. He felt that what we really needed to do was wipe out the disease. And, lucky for the world, Dr. Salk had his scientific breakthrough in 1953. We must do the same thing with Alzheimer's.

Six years ago, I approached Dr. Peter Diamandis, the founder of the XPrize Foundation, about joining forces to end Alzheimer's. With undergraduate and graduate degrees from MIT and a medical degree from Harvard, Peter is a hopeful and brilliant man, who believes in searching outside the usual boxes for solutions to the world's biggest challenges. Over the past decade, his foundation has successfully launched crowdsourced XPrizes to find solutions for such things as drinkable water, reusable energy, and education for kids in

Sub-Saharan Africa. Anybody can compete to solve these problems.

In 2012, I asked Peter, why don't we create an Alzheimer's XPrize to crowdsource a wide spectrum of expert and lay innovators worldwide—from fields as wide-ranging as artificial intelligence to biotechnology to video games—to focus their talents and ingenuity on stopping Alzheimer's disease? Last year, after five years of investigation, networking and conceptualizing, we competed against four other grand challenges—democracy, clean air, clean water, and healthy mining—to be the next prize launched. They are all worthy causes that need solutions. In the final competition, our Alzheimer's team took first place and also raised USD\$25 million from Jean and Ric Edelman to fund the prize. We are currently operationalizing the prize design with plans to launch in early 2019.

One century ago, the average adult spent only one percent of his or her life in a morbid or ill state; today's average adult will spend more than 10% of his or her life sick. While in the 20th century we added 30+ years to the average life expectancy, we now have legions of long-lived elders who struggle with heart disease, cancer, Alzheimer's, stroke, diabetes, arthritis and osteoporosis—diseases of aging that our healthcare system, created when we were a society of mostly young people, is ill-prepared to handle.

This challenge will steadily spiral upward with the aging of the Boomer generation. I am convinced that we have the wrong healthcare system for our new longer life span-related needs.

CM: *How do we better match health span to life span?*

KD: I see three integrated paths to a solution. First, we need smarter science to beat some of the horrible diseases of aging. For example, Alzheimer's is currently 100% incurable. It will not be beaten by doing crossword puzzles or by exercising regularly: It will be beaten in the research lab. It is estimated that postponing the onset of Alzheimer's disease by five years would reduce the incidence of this disease by an amazing 50%, saving trillions of dollars. [**Ed.** Learn about Dr. Dychtwald's work to combat Alzheimer's in the sidebar on page 36.]

Second, we need competent, aging-ready healthcare professionals. Among more than 130 MD-granting institutions, there are only 13 full departments of geriatrics in the United States. Less than 5% of all graduating medical students took a course on geriatrics. In closed-door Age Wave focus groups with physicians, I have repeatedly heard doctors lament the high incidence of what they are embarrassed to call "do-overs." Regardless of how well-intentioned they might be, because of limited geriatric training, physicians make millions of

mistakes—misdiagnoses, inappropriate surgeries, and complications due to mis-managed polypharmacy. Then, when the outcomes are poor, physicians have to "do over" their intervention strategy and hope for better results. All of these errors, no matter how good the intentions behind them, take their toll—physically, socially and economically.

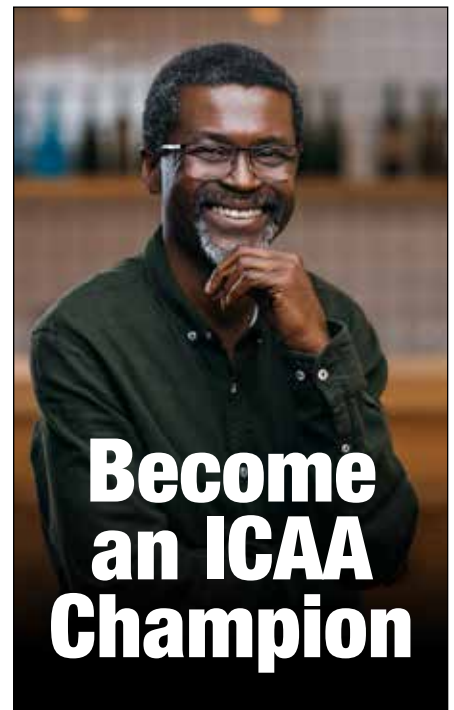
Third, we must make healthy aging and lifelong wellness a national priority. The common response to the age wave by our healthcare system has been to spend more money on "sick care." According to the Centers for Disease Control, more than 50% of our potential for lifelong health is determined by our personal behaviors. It has been repeatedly proven that maintaining a healthy lifestyle through regular exercise, proper nutrition, stress management, injury prevention, proper use of medication, and quitting smoking can reduce many of the most common diseases of aging. Some examples include heart disease, non-insulin-dependent diabetes mellitus, and vascular dementia.

CM: *What role do you see for the active-aging marketplace?*

KD: The role is enormous, as is the opportunity! While 50+ consumers comprise 33% of the population, they consume 52% of personal healthcare products, 55% of physical therapy sessions, 57% of health club memberships, 68% of over-the-counter drugs, 74% of vitamin consumption, 77% of prescription drugs, and 82% of home healthcare usage. While many marketers seem to be entranced by Millennials, this age wave may be the future's biggest marketplace opportunity. And it's hiding in plain sight!

CM: *Can you give me some examples of the possibilities?*

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KD: I could give you thousands, but here are a few to whet your appetite.

Nutraceuticals—appetizing drinks, meals, snacks and supplements engineered with macro- and micronutrients and, possibly, hormones to fight aging and safely promote energy, relaxation, sexuality, mental alertness, endurance, recuperation, and other desirable physical and mental states.

Miniaturized AI-implants—artificial intelligence to continually monitor pivotal biomarkers and signal the delivery of anti-aging nutrients and hormones as needed. Could also be linked to biagnostics conducted daily through micro-laboratories in the bathroom toilet plumbing.

Community-based rejuvenation centers or retreats with a full range of revitalization services, including metabolic adjustments, precision muscle toning, neuromuscular repatterning, nervous system tune-ups, and inflammation-reducing cryotherapy.

AI-embedded exercise gear and equipment programmed to precisely “train” users

to build stronger, healthier and more youthful bodies, or expedite the rehabilitation of recovering stroke and trauma patients or enrich neuromuscular balance in order to prevent falls.

Next level telemedicine and teliagnosis—ECG, EKG, blood pressure values, pulse oximeter, weight, and other information that can be electronically sent to health-care providers or AI to monitor health and alert them to potential complications. Would also include video conferencing functions to discuss needs or suggestions with patients and/or caregivers.

CM: *What about the future of health and aging? What will tomorrow bring?*

KD: Boomers will be the beneficiaries of more longevity than any previous generations of Americans. My hope is that through breakthroughs in science, artificial intelligence, improved geriatric medical competencies, healthy nutrition with new forms of macro- and micro-nutrient supplementation and upgraded self-care, we will all have a chance to live long and well, with a very compressed period of illness and decline at the end of a 100+ year life.

However, I worry that that’s not what’s coming. Rather, I think there will be a widening spread between the haves and have-nots when it comes to health and wellness. It will be like airplane travel. Although everyone will have some kind of seat, the coach passengers will be somewhat packed in and uncomfortable and entitled to a small snack, while the higher paying first-class passengers will have assured themselves more comfort, better food and better service. Then, the truly wealthy or resourceful will charter their own planes and bypass both the crowds and poor service, while gaining access to the best treatment, wherever and however it’s available.

This longevity inequality feels wrong to me. So those of us in the active- and healthy aging fields will need to do our very best to enrich lifelong health for all—not just Silicon Valley billionaires. 🍷

Colin Milner is the founder and CEO of the International Council on Active Aging®.

Images courtesy of Age Wave

Ken Dychtwald on: Advice for would-be leaders in active aging

First, you must have a forward-facing vision and mission. You’ve got to imagine how you’d like things to be, how to get there, and what roles others will need to play to realize that vision. Your ideas must be compelling enough for people to want to take that trip with you. It also helps to be a persuasive multimedia communicator. You can improve these skills with practice, classes, workshops and coaches. Even after all these years, I get coached continually.

I also emphasize to everyone—of any age—the value of having mentors.

And don’t be afraid to reach high. The most influential gerontology-related mentors to me were Maggie Kuhn, founder of the Gray Panthers, and Dr. Robert Butler, founding director of the National Institute on Aging—but I have had many mentors and coaches along the way from Betty Friedan to Jimmy Carter.

And last, it helps to have a strong will, because being a leader can sometimes be tough. While there will be moments of affirmation, even acclaim, you will also be challenged and disagreed with (sometimes fiercely), and you will be

disappointed. Some things that you’re hoping will happen will crash and burn. Some days you’ll get up and say things you think are brilliant and people won’t care a bit. I also strongly recommend you surround yourself with people who deeply care about you and about what you are doing—but who will also tell you the truth—because your pride, ideas and purpose will get wounded again and again. It sure helps to have people in your corner who love you, who will be honest with you, and who will give you the support you need to go out and change the world!