



Health Hunters

Newsletter

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Cultivating Healthy Relationships

by Ron Hunninghake, MD

Most people intuitively know that the quality of their important relationships impacts their health. Who hasn't heard that famous soap opera line delivered by the maligned spouse to his/her unfaithful, ungrateful, or critical spouse: "I'm sick and tired of your blah, blah, blah!"



Researchers at UCLA have scientifically confirmed that women in happy marriages recover more quickly from workday stress than women in unhappy relationships. Other studies have found that married men live longer and recover faster from illness than single men. This phenomenon is true for women too...if their marriages are happy. The research begs an important question: just what is a "happy" marriage? What makes one relationship "good" and another "bad"?

Of course, most of us know when we feel happy. We somehow "just know" a healthy relationship when we are in one. Our so-called emotional intelligence "knows" what a good relationship is and most certainly prefers a good one over a bad one. We even know that good ones are better for our health than bad ones. It really doesn't take scientific research to confirm this emotional truism.

Why do so many people have so much trouble with relationships?! Are we purposefully choosing to have bad relationships? Do we want to be sick? Or is it that we haven't learned just **how** to cultivate a healthy relationship?

The answer is surprising: We **do** know how to cultivate healthy relationships! Almost all of us learned how to "do this" when we were just kids. Unfortunately, parallel to this important "life knowledge," there often exists a set of insidious cultural assumptions that often dooms our efforts to create and live in healthy relationships. So what is this magic secret?!

Okay...it is possible that there are a few tragic souls reading this piece who have **never** had a friend and know nothing about "the art of friendship." It is possible...but unlikely. Even evil people seek the company of other evil people.

Quintus Ennius succinctly stated that "Life is nothing without friendship." Here is the **key point**

Cultivating Healthy Relationships continues on page 2...





Letter from the Editor:

by Amanda Hawkinson

Will you be mine? Roses and chocolate fill the aisles of the grocery store, meaning that it is almost Valentine's Day! This means that love is in the air and on everyone's mind. Love can be wonderful and is an integral part of a healthy relationship. But what is a healthy relationship?

This issue of the *Health Hunters Newsletter* pulls back the covers and reveals what everyone should want, and expect, out of a healthy relationship. We can all agree that we hope for a relationship filled with a mutual respect, trust, honesty, support, fairness, and communication. The type of relationship isn't important; we expect our friends, family, lovers, and spouses to reciprocate this kind of relationship. If we give one hundred percent, we hope that the people with whom we have relationships/friendships will give one hundred percent back. The other pieces of a healthy relationship can be debated, but we, at the Riordan Clinic, want to express what we feel creates a healthy relationship.

I hope you enjoy this issue and that it makes you wonder about your current relationships. Are you getting, from these relationships, what you actually want/deserve? I hope you have a wonderful Valentine's Day and are surrounded by the people you love!

Please feel free to email me at newseditor@riordanclinic.org with any questions or comments concerning this issue.

Happy Reading and Happy Valentine's Day!

Amanda Hawkinson
Editor

Don't forget to "Like" us on Facebook.

of this article: **knowing how to be a friend turns out to be the secret essence of just how to cultivate a healthy relationship. But wait...not every human relationship is a friendship...or is it?**

Let's look at the major types of relationships all of us experience...and consider **the degree of choice** that we are given in each category:

- Friend – Friend** (always a choice)
- Husband – Wife** (initially a choice)
- Parent – Child** (not a choice)
- Teacher – Student** (not much of a choice)
- Boss – Employee** (not much of a choice)
- Doctor – Patient** (not much of a choice)

Not everyone reading this article will have experienced all of these relationship categories. I'm going to assume for the sake of argument that all my readers have experienced basic friendship. This leads to the following question: Are friendships less problematic (and happier) than the other relationships listed above?

If you think, "Yes!" please ask yourself, **why?!**

	Freely Chosen?	Problematic?
Friendships	Yes	Rarely
Other Relationships	Often Not	Commonly

The above chart asserts that true friendships are freely chosen and rarely problematic. Granted, any relationship—even a friendship—can become problematic...but only when the principle of free choice is violated. How does this element of free choice enter into relationship dynamics?

Healthy relationships are built upon the assumption of the intrinsic freedom of choice. Unhealthy relationships are built on the assumption of **external control**—a term coined by psychiatrist Dr. William Glasser in his 1998 HarperCollins' book—**Choice Theory**. What does Dr. Glasser mean by external control?

External control is a psychological assumption which holds that you can and somehow *deserve* to control those with whom you are in important relationships (... except friends!) *The staggering depth of this assumption commonly obscures our awareness of it.* If you find yourself criticizing, blaming, complaining, nagging, threatening, punishing, and/or bribing someone with whom you are in relationship, in order to control their behavior... then external control is your hidden assumption made manifest!

External control violates our intrinsic need to be free. Do you feel nourished when you are with a controlling person? Do you even want to be with them? Or are you trapped by the external circumstances of that particular relationship (child, spouse, boss, insurance doctor, etc.)?



External control is often dictated by the contractual nature of many of our important relationships. Marriage in the legal sense is a contract. Your job is often dictated by a contract. Doctor-patient relationships may be contractual through an insurance program. Many consider responsible parenting an unwritten contract. Contracts necessarily restrict freedom of choice by binding us to specific agreements. When we break

those agreements, there are often serious consequences. But even in a contract, we were free to enter into it. The spirit of any good contract is based upon a mutual benefit to both parties. Good contracts are based upon:

Patient Profile

by Nichole Kunkel, RN BSN

In 2008, a patient came to us seeking treatment options for polycystic ovarian syndrome, decreased libido, fatigue and restless leg syndrome. She was not getting any sleep at night due to her restless legs which even led her to sleep in a separate room from her husband at night. She was becoming depressed and felt like she had no sex drive after having two children. A toll had started to weigh on her marriage, her relationship with her children and her self-image.

An initial laboratory assessment was ordered to check for deficiencies of specific vitamins, minerals and hormones that might have indicated the cause of all of her symptoms and illnesses.

The lab results indicated that the patient's hormones were not balanced; she had some fairly low and fairly high levels. She was not regulating her blood sugars, which an increase of chromium would have helped. Her CRP was high showing non-specific inflammation throughout the body. The patient was started on progesterone cream, probiotics, chromium, magnesium sulfate, pro EFA, biotin complex, Armour thyroid, vitamin D, vitamin B6, and a strict low/non-dairy diet.

With the hormone replacement therapies and with thyroid support using vitamins and minerals, this patient saw a tremendous change in her daily mood and emotions. Her energy increased from supplementing her low thyroid production, blood sugars became more regulated and helped bring about weight loss and her restless legs tremendously improved by refraining from eating dairy.

Not realizing that all of these symptoms and side effects were the root cause of her decreased libido, once the symptoms began to improve, she was able to return to her room with her spouse and began seeing tremendous positive changes in their marriage as her libido and her self-confidence increased. Sometimes people forget the five basic necessities of life: food, water, air, shelter and sex. When any of these needs are decreased or altered in any way, it puts a strain on the well being of any individual. Noticing the signs and symptoms and seeking help is the first step to getting back in balance.

If you have chronic health issues, make an appointment today by calling 316-682-3100. The health, hope and healing we provide can make a positive impact in your life, just as it did for this patient.

Cultivating Healthy Relationships continued from page 2...

Listening
Supporting
Encouraging
Respecting
Trusting
Accepting
Willingness to negotiate disagreements

These are the "seven caring habits" that Glasser feels are so essential to healthy relationships...even legal ones! In essence, the best contracts are made between friends.

I'll bet you are saying to yourself: "I already know all this!" Of course you do! This is what you learned when you learned **how** to make innocent childhood friendships. Unfortunately, adult life is too often peppered with unhealthy, destroyed relationships based upon the assumption of external control. If this is the sad story of your grief-stricken life, then you had better begin to relearn and renegotiate your current relationships based upon the seven caring habits of friendship. Glasser sums it all up with this fundamental question: "How can I figure out how to be free to live my life the way I want to live it and still get along well with the people I need?"



Each of us must strive to achieve **connectedness** with others in a way that preserves our individual freedom while still meeting our basic needs to belong and be cared for, to be respected and listened to, to have fun, and to be free to choose. A tall order you say. Is it really possible? Do we have to attend some kind of intensive relationship seminar to learn it? No. We only have to always remember what it is to be a true friend. A friend listens. A friend supports. A friend encourages. A friend is trustworthy. A friend respects. A friend accepts. A friend is always willing to negotiate disagreements without becoming disagreeable. A friend is...well, a friend.

When friendship becomes the basic assumption of all your important relationships, rather than external control, then the spirit of connectedness is alive and well in your life. Your important relationships are allowed to breathe! Mutual need fulfillment, bilateral benefits, and sensitive responsibility through service become the life and soul of friendly relationships.

Choice Theory states that it is solely up to each of us to make that fundamental choice of responsibly creating and maintaining healthy relationships. External control psychology, by contrast, is based on a strange but all-to-common line of thought:

- I am not responsible for the way I feel.
- Other people, unhappy events, or abnormal brain chemistry cause my pain.
- My choices are not the cause of my misery.
- To feel better, I will punish the people who are doing wrong, so that they will do what I say is right, then reward them, so that they will keep doing what I want them to do.

In essence, external control uses "the blame game" as a means to forcibly meet our basic needs. Blame justifies control. Control *does* meet our need to be listened to...*but at the expense of* our need to be loved and to belong. Let's face it: control is no fun... especially if you are at the other end of being controlled. (Trying to exploit and control others is a sick way to get a false sense of empowerment!) The great lessons of history tell us over and over again that external control never lasts. Our human need and drive for freedom is too great.

Cultivating Healthy Relationships continues on page 4...

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HCG Rx+ Success

by Meg Fuson, RN

Since introducing the HCG Rx+ weight loss program in January 2011, Riordan Clinic participants have lost over 3,000 pounds! Here is one success story:

Renewal of the self is a passage that can be liberating to experience. The result is well worth the effort no matter how difficult the journey has been. Through the winter months, it becomes difficult to focus on our weight loss goals. The weather is dreary, the sun is shy, and our energy level becomes drudgely low. We have set expectations for the New Year, and we don't want to let ourselves down.

Our patient has experienced a life-time of drudgery with weight loss and gain over 50 years. She is a loyal patient to the Riordan Clinic and heard about our HCG Rx+ weight loss program through our newsletters and our doctors. Having finally become emotionally exhausted from her own attempts to reduce her weight, she started our program. For years she fought with the 10 and 20 pound syndrome, until it became the 40 and 60 pound syndrome. That is when she knew it was time to become active and to take control of her life.

She joined the HCG Rx+ weight loss program and became very focused and determined. Her desire was to lose 80 pounds and to sustain that weight loss by changing her eating habits and by learning how her body responded to foods.

When the patient began the HCG Rx+ program she was focused and prepared. She had her foods and water available and ready each day. Her meats were pre-weighed and packaged, fresh fruits and vegetables were readily available, and she was sure to drink at least 64 ounces of water every day.

She enjoyed trying new HCG recipes that offered variety in what can



So why do we do it? Why do we perpetuate unhealthy relationships through the application of external control? We do it because it *seems* to work *short term*. You can yell, threaten, criticize, blame, punish, and bribe...and you will get "results." People will respond and change their behavior...*temporarily!* But the life of such relationships will almost certainly begin to die a little bit every day. The human connectedness will certainly erode. Agreements will begin to be broken, more and more often. Usually, it is only a matter of time before those relationships will either quietly or dramatically end.

Do we ever learn? Unfortunately, 99% of humankind will choose controlling behaviors over and over. Rarely do we stop to think how much misery these pathologic behaviors cause us and those upon whom we inflict them. This psychology of coercion destroys happiness, health, marriages, families, and quality work. It is often the root cause of the violence, crime, drug abuse, illness, and unloving sex so pervasive in our society.

What small bit of wisdom do I have to contribute to this giant mess? Just this little aphorism: "The smart bird does not poop in its own nest."

We live in our important relationships. All of our basic needs as humans are met in these relationships. They deserve to be handled with care. Pay attention to the feelings of others as if they were your own. Take time to listen and sort things out. Don't speak impulsively. Spend some quality time together. Have some fun. Cultivate, cultivate, cultivate. Healthy relationships, like friendships, don't just happen...they are cultivated!

"Friendship is a plant we must often water" —Shalom Aleichem.

Choice Theory states that the only person I can ever really control is my own self! Since trying to control others typically proves counterproductive, why not ask "What can **I do** to improve my relationships?" Ironically, the other almost always changes as soon as I stop trying to externally control them. Why not instead, pay greater attention to their basic human needs, i.e., the Golden Rule! Why not ask "What can I do to help my _____ satisfy his or her basic needs?"

In summary, healthy relationships are good for your health. Friendship is the universal basis of healthy relationships. We can cultivate healthy relationships ("connectedness") by listening, supporting, encouraging, respecting, trusting, accepting and always being willing to negotiate disagreements. These habits of caring are much more effective at building quality relationships than the destructive habits of criticizing, blaming, complaining, nagging, threatening, punishing, bribing (or rewarding in order to control.)

Friendship is a choice you make. In order to have good friendships and healthy relationships, be a good friend first. You'll increase your chances of greater happiness, and you'll probably live longer too!



become an uninteresting diet. She began her journey to better health weighing 279 pounds with an initial goal weight of 200 pounds. Like most of us, one of her weaknesses was emotional self-sabotage. Whenever there was an issue in life that was difficult to deal with, she would turn to food for satisfaction and comfort. Most of us have emotional issues that we have learned to suppress with foods. We want immediate comfort and security and food has become that for us. Through her program and with time, she has learned to recognize these emotional eating habits. She has developed strategies that help her to cope when this is happening and to change her response to life's stressors.

Over time, our patient has reduced her weight by 50 pounds, and she continues on her weight loss journey. She has come to recognize how stressors that are overwhelming can trigger her emotional eating, and she has broken the cycle of self-sabotage. She understands that this is a life process, and through this course, she is renewing herself. She is changing her self-image, has regained her self-esteem, and has transformed herself into a healthy, confident woman that better understands herself and her body.

This patient is a great example of the weight loss success that awaits you with the Riordan Clinic HCG Rx+ weight loss program.

Go to www.riordanclinic.org for additional information. If you are ready to improve your health and well-being, call **316-682-3100** to get started today!



Enhance Loves Natural Biochemistry

by Laurie Roth-Donnell
Master Herbalist and Holistic
Health Practitioner

One of the cornerstones to long-term health and vitality is the formation of deep intimate loving relationships. There is a "magic" in love that has been scientifically traced to molecules in your brain, which trigger attraction and attachment. Phenyl ethylamine (PEA) is the chemical, which controls levels of neurotransmitters such as adrenaline, dopamine, norepinephrine, and serotonin. These compounds are responsible for triggering sexual responses ranging from lust to deep intimacy.



The initial PEA surge allows one to go without food or sleep during the infatuation stage of love; it triggers an obsession with your newfound love. In turn, norepinephrine stimulates the production of adrenaline and makes your blood pressure soar, your heart pound and your palms sweat. Studies have revealed that brain activities related to increased levels of serotonin are similar to the brain activity of people with obsessive-compulsive disorder. Therefore, if one medicates with antidepressant pharmaceuticals such as Prozac and Zoloft, serotonin levels are manipulated and may result in difficulty falling in love.



PEA levels generated when we first fall in love can last several years. Over time this surge wanes, and the passion cools into what Helen Fisher, author of "Anatomy of Love", calls the "attachment" phase. At this stage, your brain produces endorphins (brain opiates) akin to morphine. The hormones, oxytocin and vasopressin, are released into the system. Oxytocin, referred to as the cuddly hormone, is produced during uterine birth contractions, breastfeeding and by both men and women

during orgasm and may explain why you feel more attached to a mate immediately after sex. The hormone vasopressin also assists in the enhancement of monogamy, but levels of the hormone in humans are so low that it has little effect on a human's monogamous bonding.

You can get a non-romantic dose of PEA from high-intensity activities like skydiving and bungee jumping or by eating chocolate and strawberries, which have naturally occurring PEA. It is suggested that most of the PEA ingested from food sources will never make it to the brain. Commercial supplements are also available, but it seems the most basic, natural way to access PEA is to increase ones sexual intimacy. Reignite the spark, consider scheduling a bungee jumping date and remember to pack the chocolate dipped strawberries!

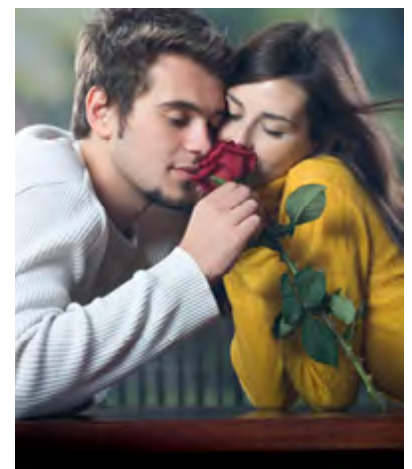
Please speak with your primary care physician regarding any new health regime you are considering.

Sources:

"Why Marriages Succeed or Fail" by: John Gottman

"Anatomy of Love" by: Helen Fisher

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Psychological Research on Love and Its Influence in Adult Human Relationships

by Dr. Nina Mikirova, Director of Research



PERSONAL PERSPECTIVE.

All my life I have been stereotyped as a “bluestocking”. So, I was surprised when I was asked to write this article about love and sex in human relationships. During the first several decades of my life my first priorities were: to absorb as much education and knowledge as possible, to make some extraordinary discoveries in science, and to earn a Nobel Prize to make my parents very proud and happy. It took me a lot of effort to be the best: 11 years in mathematical school and 10 years in musical school (practicing 3–4 hours daily, playing piano and doing homework till 1 am). I tried to do my best by studying for 6 years at the

prestigious Moscow University. My days were filled with six hours of lectures and trips to the library. The following three years after graduation from the University were spent writing my dissertation.

Now, here is this topic about love. The subject without any movie, novel, poem and song cannot exist. The topic of love has fascinated scientists, philosophers, historians, poets, playwrights, novelists, and songwriters, as well as all other human beings.

I decided to look at this subject from a scientific point of view. It was very interesting to search and to write this article, and I hope that it will be interesting to you to read it. It is ironic, that as I am writing this article on Saturday in the empty Riordan Clinic, while drinking tea and eating chocolate that I found a love poem from “Romeo and Juliet” inside the wrapping.

PSYCHOLOGICAL PERSPECTIVE ON LOVE

Whereas psychological science was slow to develop an active interest in love, the past few decades have seen considerable growth in research on the subject. The excellent review of the central and well-established findings from psychologically informed research on love and its influence in adult human relationships is presented in this article:

“Love. What Is It, Why Does It Matter, and How Does It Operate?” H Reis and A Aron. The brief summary of the ideas from this article is presented below.

1. A BRIEF HISTORY of LOVE RESEARCH

Any popular contemporary ideas about love can be traced to the classical Greek philosophers. Prominent in this regard is Plato’s Symposium, a systematic and seminal analysis, whose major ideas have probably influenced contemporary work on love more than all subsequent philosophical work together.

On the other hand, four major intellectual developments of the 19th and 20th centuries provided key insights that helped shape the agenda for current research and theory of love.

The first major intellectual development was the work of Charles Darwin, who proposed that reproductive success was the central process underlying the evolution of species. Evolutionary theorizing has led directly to such currently popular concepts as mate preference, sexual mating strategies, and attachment, as well as to the adoption of a comparative approach across species.

Psychological Research on Love continues on page 7...



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Know Your Nutrients: DHEA

by Amanda Hawkinson

DHEA is short for dehydroepiandrosterone. Made by the adrenal glands located just above the kidneys, scientists have known about this hormone since 1934. Although more than 150 hormones are made by the adrenal glands, DHEA is the most abundant. After it is made, it moves into the bloodstream and travels all over the body. Once in our cells, it is converted into male hormones, known as androgens and female hormones, known as estrogens. Interestingly, in 1995, DHEA supplements became widely available to the public without a prescription.

What are the benefits? DHEA and its sulfate DHEAS are the major circulating adrenal steroids and substrates for the synthesis of peripheral sex hormone. A supplement may benefit those who have adrenal deficiency. The benefit in those who are deficient include improved sense of well-being, more alertness and stamina, and enhanced sexual interest and libido. Various studies have shown that women who have low DHEA levels usually have low sex drive; thus, some women notice the benefit of improved libido. Blood levels of all the steroid hormones that derive from DHEA metabolism are often increased when people take a DHEA supplement. This may lead to both beneficial and harmful effects. DHEA has been tested in those with HIV (improved mild depression symptoms) and lupus.

The overall benefit from a supplement must be balanced against negative effects. Have your doctor analyze your hormone levels and supplement if necessary. Be careful with taking high doses. Listen to your doctor.

Normal DHEA level for women are:

- Age 18–30: 70–400 ug/dL
- Age 31–40: 40–300 ug/dL
- Age 41–50: 30–250 ug/dL
- Age 51–60: 20–200 ug/dL
- Age 61 plus: 13–120 ug/dL

Normal DHEA level for men are:

- Age 18–30: 100–650 ug/dL
- Age 31–50: 100–550 ug/dL
- Age 51–50: 70–300 ug/dL
- Age 51–60: 20–200 ug/dL
- Age 61 plus: 30–270 ug/dL

A second development was the work of Sigmund Freud. Contemporary research and theory on love features many psychodynamic principles that were first introduced by Freud, such as the importance of early childhood experiences, the powerful impact of motives operating outside of awareness, the role of defenses in shaping the behavioral expression of motives, and the role of sexuality as a force in human behavior.

A third historically significant development was the work of Margaret Mead. Mead's vivid descriptions of cultural variations in the expression of love and sexuality led researchers to consider the influence of socialization and to recognize cultural variation in many aspects of love.



During the 1970s, the emerging women's movement also contributed to a cultural climate that made the study of what had been traditionally thought of as "women's concerns" not only acceptable, but in fact necessary for the science of human behavior.

At the same time, social psychologists were beginning work that would show that adult love could be studied experimentally and in the laboratory.

Any history of psychological research on love would be incomplete without reference to "l'affaire Proxmire". In March 1975, William Proxmire, a powerful U.S. Senator, gave the first of a series of so-called Golden Fleece Awards to Ellen Berscheid and Elaine Hatfield, the two most prominent love researchers of the time. They had recently received a federal grant for their work. To some, their work was a gross misuse of federal tax-payer dollars and a topic "better left to poets." For the ensuing years, that ill-informed and ignoble proclamation cast a pall not only on Berscheid and Hatfield but on any scientist interested in studying love. To this day, politics occasionally obstructs funding for research on love.

Despite the political barrier to love research in the U.S., other countries, particularly Canada, have taken a more enlightened view, as have at least two private foundations.

2. WHAT'S PSYCHOLOGY GOT TO DO WITH LOVE

What is Love? According to some authors, love is defined as a desire to enter, maintain, or expand a close, connected, and ongoing relationship with another person.

Considerable evidence supports a basic distinction, first offered in 1978, between passionate love ("a state of intense longing for union with another") and other types of romantic love, labeled companionate love ("the affection we feel for those with whom our lives are deeply entwined"). The evidence for this distinction comes from a variety of research methods, including psychometric techniques (e.g., factor analysis, multidimensional scaling, and prototype analysis), examinations of the behavioral and relationship consequences of different forms of romantic love, and biological studies, which are discussed in this article.



Most work has focused on identifying and measuring passionate love and several aspects of romantic love, which include two components: intimacy and commitment. Some scholars see companionate love as a combination of intimacy and commitment whereas others see intimacy as the central component, with commitment as a peripheral factor (but important in its own right, such as for predicting relationship longevity). In some studies, trust and caring were considered highly prototypical of love, whereas uncertainty and "butterflies in the stomach" were more peripheral.

Passionate and companionate love solves different adaptational problems. Passionate love may be said to solve the attraction problem—that is, for individuals to enter into a potentially long-term mating relationship, they must first identify and select suitable candidates, attract the other's interest, engage in relationship-building behavior, and then

go about reorganizing existing activities and relationships so as to include the other. All of this is effortful, time-consuming, and disruptive. Consequently, passionate love is associated with many changes in cognition, emotion, and behavior. For the most part, these changes are consistent with the idea of disrupting existing activities, routines, and social networks to orient the individual's attention and goal-directed behavior toward a specific new partner.



Sexual desire is often substantially linked to passionate love, although existing evidence suggests that they are empirically and functionally distinguishable. For example, romantic attraction and sexuality involve different brain systems, a contention supported de novo by recent functional magnetic resonance imaging studies.

Considerably less effort has been devoted toward understanding the evolutionary significance of the intimacy and commitment aspects of love. However, much evidence indicates that love in long-term relationships is associated with intimacy, trust, caring, and attachment, all factors that contribute to the maintenance of relationships over time.

More generally, the term companionate love may be characterized by a communal relationship: a relationship built on mutual expectations that one's self and a partner will be responsive to each other's needs.

It was speculated that companionate love, or at least the various processes associated with it, is responsible for the noted association between social relatedness and health and well-being. In a recent series of papers, it was claimed that marriage is linked to health benefits.

Having noted the positive functions of love, it is also important to consider the dark side. That is, problems in love and love relationships are a significant source of suicides, homicides, and both major and minor emotional disorders, such as anxiety and depression. Love matters not only because it can make our lives better, but also because it is a major source of misery and pain that can make life much worse.

One particularly timely prediction is that psychological theories of love are likely to become more biologically informed, in the sense that the psychological and behavioral phenomena associated with love will have clear, comprehensible, and distinguishable neural and hormonal substrates. This will be useful not so much for the intrinsic purpose of identifying the brain and body regions in which love occurs, but rather because the identification of neural and hormonal circuits corresponding to particular experiences and behaviors will allow researchers to sort the various phenomena associated with love into their natural categories.



For example, it will be important to further distinguish passionate love from companionate love on the one hand and from lust (i.e., sexual feelings) on the other. This distinction will

be important for a key reason: although current evidence strongly suggests that these three forms of love involve different biological systems, different functions, different behaviors, and different consequences, much thinking in both popular culture and in the scientific literature conflates them. It will also be valuable to examine how neural activations of passionate and companionate love evolve in a given relationship over time, corresponding to experiential changes.

It is also believed that research will address how culture shapes the experience and expression of love. Although both passionate and companionate love appears to be universal, it is apparent that their manifestations may be moderated by culture-specific norms and rules.

Passionate and companionate love have profoundly different implications for marriage around the world, considered essential in some cultures but contra-indicated or rendered largely irrelevant in others. For example, among U.S. college students in the 1960s, only 24% of women and 65% of men considered love to be the basis of marriage, but in the 1980s this view was endorsed by more than 80% of both women and men.

Finally, the authors believe that the future will see a better understanding of what may be the quintessential question about love: how this very individualistic feeling is shaped by experiences in interaction with particular others.



The other interesting reading:

Why Love Has Wings and Sex Has Not: How Reminders of Love and Sex Influence Creative and Analytic Thinking (J.A. Forster).

This article examines cognitive links between romantic love and creativity and between sexual desire and analytic thought based on construal level theory. It suggests that when in love, people typically focus on a long-term perspective, which should enhance holistic thinking and thereby creative thought, whereas when experiencing sexual encounters, they focus on the present and on concrete details enhancing analytic thinking. Because people automatically activate these processing styles when in love or when they experience sex, subtle or even unconscious reminders of love versus sex should suffice to change processing modes. Two studies explicitly or subtly reminded participants of situations of love or sex and found support for this hypothesis.

Passion, Intimacy, and Time: Passionate Love as a Function of Change in Intimacy (R.F. Baumeister, E. Bratslavsky)

To build on existing theories about love, the authors propose that passion is a function of change in intimacy (i.e., the first derivative of intimacy overtime). Hence, passion will be low when intimacy is stable (either high or low), but rising intimacy will create a strong sense of passion. This view is able to account for a broad range of evidence, including

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Psychological Research on Love continues from page 8...

frequency of sex in long-term relationships, intimate and sexual behavior of extraverts, gender differences in intimate behavior, gain and loss effects of communicated attraction, and patterns of distress in romantic breakups.

Linking Romantic Love with Sex: Development of the Perceptions of Love and Sex

Scale (Susan S. Hendrick) Pilot work and three studies detail the development of the 'Perceptions of Love and Sex Scale,' a measure of how people view the link between love and sex in their romantic relationships. College students generated descriptive responses to a query about the connections between love and sex in their romantic relationships. Samples from studies were combined for a variety of analyses, including confirmatory factor analyses, correlations, hierarchical regression analyses, and sex comparisons. The final version of the scale yielded 17 items on four subscales (Love is Most Important, Sex Demonstrates Love, Love Comes Before Sex, and Sex is Declining) with acceptable psychometric properties and expected correlations with measures of other relationship constructs.



TO LOVE, OR NOT TO LOVE. Love Stories of Later Life: A Narrative Approach to Understanding Romance (Amanda Smith Barusch. Oxford University Press, 2008.) This book is a qualitative study employing in-depth interviews and an open-ended survey distributed on the Internet. Barusch (a professor of social work) focused her study on four research questions. They include, but are not limited to **1.** How do older adults describe and experience romantic love? **2.** How do gender, culture, and age influence the lived experience of romantic love? **3.** Is it possible to fall in love at advanced ages? If so, how do adults describe this experience? Do their descriptions differ from those offered by younger people? **4.** How do older adults interpret their lived experiences of romance?

Barusch writes with two different 'voices' for two different audiences. First, she writes for academic gerontologists who have an interest in the study of late relationships. Second, she writes for elders who want to gain insight into romantic and sexual relationships in later life. She hopes that this audience will gain strength and insight by reading her book. The book is delightful, hopeful and inspiring.

It is rare for an author to successfully address two such diverse audiences. We encourage you to read this fine work.

In Gratitude ...

As a not-for-profit organization, we rely on many to make our vision a reality. **So many come together to provide our patients with a place of hope, health and healing.** Here are just a few we'd like to thank.

- All individuals and groups who have donated to our cause through financial support, including:
 - Virginia Wilson
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Lunch & Lecture Series 2012

Cultivating Healthy Relationships



Dr. Ron Hunninghake

Presenter: Ron Hunninghake, M.D.

Date: Thursday, February 9, 2012

Time: 12:00 p.m. to 1:00 p.m.

Cost: \$10—Lunch is included.

What is a healthy relationship?

Why are healthy relationships good for our health?

Do unhealthy relationships make us sick?

Dr. Ron takes on the challenge of discussing relationships. He doesn't limit this discussion to LOVE, but looks at all kinds of relationships—those you choose and those that you don't.

Join us for this discussion of the importance of choosing behaviors that cultivate healthy relationships.

Reservations are required. Call **316-927-4723** or
email us at **reservations@riordanclinic.org**

