

Get **MOVING**

Keep **MOVING**

Healthy ageing and how physical
activity loves you back



Dr Gordon Spence

Preface

For as long as I can remember, I've liked to run. Whether it was scampering around a soccer field as a 5-year-old, or competing at the school athletics carnivals, I've always enjoyed the feeling of striding out and (trying to) go like the wind! In my teens, exercise became more about middle distance running and playing squash. By early adulthood it had narrowed to half marathons and then, in 1990, I competed in my first marathon.

By early 1991 I was running up a storm and having a great time. That was the year I ran a 53-minute City to Surf (in Sydney) and an 80-minute half marathon (on the Gold Coast). Whilst these are not elite times by any means, I regularly ran at well under 4-minute pace and by most measures that's decent. Best of all I found the feeling of running strongly – over lengthy distances – to be nothing short of exhilarating. I guess I'd say that the early 1990s was my 'high water mark' for running. Or perhaps I should say, it was... *so far!*

Although I didn't know it at the time, in mid-1991 I would make a decision that would turn everything upside down. Nothing earth-shattering or dramatic, I can assure you. Just the sort of sensible, career-enhancing decision that people make every day of the year. What was it, you ask breathlessly...?

Simple. I decided to do some part-time study.

Unremarkable as this was, this decision put a wrecking ball through my running regime. Why? Well, it certainly wasn't because it was an especially difficult or arduous course - a Diploma of Export Management is no MBA! The real reason was that I was carrying around an academic anxiety I didn't even know I

had. Basically, after 8 years in the workforce and no tertiary study to speak of, I was unsure what to expect of myself. But it felt serious, and it felt important. So, I started hitting the books and my priorities underwent a seismic shift. Work continued to be the top priority, but study quickly came in a very close second. As it turned out, everything else (i.e. relationships, exercise, hobbies) were relegated to distant third, fourth and fifth.

So, with some very rusty study skills, which may not have been that great to start with, I poured hours and hours into reading, trying to write, completing assignments on time and generally pursuing the highest marks I could manage. Again, nothing particularly remarkable about that. Lots of people study that way. What's relevant is that my level of effort and focus was completely excessive and devoid of any sort of balance – something that I've reflected upon a lot and have consistently cautioned my students and clients to avoid ever since.

Writing about it now, the irony of this period is not lost on me. When I started studying, my life had a bit of balance. That is, my moderately satisfying career was offset by a strong interest in other pursuits, most notably running. Strangely, when decision time came, I decided to sacrifice the latter in order to pursue the former, without ANY attempt at a compromise or trade-off. By relegating running so easily to the backburner, I saw exercise as 'discretionary effort' and *not yet* a core value to organise my life around.

My views about the value of physical activity and exercise have changed a lot since then, as has the personal meaning I attach to it. All this has happened as a result of finally re-committing to running 7 years ago. And I emphasise the word *finally* because it took me more than 20 years to do so.

Perhaps you can identify with this? Have you ever had a burst of enthusiasm to improve your health? Bought new shoes, joined a gym, or enrolled in an on-line program? After getting off to a good start, you're feeling great! Then, as it often does, life starts to conspire against you – work pressures, illness, family issues and/

or an injury. Soon after that your interest starts to wane and you get a sense that you're failing yourself and that it might just all be too hard? If you're answering 'yes' to any of these questions, you're not alone. It's a common challenge.

So, I decided to write a book about it. A book that addresses the experience of becoming disconnected from physical activity and exercise in mid-life (between roughly 35 and 60), and the 'stuckness' that can come with it.

Tackling a common challenge

Most health books try to help people by using a compelling mix of wellness statistics, health promotion guidelines, clinical and non-clinical case examples, client feedback and cutting-edge research that support whatever self-help prescription they feel is best. Whilst these usually have something useful to offer, my experience tells me most people already have a pretty good idea about what they should be doing to support their health. In fact, governments and health agencies have become so good at delivering health messages that people can become overexposed to them and start tuning out to the advice, thinking 'yeah, yeah, I know all that'.

Does this sound like you? If so, there's little point in me telling you what to do all over again. That's hardly likely to be very effective. So, this book is about you driving that process. And really owning it. Maybe more than you ever have before. We'll explore that in more detail shortly.

This is NOT a book about running!

To be clear from the outset, this book isn't about convincing you to become a runner. That's my thing. I don't expect it to be yours.

Rather, this book is really about whatever your physical activity and exercise 'thing' happens to be – netball, swimming, cycling, rowing, soccer, tennis, kayaking, bushwalking, dragon boating –

whatever it is. As a starting point, I'm going to get you to slow things down a bit and think, really think, about forms of physical activity that have the potential to get your blood pumping, in ways you'll find most pleasing. Why? Because that'll give you the best chance of getting started and keeping it going.

In 20 years of lecturing and facilitating workshops on behaviour change, one thing has become quite clear to me. People like the insights that come from real and relatable stories. Personal tales that can help inspire their own efforts and generate ideas that might become their own secrets of success. So, whilst writing the book, I spoke to some friends – interviewed them actually – about the way they had managed to get themselves going again. I asked them questions about why they did it, how they did it, and what they hoped to get from it.

As you progress through the book, you will hear from all of them. In the body of the book, I've included snippets from the interviews to illustrate key points. Then, in the appendices, I've included their stories in more detail. Personal stories about tackling a common challenge. I hope you will take the time to read them, as their voices may be helpful for considering your own situation, and understanding that the challenge is real and can be overcome!

Organisation of the book

The book is arranged in three parts. Part I begins by outlining some issues that should help you understand why the book was written in the first place. Chapter 1 starts with some context, noting that we are currently living in the Decade of Healthy Ageing 2021-2030. 'The Decade', as it is known, is the World Health Organisation's response to the ageing global population, a problem that could have very serious social and economic consequences in many countries around the world.

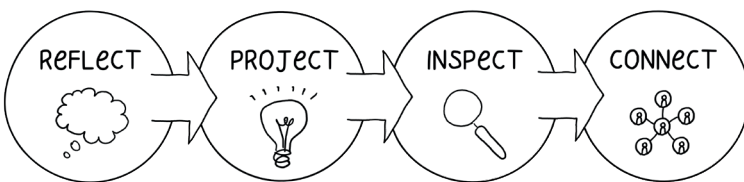
In Chapter 2, attention switches to the paradox of exercise. This is the idea that, although we know physical activity and

exercise are good for us, most people still don't do enough. Whilst there are lots of reasons for this, it is argued that a big part of the problem is how exercise is currently framed and promoted. As an example of this, I'll highlight a current trend in health promotion: the exercise-is-medicine movement. After noting the limitations of this approach specifically, and health promotion generally, focus then switches to the need for a better approach.

To my mind, that better approach is one that avoids telling people what to do by prescribing physical activity and exercise. Rather, it focuses more on connecting them with forms of physical activity they truly enjoy, encouraging them to make choices, and thereby activating greater ownership over their health. This is what Chapter 3 is all about. By telling you a little more about my story, I want to set the scene for what comes later in the book. I hope to show you how, as cliched as it might sound, the motivation for sustained active living might already be lurking within you. If we only knew how to tap into it or had a process for locating it and utilizing it.

Part II walks you through The Health Activation Process. It's a process I've developed for helping to generate stronger internal motivation for physical activity and exercise. To help you build a source of energy that comes as much from *interest and enjoyment* in what you choose to do (i.e. the process), as it does from the things *you hope to get* from the action you take (i.e. its outcomes). While both are important, I think people often come unstuck because they don't think enough about what they will do and why they will do it.

The Health Activation Process has the following four stages:



In Chapter 4, 5, 6 and 7, I've included a series of reflective exercises designed to help you look backwards (Reflect), look forwards (Project), look in (Inspect) and look out (Connect). By working through these chapters, you'll be drawing on positive experiences from the past, imagining a preferred future, exploring your physical and mental readiness for change, and building yourself a support network. Once you're done, you'll have uncovered an energizing way to move forward, along with a plan that you have some real confidence in.

Part III focuses mostly on healthy ageing. Why? Because in all the interviews I conducted for the book, the strongest motivation for reconnecting with physical activity and exercise was the desire to age well. So, Chapter 8 lays out the reflections of a group of older adults who are doing just that, a group who call themselves the Dad's Army rowing crew. You'll hear from three athletes who are all in their 70s: Dick, John and Bevan. I chose to end the book with these wonderful guys because their experience sits at the heart of this book. When you speak to Dick, John, and Bevan you get a glimpse of what healthy ageing looks like. Whilst none are in perfect health, they all describe how vibrant life can be beyond the age of 70, and just how critical being physically active – through rowing – has been to them ageing well.

After hearing from the rowers, Chapter 9 brings the book to a close. It does this by getting you to summarise the insights and intentions that have emerged for you as you have worked through the book.

Whatever those may be, I hope they help you to Get Moving, and to Keep Moving!

PART I

The Issue

1

Welcome to ‘The Decade’

Something cool happened in December 2020. The United Nations endorsed a global initiative intended to change the way we think, feel and act towards age and ageing. They labelled it The UN Decade of Healthy Ageing 2021-2030...or ‘The Decade’ for short. It’s an initiative set against the reality of an ageing global population.

According to the World Health Organisation (WHO), just over 1 billion people were aged 60 years+ in 2020. By 2050 that’s projected to increase to 2.1 billion, an increase of more than 100% in just 30 years. A huge demographic change, with social and economic impacts that will be felt around the globe.

What is Healthy Ageing?

According to the WHO’s Baseline Report published in 2020¹, healthy ageing is ‘the process of developing and maintaining the functional ability that enables well-being in older age’. This wording is important because it doesn’t focus exclusively on a person’s disease or impairment status. Defining healthy ageing in this way means that, even if I’m living with diabetes or osteoarthritis, I can still age in a healthy way.

This makes healthy ageing holistic. It challenges us to think about opportunities that can help us be who we want to be and do what we personally value. It recognises that a challenging health condition can be far less challenging when it's well managed, and when the management of that condition – by self or others – happens within a supportive and enabling environment.

Ageing is what we do!

Stopping or slowing the ageing process has been a human preoccupation for centuries. According to biogerantologists (people who study the biology of ageing), increases in life expectancy have emerged from improved social, medical, and environmental conditions, not from technologies that alter ageing itself.

As it happens, evolutionary biologists are strongly of the view that the technology to stop the ageing process can never, and will never, be developed². That means we're stuck with ageing. It's going to happen whether we like it or not. Obviously, this is terrible news for anyone who's holding out for such technology, hoping that cryogenic freezing will allow them to be woken up at the right time and place to secure eternal living!

This makes 'The Decade' relevant to all of us because we're all ageing, and we're going to keep doing it at a rate that's unlikely to change. Sure, you might not have reached age 60 yet, but that's the direction you're headed!

So, welcome to The Decade of Healthy Ageing! It's a chance to understand more about what enables well-being in older age, something the WHO and health agencies around the world are keen to help with!

Key actions of 'The Decade'

The WHO has identified four key actions for 'The Decade':

1. To change attitudes towards age and ageing – to break down stereotypes, prejudice and discrimination towards people based on their age.
2. To help communities find better ways to enhance the abilities of older people – to help them meet basic needs, learn, and grow, be mobile, maintain relationships and contribute to society.
3. To better align care and health services to the needs of older people – to develop integrated services focused on helping older adults to function well physically, mentally, and socially.
4. To provide access to long-term care for older adults who need it – to make available age-friendly environments to ensure people age safely and keep developing personally.

Sure, it's an ambitious agenda, but when you're faced with a complex and challenging problem like an ageing global population, you may as well be bold!

Self-directed ageism

As a psychologist, the first of these goals – changing attitudes towards age and ageing – seems especially important. For too many people, age becomes a barrier. They seem to use it as an index of their usefulness and rely on it too much when they define themselves and what they can do. Just so you know, I've made it part of my mission to help people challenge that. To tackle what I've been calling self-directed ageism.

I think the seeds of self-directed ageism are sown during midlife, which is the period between roughly 35 and 60 years of age. This is a very productive and intense period of life; the home-building, career-developing, child-rearing years. A time when we're usually juggling competing goals but doing so at the expense of ourselves.

Yes, that's right, midlife has a way of chewing us up and spitting us out! All too often people fall into retirement with little more to give – physically, mentally, or socially – and little clue about how to move forward. When this happens, a person's platform for healthy ageing can best be described as wobbly, as their confidence is often greatly diminished.

Meet Audrey

I recently gave an on-line talk to a large group of people, which included some of my thinking on healthy ageing. After the talk came the usual Q&A and about 10-minutes into that, I got the most wonderful surprise. Whilst gazing across the Zoom gallery of faces, I first saw her name, and then her face. A friend I'd not seen or spoken to in many years...Audrey!

These days Audrey is 93. We first met as fellow classmates, around 20 years ago, when she was a spritely, curious, and exuberant 75-year-old. One of those people who stands out in a crowd because of her zest for life, which she expresses through her joy of learning. Based on the short chat we had during the Q&A, I was pleased to hear nothing much had changed.

Part of my talk that night was focused on self-directed ageism and my point was simply this: whilst human ageing brings some obvious limitations, evidence from health science clearly shows that these limitations are less severe than many people think.

Although I didn't use the word 'mindset' in my talk, I could have. Why? Because attitude, motivation and confidence (all psychological factors) influence the rate of physical and mental decline at older ages. Declines that can be quite dramatic in Western societies but are less obvious in non-Western societies.

For Audrey, what I was saying struck a chord. She spoke briefly and enthusiastically about her pursuits – studying Latin and Roman history, participating in her book club, and rehabilitating from a hip injury. Interestingly, she was most enthusiastic about her rehab. It seems that, after 90-odd years, Audrey's discovered the joy of resistance training and become a bit of a gym-junkie! After listening to her for just a few minutes, it was obvious we had to catch up. So, we did.

Age can weary us...

It turns out Audrey's introduction to resistance training came as part of a program offered by the gym at her local university. With the help of an exercise physiologist, she'd been improving her muscular strength, including muscles that help with stabilising her hips. As Audrey talked about her time at the gym, I couldn't help but think of an amusing quote by English author A.A. Gill:

'The great misconception about gyms is that they're palaces of vanity, where the shallow preen and pump in front of 10-foot mirrors with devoted narcissism. Actually, it's precisely the opposite. Gyms vibrate with self-loathing and doubt. Going to the gym is an admission of failure. It's the realisation that your body isn't a temple to fun and fornication anymore. Rather, it's a decrepit, leaky, condemned shell that is decomposing faster than you can shore it up.'

Like most things that are amusing, there's some truth to what he's saying: age can indeed weary us. From the age of 65 or so, our muscle fibres start to dwindle. They reduce in number and size, and the nerves servicing them become less effective. With that goes our strength and power, making basic tasks like getting out of chairs, carrying groceries, and climbing stairs difficult. This part of the natural ageing process is called sarcopenia.

...but should it?

The problem with sarcopenia is it can snowball. As people begin to get weaker, they lose physical confidence. As confidence drops, they do less. When they do less, strength further declines and so does their confidence. If this morphs into a fear of falling, independent living becomes a risky proposition and feelings of self-worth can start to erode³. Clearly, when it comes to muscular strength, there's a lot at stake. As I recently heard it stated, 'sarcopenia is to our muscles what osteoporosis is to our bones'.

For both these conditions, maintaining physical activity is key to maintaining physical functioning. Evidence of this is not hard to find. Take, for example, the world records of Masters athletes (i.e., athletes over the age of 35 years). Whilst athletic performance does decline as people get older, analyses of swimming and running times has shown that performance doesn't seriously decline until around 70 years of age⁴.

As such, you are probably selling yourself short if you use your age to determine your future potential. This means it's never too late to try. When challenged, ageing bodies respond. Sure, they might not respond as impressively as a younger body, but bone density and muscular strength can improve and with it levels of confidence and energy.

This was something Audrey spoke about quite a bit. Confidence and energy are critically important for an older person living in their own home.

Speaking with Audrey made me wonder why I'd missed speaking to her? What is it I enjoy? Well, without a doubt, her positive attitude, motivation, and confidence are part of it. Those are attractive qualities in people of any age. The difference is she's utilising these qualities well into her tenth decade of life and using them to support a full range of activities.

This makes Audrey a bit of an outlier, as she's doing things most other older adults are not. This also makes her a bit of a

social curiosity, so much so the local paper has reported on her exercise habits⁵.

The active grandparent hypothesis

To some scientists, however, Audrey is much less of a curiosity. Why? Because she's merely acting in ways that align well with what humans have evolved to do. As many evolutionary biologists and anthropologists have noted, older adults in hunter-gather communities live highly active lives. Although they are no longer able to reproduce, they continue contributing to reproductive success by doing things that help children, grandchildren and younger relatives survive and thrive. As such, they remain quite hardworking and very helpful.

This is what Harvard evolutionary biologist, Professor Daniel Lieberman, calls the 'active grandparent hypothesis'⁶. It is the idea that human evolution selected genes that (i) help people to live long enough to become grandparents in the first place, and then (ii) allow older adults to maintain their bodies whilst being physically active and socially helpful. Put more simply, 'we evolved to be physically active as we age, and in turn being active helps us age well'.

Not buying into 'the age thing'

So, maybe that's it. Maybe I enjoy speaking to Audrey, and other active older adults, because it gives me hope; it helps me to glimpse the evolved capacity of human beings. It reminds me that – in a society that no longer supports physical activity in the way it once did – it's still possible to tap into physical capacities that have always been there. Waiting to be called on. If only we called on them more often.

And to do that, we need a positive attitude, motivation, and some belief in ourselves and what we are capable of, regardless of whether we are 40, 50, 60, 70, or 80.

So, this book is about healthy ageing. It's about making the most of your physical capacities, for the purpose of living life to the full. So that you can be what you want to be and do what you personally value.

Live well, perform well

Goodness, it all sounds a little 'me, me, me', don't you think? Not really. Our ability to perform well, in a world filled with others, is enhanced by the degree to which we are functioning well ourselves. And there is a huge amount of research that shows the fitter we are the better we tend to eat, sleep, think and interact with others.

So, time to get busy. 'The Decade' is waiting for you! I'm confident Audrey would agree.

2

From health promotion to health activation

If I asked you, what do you need to do to improve your health, what would come to mind? Most likely it would be something like eat better, move more, sleep longer and stay well hydrated. Then, if I was to press you for more information, what would you add? Maybe you'd tell me that eating better means five serves of vegetables and two serves of fruit a day, moving more means 150 minutes of moderate-to-vigorous physical activity a week; sleeping longer means 7-to-8 hours a night; and staying well hydrated means drinking 8 glasses of water a day.

And if you told me that, I'd be happy to hear it. Why? Because it's incredibly good advice. It would also be further evidence confirming just how effective governments, public health agencies and the medical community have become at getting health promotion messages out into the community. And for good reason. As a species, over the past 200 years or so, human beings haven't been doing so well.

Time for the scary bit

As most people know, humans live much longer these days than at any other time in history. According to the OECD Better Life Index, the average life expectancy in many developed countries is around 80 years of age¹. That's around 10-years higher than it was in the 1960s, and over double the estimate from the 1760s. Several things have made the difference, including higher living standards, environmental improvements, better and more accessible health care, and public education.

The problem with life expectancy data is it tells us a story about the quantity of life, without saying anything about the quality of life. We get to do more living, but how do we experience that living? Health scientists study this question constantly, and they keep coming up with very similar answers. Basically, it could be a lot better.

Now, given this is a book focused on your health, you might be expecting me to spend the next 4 or 5 pages bombarding you with alarming health statistics related to a long list of lifestyle diseases and their ill-effects? Something that might get you to sit up, pay attention and get you ready to act. If that's what you're expecting, I've got good news – it's not going to happen. Why? Because governments, public health agencies and the medical community have been pretty good at delivering those messages too. As such, you probably know some of these statistics and there's little need for a long list from me. So, let me save you some time, here's a short list instead!

Obesity and Diabetes (Type 2)

As lifestyle diseases go, obesity and diabetes are chart-toppers. Here are some numbers; an estimated 2 billion people are now believed to be overweight or obese², and the problem has become so bad in the United States that it has been classified as a disease, which 1/3 of Americans currently live with. As far as

Type-2 Diabetes is concerned, it's the fastest growing disease in the world, having increased seven-fold between 1975 and 2005. An estimated 600 million people will be diabetic by 2030³.

For these numbers to really hit home, we need to consider how obesity and diabetes effect a human life. First, there are the obvious, observable impacts. For example, obesity usually makes movement difficult, overloads joints and effects breathing. Diabetes tends to produce swelling in feet, slows the healing of skin and makes people excessively thirsty. Whilst these can make living with the conditions uncomfortable, they are mere surface markers of much bigger problems.

Obesity and diabetes have profound effects on how the body functions and what it does with the fuel we give it. To ridiculously oversimplify things, accumulations of too much body fat (obesity) and blood sugar (diabetes) throw the body's normal processes seriously out of whack. Our finely tuned metabolic processes get challenged in ways they never evolved to respond to, and 'metabolic dysregulation' is the technical term used to describe the weird things that happen. For example, when our fat cells become swollen, they get invaded by white blood cells and cause chronic inflammation. This is damaging to body tissues. When we consume lots of sugar, insulin binds to body cells so they can draw glucose from the bloodstream. But if our sugar intake remains high, body cells start resisting insulin and blood sugar stays high. This is toxic for the body.

As you can probably see, you don't have to dig very deep to see why medical experts and health professionals spend a lot of time and energy promoting the benefits of living more healthily. Although your body is quite resilient, it really prefers to operate within a tight set of limits. Limits related to what we eat, what we drink, how much we sleep, how much we rest, and how much we exercise. Limits those pesky health professionals keep banging on about!

A word about lifestyle diseases

Before moving on, it's worth clarifying how we know that obesity, diabetes and other common ailments are lifestyle diseases. One of the clearest indications comes from two related sciences: anthropology and evolutionary biology. They are related because both are interested in human development over time, albeit from different perspectives. Anthropologists examine how humans live and organise themselves into communities, whereas evolutionary biologists examine biological changes that occur in species (not just humans) as the result of evolution. To put it more simply, you could say anthropologists focus on things that happen outside our bodies, whilst evolutionary biologists focus on things that happen inside our bodies.

Here's the point. Neither of these fields of study have been able to find much evidence of diseases like obesity and diabetes existing in traditional hunter-gather communities (yes, they still do exist), or from the examinations of fossil records (yes, bones are informative). As a result, they are considered modern diseases, triggered predominantly by environment factors that shape the choices people make regarding certain basics of living, namely – you guessed it – their eating, sleeping, and levels of physical activity⁴.

So, there it is, a few pages on the bad stuff. How our lifestyles are doing us a massive disservice. How our bodies aren't coping and, in many cases, are simply giving up. Whilst it would be easy to keep building the medical case for improving your health, I'm not so sure that's very helpful. After all, physical inactivity continues to be a problem, despite having the facts of this case presented continuously for almost 50 years.

Norm: A blast from the past

The first large-scale health promotion campaign I can remember was 'Life. Be in it.' Originally launched by the Victorian state

government in 1975, the initiative encouraged people to be more physically active and participate in recreational sports and other forms of active leisure. Sensing its potential, the Australian government expanded the program in 1977 and supported it with a national advertising campaign⁵.

The campaign was highly successful. Part of its success revolved around a cartoon character, Norm, who became the recognisable face (and voice) of the campaign. Norm was a middle-aged family man with a pot belly and an obviously sedentary lifestyle. In the television commercials, he was usually to be found sitting in front of his television, drinking beer, and watching a sports program that had been interrupted by a community service announcement about obesity, the importance of a balanced diet and the need for physical activity.

Cleverly, the advertisers made Norm ambivalent about improving his health. As such, he was never very sure about the advice he was getting. He seemed to enjoy drinking beer, eating junk food and being a couch potato. But this was something his wife was far less happy about. So, she acted as the voice of healthy reason in the commercials, appearing on screen whenever Norm's faulty thinking about diet and/or exercise needed correcting. And this was the beauty of the campaign. Norm's lack of change readiness made him relatable, as many people likely shared his hesitancy about health change.

A few other things seemed to boost the success of the campaign. First, it had a simple slogan. 'Life. Be in it.' was short, punchy and easy to remember. Second, there was a catchy jingle. 'Be in it, today, live more of your life' are lyrics I can vividly remember singing as a 10-year-old. It was a joyful tune, with a clear and positive message.

Finally, and most importantly, the campaign offered simple and practical solutions. Instead of trying to convince people to take up a sport, it promoted the benefits of walking. The commercials pointed out that walking is free, simple to do, and can be combined with lots of things, like spending time outside

with the family, or the dog, or both. By presenting it in this way, as incidental exercise, reluctant exercisers were given steps towards a more active lifestyle (excuse the pun) that virtually everyone could do.

Norm is still the norm

According to the National Museum of Australia, ‘Life. Be in it.’ was one of the most effective public health campaigns ever run in Australia⁶. After its funding was cut in 1981, government health promotion started becoming much more dramatic and realistic. Highly confronting images and sounds were used to promote issues surrounding safe sex, sober driving and smoking cessation. The Grim Reaper replaced the easygoing Norm. The reasoning was straightforward enough: if you want the public to change their health behaviours, you need to frighten them.

Interestingly, the core messages of the ‘Life. Be in it.’ campaign continue to live on. Public recognition of Norm remains high and for some people, like me, he triggers nostalgia. Sure, there was a hard message to absorb (‘Obesity reduces your chances of a long and happy life’), but that message softened with a likeable character and some humor (‘I’ve just got big stomach bones’). However, given obesity rates in Australia have climbed steadily since the 1970s, maybe the message was softened too much?

Not surprisingly, continued high rates of obesity, diabetes and heart disease in Australia (like many countries in the world) have continued to make physical activity campaigns important. Australian programs, like ‘Measure Up’ (for adults)⁷ and ‘Move It AUS’ (for kids)⁸, are the modern versions of ‘Life. Be in it.’ For example, they encourage people to be pro-active and include punchy slogans like ‘Find your 30’, which involves choosing a type of physical activity and spending 30 minutes a day doing it. In addition, the medical rationale for these programs is never far away, with statistics often provided about how a certain dosage of exercise can lower the risks of heart disease, diabetes and other

lifestyle conditions. Of course, this is absolutely as it should be. It makes no sense to promote a program without a good rationale.

Exercise is medicine, or is it?

In the previous paragraph, I used the word ‘dosage’ very deliberately. I used it to reflect a practice that is widely used in health promotion circles: the framing of exercise as ‘medicine’. The Exercise-is-Medicine (EIM) initiative began in the US in 2007 and quickly spread to over 40 countries⁹. One of the idea’s greatest strengths is the huge amount of medical evidence that supports it, as a lot of high-quality published research clearly shows that physical activity prolongs life and improves mental health. As such, it’s an idea that makes plenty of sense.

But, when you think about it, promoting exercise as medicine is quite an odd thing to do. Consider this. If I have a headache, I might take an aspirin (the medicine) to make it go away. Without the headache I wouldn’t take the tablet. It is only useful to me when my physical or mental discomfort creates the need to use it. But what about exercise? As I just mentioned, we know exercise is good for us. So, by saying exercise-is-medicine, in effect we’re saying that exercise is the tablet we *always* need to take, if we want to stay well. A medicine we simply can’t do without, unlike the humble aspirin, which we might only need to take once or twice a month.

You might be thinking to yourself, ‘oh, this is just playing games with words! What’s the big deal with referring to exercise as medicine?’ Well, a few things really. As this is an issue that makes sense of the approach I will outline later, I need to finish the chapter by addressing its shortcomings.

Selling exercise so that people want to ‘buy’ it

To my mind there are at least three problems that come with framing exercise as medicine:

Problem #1: Exercise comes with baggage

Exercise can be a loaded term for people. It has the potential to trigger negative images and unpleasant past experiences. For example, some people might associate exercise with being hot and sweaty, or feeling inadequate in a gym class, and/or as something they are too old to do. One way to avoid these self-limiting beliefs is to revert to the ‘Life. Be in it.’ approach and use a broader term, like *physical activity*, which includes exercise. This is helpful because, as I will shortly explain, physical activity includes all sort of informal and unstructured body movements (e.g., walking, gardening, climbing stairs), whereas exercise tends to be more planned, formal and structured (e.g., playing soccer or tennis). As such, the promotion of physical activity can remove a psychological barrier for people.

Problem #2: Prescribing exercise makes it harder for them to own it

Framing exercise as medicine inevitably means one thing: prescription. In the same way a doctor might prescribe an antibiotic drug to treat a throat infection, their prescription for a patient with high cholesterol might include specific doses of exercise (like daily walking). Of course, encouraging someone with high cholesterol to move more is unquestionably sound advice. The difficulty is, in prescribing it, a doctor is acting on what the medical community feel is right for patients. However, what the medical community finds persuasive and what patients find persuasive are not necessarily the same thing.

Let’s think about Norm again. If Norm saw his doctor and was told to start walking 30 minutes every day, what would have happened? He would have been told what to do by someone in a position of authority. Assuming he respects his doctor, Norm might feel obliged to follow his advice. He might even want to adhere to it, so he doesn’t upset the doctor next time they meet.

But this tends to create unstable motivation. If Norm doesn't feel he has much choice – either because his doctor knows best, or his wife keeps hassling him – he's not likely to feel much ownership over the walking he's been prescribed. Likewise, if he starts walking because everyone says it's good for you, including the health promotion commercials on TV, then all his energy for walking will be coming from external forces (do for others), rather than internal forces (do for Norm).

From a behaviour change perspective, that's a big problem. Decades of research clearly tells us that, if people want to successfully change their behaviour, they need to own that change¹⁰. This leads us to the final problem.

Problem #3: Human are naturally physically active

Human beings are naturally active creatures. We get busy right from birth. Barely has the cord been cut before a baby is touching, kicking, gripping, thrusting, rolling or finding some way to explore its surroundings. Indeed, early on in life our physical activity levels are critical, not so much for our immediate survival (as we have no need to evade predators), rather for our future growth and development.

If you want to test the truth of this, think about your local playground. When young children are let loose in a playground, what happens? Well, ordinarily, most children will scuttle off and quickly engage in whatever the playground has to offer. They will climb, tug, lift, jump, push, spin (whatever can be spun), slide, balance, heave and physically exert themselves in a multitude of ways.

There are at least two interesting things about this that are sometimes overlooked. First, a trip to a playground for a child is the equivalent of a trip to the gym for an adult. Actually, it's far more than that. When they play, children are developing an array of skills and abilities critical to successful living. They use equipment that develop physical skills like strength, speed, dexterity and

endurance. They develop mental skills via imaginative game playing and problem solving. Further, they develop social skills by interacting with other little ones and getting it wrong, and then (hopefully) getting it right.

Second, young children need absolutely no incentive to play! They just do it. Children get immense pleasure out of using their bodies in physical ways – jumping, rolling, throwing, sliding – and parents never have to nag young kids about remembering to play. Sure, they may need encouragement to use certain equipment or a reward for playing well with other kids, but that's more about how they play, not whether they do it or not.

Whilst it is true, sadly, that the physical activity levels of children are much lower now than they were 20 or 30 years ago, I am not making a point about current physical activity levels. Rather, my point is merely that kids are innately active. They love play, and play loves them. They are, as I like to call them, 'intrinsic motivation machines' because they go towards whatever they find most interesting, and the satisfaction they get is generally built into the activity itself. No other pay-off is needed. No money, no sweets, no iPad time. They play simply because they love it. That's all they need.

Sadly, our natural affinity for physical activity diminishes with age.¹¹ Whilst we tend to retain it during childhood and adolescence, by the time adulthood arrives many people have fallen out of love with physical activity, with little interest in exercise. However, it is my firm belief that this love and interest does not leave us. I think it remains but becomes concealed. Concealed by decisions we make that relegate physical activity and exercise to the backburner. The collateral damage of a busy life.

From health promotion to health activation

This was the life I was living up until the age of 48. My personal experience has been the catalyst for writing this book. By sharing my story and offering some insight into how I reconnected with

running, I aim to lay the groundwork for the four-step process that is at the heart of the book.

It's a process that is very deliberately focused on you and your change process. It acknowledges that whilst health promotion can play a useful role in the improvement of anyone's health, it is more important to support health activation. That means, helping you work out – maybe for the first time – how you'd like to act upon all those physical activity and exercise guidelines you've known about for so long!