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**Are We Still There?**

I recognize in myself that I have certain routines that define my day. I don’t want to think of myself as one of those individuals who is locked into a routine, or what some may consider a “hum-drum” existence. In fact, quite often I veer from the beaten path and as Frost stated, “that has made all the difference”.

Interestingly, it is often a set of circumstances that lead me to the road defined as “the one less traveled”. By circumstances, I am referring to one’s comment, an individual’s request or even an event that allows me to come out of my routine slumber and experience an awakening.

One such occurrence took place in the locker room of my university wellness center where students and faculty work out. I am there on a daily basis, yet another routine. I talk frequently to those preparing in the locker room as I do for their routine workout. So this is nothing unusual in my daily life. But this particular day was different.

As I sat getting dressed and prepping for my workout, a familiar individual broached the subject of cigarette smoking. In his opinion, smoking cigarettes was not as bad as we make it out to be. What? Did I hear that right? Did this person just say that smoking was not the health risk it is reported to be? Apparently I did hear him correctly. He went on to explain how he read an article on the internet (here we go) about a demographic group off the coast of Greece that has a longer life-span than those of us in the United States. And, he continued, they smoke! Therefore, logically interpreting this set of data one could conclude that smoking is not bad for you. I had an immediate response and deviation from my routine thought processes that led to my declaration: “You are an idiot”.

Immediately, it became apparent to me that the individual in question that is now identified as an “idiot” was and is a smoker. Of course, he was defending his addiction to a known carcinogen through a sequence of thoughts allowing for a flawed logical explanation. I have seen the same in overweight and obese individuals that will argue that their state of health has nothing to do with being a little overweight. In fact, they will argue they are not overweight and really do not like the term “obese”.

By this logic, because the term obese is offensive, it follows that it cannot apply to them. As my mind deviated from the daily routine of thought patterns, I started thinking along a road less traveled and recognized similar denials of occurrences within the thought patterns of what is often defined as “normal” people. In other words, I recognized a term utilized when individuals fail to acknowledge an occurrence even though it seems quite evident to others: the term used is “head in the sand”. So one would state that “they have their ‘head in the sand’” about smoking, or obesity or whatever the condition of denial. This is a bit more polite than observances about someone having their head in another part of their anatomy.

As I listen to others with their “head in the sand” on health, or exercise or nutritional issues, I have to ask: “Are we still there”? By asking this I am referring to the thought processes that lead us to believe the myths of old and refute the scientific evidence that lay before us. The evidence on the ill effects of smoking are unequivocal. Even if you do not have access to full articles or search engines for scientific research journals, you can access enough information that would still allow you to come to the conclusion that, “yes”, smoking is bad for your health.

Arguments over body mass index (BMI) may have merit pertaining to the lack of information on body composition when utilizing BMI, but the evidence is pretty clear that most individuals with a high BMI are often associated with certain health pathologies. My argument is that we establish rigorous methods by which we conduct research and publish papers, only to have the evidence discounted by past anecdotal information. This is especially true in strength and conditioning circles. When I was a high school football player the coaches would withhold water during two-a-days to make us tough. This sort of practice only makes you dead. Even today I hear and see evidence of coaches putting their players through prescribed training sessions based on what they did as a player and not on the recommendations of their strength and conditioning coaches. And these coaches are schooled in Exercise Physiology, many with a Master’s degree. What is it that makes us hold on to personal experience as the knowledge base when that experience never worked in the first place? Ex: “I ran them till they dropped because that’s what I did when I played”. Our refusal to accept the scientific community’s interpretation on any given topic baffles me (i.e., global warming). Yet I believe I have some insight into the aforementioned “why”: personal change.

My reality tells me that you CAN teach an old dog new tricks. I believe we can learn at any stage in our lives. Yet to be exposed to a change in our “model” view of anything is threatening. To accept a new view, any new view and actually change seems next to impossible to accomplish for many. Change is hard. I can accept that. In Research Design, we have a term called “Paradigm Crisis Phenomenon”. It basically means that the research is refuting past knowledge findings and the models these past findings represent. And this is a crisis. The findings by Dr. George Brooks on the lactate shuttle provides a good example of a paradigm crisis phenomenon.

Similarly, we are seeing a plethora of research indicating high intensity work may result in adaptations more often associated with low intensity, long duration work. These findings provide new and often exciting information that not only tests the boundaries of the knowledge base, but sometimes shatter that base. Of course new findings may or may not be profound in their impact on our lives, but regardless of the magnitude of change in the paradigm, they provide us with renewed information that is more often than not, beneficial.

We are taught during the academic process, that emersion into the research literature is an inherent process to survive. As a professor moving through the ranks, I continue to read to stay abreast of current findings I can share with my students. Why does this seem to be a removed component of the general population? During this age, access to information has never been easier. Yet we rely on past stories and experiences that are in opposition to the truth. As the truth emerges, it is natural to be skeptical. However, this healthy skepticism differs from refusal to change. As noted earlier, change is hard. And therein lies the insight into why we stick our “head in the sand” when exposed to new information that is personal to us and requires…personal change.

To acknowledge new information that directly effects someone, means that someone may have to act on this new information. It means they may have to see something in themselves that is noted in the new research. It means that if they want to continue to progress, they may have to, change. Again, change is hard. Stopping cigarette smoking. Eating healthy. Exercising daily. I am sympathetic to those that need these changes in their lives. I realize, change is hard. YET: I will not use the expression “change is hard” as an excuse to ignore the findings. If I am obese, there are health consequences to my obesity. If I smoke, there is a high likely-hood I will one day be diagnosed with a cancer that is related to smoking. If I believe that as an Exercise Physiologist I am a professional, I may have to fight for that designation. I may notice in that fight, that the organization I belong to does not advocate for that designation. And as such, I may have to change my organization or my approach within that professional organization.

So I continue to be baffled and yet I continue to ask: Are we still there? Am I still arguing about this issue? The answer is “Yes”. But I shouldn’t be writing this newsletter or arguing to our members that a hypothesis on any outcome is an “educated” guess, and not urban myth. Whether the topic is protein signaling pathways, the outcome of lactate or the mission statement of your professional organization, additional research and findings are endemic for your growth. The Paradigm Crisis Phenomenon is not only essential, it is welcome and crucial for continued growth. Smoking is bad. Obesity can lead to health issues. ASEP is the only organization that addresses professionalism in this field. It is time to pull our heads out, move forward down the “road less traveled” and continue to grow.