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The Role of Kinesiology
in Elevating Modern Society

by
John J. Burt

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The Role of Kinesiology in Elevating Modern Society

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This paper consists of a dialogue between present-day Kinesiology and a critic, a critic who exhorts Kinesiology to become more of a main player in the solution of society’s most pressing problems. The theme of the 1997 NAPEHE national conference was “Organizing to Meet Society’s Needs” and, consistent with this theme, the Hanna Lecture was a dialogue between Kinesiology, hereafter noted as K, and the conference theme, hereafter noted as CT.

CT: I am society’s agent, employed to seek your support in connecting the vast range of resources in higher education with society’s most pressing problems. I am the embodiment of John Dewey’s claim that real advances in knowledge stem from a focus on the central problems of society. Thus I believe that you and I have mutual interests. As a way of introducing these interests, let me make it clear that my concerns evolve around the solution of societal problems. On your side, the response of universities to social issues, says Harvard’s Derek Bok, “... will affect the education of their students just as surely as the lecturing and readings that goes on in their libraries. If we would teach our students to care about important social problems, and think about them rigorously, then clearly our institutions of learning must set high example in the conduct of their own affairs. In addition to responding to students, a university must examine its social responsibilities if it wishes to acquire adequate understanding of its role and purpose in present-day society.”

So I am here to discuss society’s problems and your social responsibility.

K: Let me assure you that Kinesiology is one aspect of higher education that has a history of commitment to social responsibility.

CT: I am sorry to be so blunt. However, from an outside perspective, I must tell you that for the last century you appear to have been primarily engaged in rhetoric and discussion about what you were going to do and, so far, you really haven’t contributed very much. Now it is time for you to make an important decision, either: (a) become a main player in the solution of society’s most pressing problems, or (b) remain narrowly conceptualized and continue to be reorganized, downsized, or eliminated. It is time to call the question. Contribute or fall back.

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K: (Looking away from CT as if embarrassed and speaking in a low voice to the field of Kinesiology).
CT is very direct. Like Shakespeare’s Juliet, he forces us to see that our brightest future could reveal our darkest past. Nonetheless, calling the question on Kinesiology could be instructive for us. Let’s hear what he has to say.

CT: More than at any previous time in history, society now really needs help from Kinesiology. So I am knocking on your door and hoping that you will agree to help us with some of our most pressing problems. Here are 10 areas in which we need your help.

1. The Surgeon General has identified Kinesiology as having a role to play in reducing the 600,000 deaths that occur prematurely each year in the United States.
2. The Surgeon General has also identified a role for you in the prevention of (a) cardiovascular disease, (b) cancer, (c) diabetes, (d) arthritis, (e) osteoporosis, (f) obesity, and (g) falling.
3. There are 35 million people in the U.S. older than 65 years of age who seek to live more fully. You could help.
4. Depression is a $44 billion problem in the nation. Physical activity is a powerful antidepressant without dangerous side effects. You could play an important role in the reduction of depression.
5. Subjective well-being is one of the highest priorities of the American population, and there are few weapons as powerful as physical activity for increasing it. You could be a big help in promoting national well-being.
6. If you would look carefully, I think you would see an important role for Kinesiology in the reduction of violence in America. So far your focus has been too narrow to conceptualize such a role. But we desperately need help with this problem.
7. NIH and several foundations are currently investing in exercise and aging. Here is a major opportunity for research support.
8. The compression of morbidity is one of the viable solutions to the problems of health care economics. We are spending $200 billion annually, $13 billion more than we take in, and the Medicare Trust Fund will run out in 2001. You could help by working to compress morbidity.
9. Managed care and Kinesiology should work together to improve the nation’s health future. But, so far, neither of you seem to have a clue as to the power and importance of your conjoined efforts.
10. You have a relatively strong job market for your majors. But you need to consider updating their training for new job markets. High-quality practitioners from Kinesiology could be most helpful in the solution of a number of present-day problems.

Now, if you would agree to tackle some of these problems, Kinesiology would move to center stage in the next century. On the other hand, the greatest threat to an otherwise bright future for you is the fact that you are too narrowly conceptualized.

K: Come on CT! I must protest. What do you mean too narrow? There is exercise physiology, biomechanics, psychology of sport, sociology of sport, and
even history of sport. And then there is sports management and curriculum. What do you mean too narrow?

CT: I am talking about the narrow focus that you have conceptualized for the practitioners in your field. I have no interest in how people in higher education indulge themselves. Most of your subdisciplines are dinosaurs. Operating independently—as they do—they contribute very little to the solution of societal problems.

You seem to feel that the reason for having majors in your program is to gain tuition support to enable faculty to do their subdiscipline thing. It is the other way around. Faculty exist to advance and impart the kind of knowledge that will result in high-quality practitioners.

My ultimate concern is with the skills and the power of your practitioners to contribute to the solution of society’s problems. In Kinesiology, the relationship that exists between the scientist and the practitioner is absolutely schizoid. The greater the investment in science and the more sophisticated the approach to research, the greater the neglect of the preparation of practitioners. From my perspective of contributing to society, that’s not good enough.

K: Hold on CT. That’s pretty strong! Schizoid? Dinosaurs? Really?

CT: Perhaps some examples will serve to illustrate:

In this century we have witnessed the separation of philosophy and psychology and the subsequent fate of each. Psychology took the high road, addressing societal problems and flourishing. Philosophy took the low road, electing not to get its hands dirty with real world problems or clinical practitioners; today philosophers can’t find jobs.

Medical science has flourished because advances in this science are quickly transferred to practitioners who put them to work solving the nation’s health problems. Meanwhile, I fear that Kinesiology has neglected its practitioners, teaching them only what their professors happen to be indulging in. How do you expect to survive?

K: Let me be sure I understand. You are saying the role that practitioners play has been too narrowly conceptualized. And you are saying that those in higher education are disconnected from the real world, teaching what interests them without regard to what’s good for the future of the field. Bottom line: You are saying that we are too narrow and self-indulgent.

CT: Yes I am. But I hope you understand that I am not just trying to be offensive. I am trying to help. You have a great future. If only you could see it.

The hope of this national conference, which focuses on contributions to society is (a) that Kinesiology will enlarge its conceptual context, (b) that it will pay less attention to itself and more to societal problems, and (c) that it will pay not less attention to science but more to the production of high-quality practitioners.

K: CT, you said earlier that Kinesiology now has the greatest opportunity ever to assist society in the solution of its most pressing problems. Too bad our universities don’t understand this. We are trying to contribute. But we also are fighting to avoid being downsized.

CT: Although the common stock of Health and Human Performance has greatly
Economic ones, want to be involved in saving the world. Take advantage.

Yes, this we understand. But then what do we do?

K: My university is 100% Ecological, then what do I do?

CT: But what is the mission of my university in Ecological one. Some of us don't have much experience with this Humanities mission you are taking in.

K: I am the power of the field to solve currently pressing problems.

CT: The potential of a Ecological university for solving Humanity.

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But whatever the approach to connecting with at-home strategic plans, your collective focus during the next 20 years must be on the role you have to play in solving societal problems. You should focus on two concerns: (a) your commitment to tackle societal problems and (b) your power to solve them.

K: Now I suppose you are going to question our commitment? Let us know if there is anything that we are doing right.

CT: Let me give you my perspective on commitment. This lecture honors the memory of Delphine Hanna, a highly visible physician in the early development of your field. To render her memory lively, I remind you that one day, like it or not, you must each submit your life’s work to the ultimate test of worthiness so wonderfully described by Hanna. At the end of her own career she said: “. . . if my work was worthy, it is still in progress.” Dr. Hanna’s philosophy should help you to more clearly understand a professional reality in which your publication records, your academy memberships, your collected honors, your pleasures and pains, your egos—all of these must one day come to an end. But your good work, to the extent that it is directed to the elevation of humanity and human existence, has a chance to remain in progress.

What makes people inauthentic,” said Princeton philosopher Walter Kaufmann, “is not that they have forgotten that they must die before long. It is that they have forgotten that they are survivors. Neither dread nor courage in the face of death need keep anyone from seeking trivial satisfactions in his or her final days or years. What makes such pursuits seem inappropriate, if not outrageous, is a vivid sense that one is a survivor—not necessarily or even usually of all others, but some.”

You are survivors of Delphine Hanna and of her students: Thomas Wood, Luther Gulick, Fred Leonard, Jesse Fering Williams, and Jay B. Nash. It would be outrageous of you not to guarantee that their work “remains in progress.”

K: You can count on it, CT. No matter what you might think, we are committed professionals.

CT: I hope so. That is what your conference is all about. I hope you understand that commitment plays a major role in contributing to society.

The works of Hanna, and those early leaders who followed in her footsteps, were not sanctioned by a Surgeon General. In fact, it might be said that most of this early work was “off stage.” Certainly no one would have accused these early leaders of being preoccupied with careerism. Indeed, they probably endangered their careers. They were highly committed people. And that is why you honor them? They were people who cared deeply about elevating humanity and human existence through physical activity. Indeed, they were people who cared deeply about elevating humanity and human existence through movement. Knowing empirically that physical activity had the power to elevate, they—through their own powers of persuasion—opened the doors to higher education for all of you. Thanks to people like Dr. Hanna, Kinesiology has all that it needs to move center stage in modern society; everything, that is, with the possible exception of commitment. Dr.
Hanna can’t give you that. You say you are committed. But what troubles me most about your future, and that of higher education in general, is the strength of your commitment. I worry about your resolve to elevate humanity and human existence in a climate where the egoistic mission of higher education is increasingly becoming the referent for merit and promotion.

K: You are suggesting that our early leaders, with no endorsement from the Surgeon General, earned us a place in the taxonomy of higher education. And now, with the full support of the scientific community, we, the current caretakers, are causing Kinesiology to be eliminated. That’s depressing.

CT: We could all take a lesson from Albert Einstein regarding commitment. Having a vivid sense of himself as a survivor, he said: “A hundred times each day I remind myself that my inner and outer life are based on the labors of others, living and dead, and that I must exert myself in order to give in the same measure as I have received and am still receiving.” You, too, should remind yourselves from time to time how you came to have a place in higher education. You should remind yourselves that it is not unhistoric that your strongest connection is to the humanistic mission of higher education. You ought to remind yourselves a hundred times of your obligations as survivors to further advance humanity and human existence through physical activity.

K: No argument on this point. We hear what you are saying.

CT: (Speaking slowly and as if to the entire world) An elevated society is benchmarked by a moral mandate which specifies that the citizens of that society should have the opportunity to avoid preventable diseases and premature death; should have the opportunity to avoid unnecessary misery, violence, and suffering; should have the opportunity to achieve personal well-being. These transcendent values mark the highest form of civilization. (Turning again to Kinesiology) As professionals in Kinesiology, you are very privileged people. You have a real opportunity to contribute to the elevation of society. So it is time for you to call an end to any feelings of inferiority that you might have collected across time. It is time to stand up and be counted for your contributions to an elevated society.

So listen up. I am going to put five of society’s most pressing problems on the table. I exhort you to participate in their solution.

K: Now you are asking self-indulgent dinosaurs with feelings of inferiority to awaken from a 40-year slumber and solve society’s most pressing problems. You don’t ask much!

CT: I am here to point out your potential to contribute. That’s what I do. The rest is up to you.

K: Please go on, CT. I didn’t mean to be so defensive. I understand that no one can make us feel inferior without our permission. But those of us in Kinesiology have been giving our permission for a lot of years. But you are absolutely right! We are going to put all of that behind us! We are standing ready to assist in the solution of the five problems that you bring to us! I promise. So let’s discuss all five of them.
Problem I: Premature Death

CT: At the beginning of the 20th century, there were only 100,000 Americans older than the age of 85. Today there are 3 million, and it is anticipated that this number will reach 19 million by 2030. Currently, there are 35 million Americans older than the age of 65, and it is anticipated that this number will double by 2030. These statistics point to the fact that a long and healthy life has become a part of the American dream.

Yet more than 600,000 Americans die each year before the age of 65. In 1994, the most recent year for which there are complete statistics, there were 2,278,994 deaths in the nation. Among these, 616,421 occurred before the age of 65.

A review of the causes of early death brings the problem to the door of Colleges and Departments of Health and Human Performance. No unit in higher education has the potential to contribute as much to the prevention of premature death. When Health Education and Kinesiology work together, they have a collective role to play in preventing each of the 10 leading causes of early death. And I wish to note for the record, that any failure of these two groups to work together is seen by the outside world as self-stultifying.

CT: Another time. Another conference.

CT: Tonight, I will focus on the role of Kinesiology. You must now accept a leading role in the attack on at least three leading causes of premature death: cardiovascular disease, cancer, and noninsulin-dependent diabetes. Collectively, these three account for a major portion of all premature deaths. And now that science has established physical activity as a useful intervention for premature death, it is time for you to stand and deliver.

I do not wish to be overbearing. But Kinesiology has a professional obligation to make certain that the undergraduate population on every campus in the nation understands the role that physical activity has to play in the reduction of premature death and to also understand, from a psychological perspective, why people have a difficult time adhering to exercise on a regular basis.

Here are some approaches to the problem:

1. As an add-on to your service programs, make certain that each student understands the causes of premature death, the role that activity can play in prevention, and the psychological barriers to regular exercise. This can be accomplished by reading assignments, class handouts, and occasional class discussions. It need not interfere with other aspects of the class.

2. Initiate a science course for the CORE curriculum of your campus to address the topic of physical activity and cardiovascular disease. Make it as strong as other science courses on campus. If you need a sample course outline, write Jim Hagberg at the University of Maryland. Don’t take “no” for an answer to this initiative. If you don’t have an exercise physiologist on your faculty who can or will teach such a course, get rid of who you have and get someone who can and will. Exercise physiologists who are would-be-Nobel-winners but who can’t get a major grant or don’t want to teach are dinosaurs. Replace them! This course will be good for
your campus, good for your students, and good for the reputation of your department. Just do it!

3. Consider an honors course related to wellness in the next century. For too long you have neglected your opportunity to be a major player in campus honors. This population is very interested in what you have to teach and very effective in the spread of campus knowledge.

4. Somewhere among the 60 to 80 hours of credits that you require of your majors, make certain that they acquire an in-depth knowledge of (a) the causes of premature death, (b) the power of physical activity as an intervention, (c) the psychological barriers to regular participation, and (d) the ability to promote physical activity as a healthy pleasure. I have the uneasy feeling that many undergraduate majors in programs requiring only 30 hours of credits emerge knowing more about what’s important in their fields than your majors who have more than twice as many credits.

K: *(Talking to the field of Kinesiology)*

CT tells it like it is. And he knows a lot about us. We do require a large number of credits for our majors. And there is little doubt we can play a role in the prevention of premature death.

**Problem II: The Search for Agent Blue**

CT: Depression is one of the most pervasive problems in the United States today. It has now reached epidemic proportions and creates an annual economic burden of approximately $44 billion. Dr. Gerald Klerman, a leading American psychiatrist, has called our efforts to identify the cause of this epidemic the search for Agent Blue. In my view, Kinesiology has a much larger role to play in the search for Agent Blue and in the prevention and even treatment of depression than it has so far been able to see.

Dr. Michael J. Norden in his book, *Beyond Prozac*, advances the theory that serotonin deficiency is the prime suspect for Agent Blue. In support of his theory, many of the antidepressants known to be effective in the treatment of depression belong to a class of drugs known as selective serotonin re-uptake inhibitors: (e.g., Prozac, Zoloft, Paxil, Luvox, and Wellbutrin). These drugs are thought to correct a serotonin deficiency. Among the neurochemicals of the body, serotonin has the greatest impact on the brain. It has an effect on temperature, blood pressure, clotting, immunity, pain, appetite, sexual function, digestion, and circadian rhythms.

The Kinesiological connection to depression stems from the fact that both acute and chronic exercise increase brain serotonin. Indeed, even low energy activity like chewing and knitting elevate serotonin.

Moreover, a number of studies have reported physical activity to be an effective antidepressant. In one study comparing the efficacy of psychotherapy, antidepressants, and exercise, 12 weeks of walking and jogging were found to be effective in treating depression and even more effective than psychotherapy in preventing relapse. Long-term exercise in conjunction with medication is now helping many seriously depressed patients.

It has been suggested that more can be learned about human behavior from a study of serotonin than from a study of Freud, and that what you learn from the former is more likely to be true.
Serotonin inhibits the firing of brain cells and acts as a chemical restraint system. On the other hand, low serotonin has been found to be associated with irritability, aggression, violent suicide, eating and binging, insomnia, and the disruption of circadian rhythms.

And although the linking mechanism is not yet understood, it is clear that approximately two-thirds of those who suffer from depression also suffer from at least one other condition in which exercise is known to play a preventive role: heart disease, hypertension, arthritis, and diabetes. And a study just completed at Johns Hopkins University School of Public Health indicates that those who suffer depression are four times more likely to have a heart attack.

Although there is much that requires additional research, there are just too many connections between physical activity and depression for Kinesiology to be an idle bystander. Indeed, on the basis of current knowledge, regular walking compares favorably with psychotherapy. My point is a simple one: Regarding depression, psychotherapy has probably overplayed its hand, while Kinesiology has probably underplayed its hand by a factor of 10.

My strongest recommendations for Kinesiology relate to future research: Whereas it is clear that physical activity has many of the same biochemical effects as current antidepressants, Kinesiology should now compare different types and intensities of physical activity with new generation antidepressants.

The search for new antidepressants evolves around the reduction of side effects and the power of the drugs to reverse depression. Those of you concerned with the role of physical activity in elevating humanity and human existence should pay careful attention to the similarities and differences between physical activity and drugs like Prozac, BuSpar, Zoloft, Paxil, Luvox, Wellbutrin, Effexor, Serzone, Remeron, and others in this classification. Physical activity avoids most of the side effects of antidepressants, while having powerful positive effects.

In the psychological arena, Martin Seligman in his book, Learned Optimism, suggests that learned helplessness—the belief that your personal actions will be futile—is a prime candidate for Agent Blue. In strong support of this candidate, it has been demonstrated that antidepressants correct learned helplessness in animals. This suggests that physical activity from a purely biochemical perspective may have a role to play in the prevention of learned helplessness.

But beyond the biochemical, Kinesiology has a major role to play in the psychodynamics of learned helplessness. Among the infinite varieties of human activity, there are none that exceed the potential of physical activity for learning that human effort is not futile. A fundamental characteristic of human movement is that it is willful. Movement and helplessness are analogues. Moreover, university faculty with few athletic talents, but who have become regulars in campus wellness programs, are now frequently heard to say, "I am a success story."

It is time for you to step forward with what you already know and make a contribution to the search for Agent Blue. Perhaps physical inactivity is a prime candidate. Physical activity appears to be both preventive and corrective for depression and a number of closely associated maladies. So just as
you have become partners with medicine in cardiac rehabilitation, you should now take the same road in the treatment of depression. It is time for you to realize just how much you have to contribute.

K: The problem is that depressed people can’t get motivated to exercise.

CT: Many people have difficulty getting motivated to exercise. The world desperately needs a better understanding of exercise behavior. You could make a large contribution.

**Problem III: The Search for Subjective Well-being**

CT: For many years research has focused more on diseases and human misery than on positive wellness. Researchers, for example, have studied diseases and depression and anxiety in great detail, while paying little attention to subjective well-being and happiness. But this is changing rapidly and, by the end of the century, researchers will be publishing more than 1,000 studies annually on such topics as “well-being,” “happiness,” “life satisfaction,” and “living fully,” to mention a few. Associated with this surge in publications, there is a pervasive search among Americans at the personal level for ways of living more fully. And clearly Kinesiology has a major role to play in this search.

Research on positive well-being has consistently identified four inner traits as associated with happiness: self-esteem, a sense of personal control, optimism, and extraversion. This research also points out that happy people are less self-focused, less hostile, less susceptible to disease, more loving, forgiving, trusting, energetic, decisive, creative, helpful, and sociable.

These findings can now be added to the long-standing discovery that physical activity and fitness are powerful elevators of subjective well-being. This is a discovery that has been personally confirmed by nearly everyone. And if the power of physical activity to promote well-being could be bottled and sold by prescription, it would be one of the most widely sought medicines. If this power could be approximated by psychotherapy, it would revolutionize the field of psychology. If it could be obtained by diet, food stores would boom. But cut loose from pharmacology and nutrition and theories of psychotherapy, it is as though a powerful weapon has been placed in the hands of Kinesiology, but no one knows how or where to aim it. Thus, while the world searches for subjective well-being, you sit with an answer that you don’t know what to do with.

K: You are right CT. We clearly have an important weapon. We know it is powerful. We know society needs it. But we don’t know how to make it central in the context of higher education. We need to connect it with something that is valued in academia. We know the importance of well-being. We just can’t articulate it with higher education.

CT: At the university level, every topic, no matter what its intrinsic value, requires an intellectual context. You can’t just teach about happiness or well-being or movement or balanced living. So you must enlarge the context and then fit your powerful weapon into this new context.

Society desperately needs your help on this matter of well-being. So I am going to give you my very best idea for a new initiative that pulls your weapon
into a course with a somewhat larger context. Let's call our course “The Examined Life.” That goes back far enough to fit with academic tradition.

And let's build it around a central theory: A philosophical theory if you will. Here is my idea:

Mortimer Adler, a philosopher at the University of Chicago, says in his book, *Ten Philosophical Mistakes*, that one of the most destructive mistakes made in today's world is the attempt to equate happiness with psychological contentment, the contentment that comes with getting what you want. This conceptualization of happiness sets you up to fall beyond the range of the moment because as soon as you get what you want, you simply go on to want something else. Hence, it is now known that winning the lottery or becoming a paraplegic leaves people equally happy five years later.

Moreover, happiness as contentment is equally achievable by individuals who are morally good and morally bad. Thus, Adler suggests that happiness stems not from getting what you want but rather from adherence to a moral imperative: You ought to do what's good for you from a transpersonal perspective. Which is to say, you ought to do what is good for you where what is good for you is defined as what’s good for all. He says that you should seek to satisfy real (transpersonal) needs as opposed to apparent needs associated with getting what you want.

For example, you ought to eat, sleep, and rest because these are transpersonal needs. You ought to be loving and forgiving and trusting and energetic and creative and helpful and social because these are transpersonal needs. All humans have a real need to be optimistic: To believe that their actions are more than futile. To live a balanced life, spiced up with healthy pleasures, is clearly a need that all humans share. Certainly, the avoidance of premature death and depression would be good for all. You ought, said Einstein, to commit yourselves to elevating humanity and human existence.

*K:* And who says that transcending the self and doing what’s good for all of us is the road to happiness?

*CT:* All the research so far! And all the “awakened ones”: Ikhnaton, Moses, Confucius, Lao-tse, Buddha, Isaiah, Socrates, Jesus, Gandhi, Einstein, Marie Curie, George Carver, Buckminster Fuller, Eleanor Roosevelt, Ben Carson, and Harold Kushner, to mention a few. I want you to understand that we are not exactly going off the deep end with this theory around which we are building our course.

Building around Adler’s theory, I would like to invite all of you to join in teaching a course that focuses on The Examined Life. Such a course would focus on the mental health benefits of physical activity and balanced living as they relate to Adler’s theory and to such topics as toxic life-styles, learned helplessness, pessimism, optimism, depression, subjective well-being, healthy pleasures, self-esteem, violence, civility, suicide, aging, and a host of others. Such a course expands the context for the discussion of positive wellness and allows the role of physical activity to be juxtaposed with antidepressants and psychotherapy and all of the elements of mental health. This course would also be highly suitable for your honors program.

If your interest in this experiment doesn’t take you to the development of an entire course, perhaps you would want to develop a lecture to fit in one of
your present courses. At any rate, Kinesiology has a major role to play in America’s search for subjective well-being.

**Problem IV: The Compression of Morbidity**

Health care and reduced morbidity for America’s over 65 population is one of the nation’s most pressing problems, and Kinesiology has a major role to play in the solution. Although this role has not been carefully conceptualized, there is little doubt of an important connection. Let’s explore some possible roles. But first, the problem.

Each month a small portion of your salary is translocated to the Medicare Trust Fund. In turn, this fund provides health care for 35 million people older than the age of 65. In 1996, Medicare spent $200 billion on health care, $13 billion more than it took in. At this rate, the fund will exhaust its reserve by the year 2001. Meanwhile, at the state level, Medicaid has been the fastest growing item in the budget, having a negative effect on support for most state universities. Kinesiology is keenly aware of this reduced support. Indeed, your future is linked to the solution of health care problems by both humanistic and survival ties. So pay attention!

Much of the current talk in Washington evolves around a shift of Medicare and Medicaid recipients to managed care plans. To date, about 15 million shifts have occurred. As these shifts continue, they are rapidly changing the face of health care and ways of thinking about prevention. And you must change, too.

The managed care establishment has a major financial interest in the reduction of morbidity among the 65 to 95 age group. Here is what’s at stake: A person who gets to 65 without heart disease or cancer, a person who remains relatively healthy between 65 and 95, a person who then dies after only a short bout of illness—such a person is the financial dream of managed care. Conversely, the person who is chronically ill during this same 30-year time span and who then requires two years of terminal care, this person is a major financial liability. These are the cold facts.

**CT:** Hence, you can expect an ever-increasing interest in wellness and prevention for seniors across the next half-century. The elements are falling into place for a strong alliance between Kinesiology and managed care. Keep your eyes open and seize the moment.

**K:** I do have some understanding of what you are talking about. For example, across the last decade, the University of Maryland’s College of Health and Human Performance has had approximately $15 million to support their efforts to solve problems related to aging.

Professor Ben Hurley in the Department of Kinesiology currently has a million-dollar grant to study the effects of physical activity on the aging process. His work to date has demonstrated that the decline with age of strength, muscle mass, basal metabolic rate, bone density, glucose metabolism, and gastrointestinal transit are each reversible with strength training. Professor Jim Hagberg reports similar findings for hypertension, especially for certain genotype populations. Dr. Brad Hatfield and his group have similar findings related to brain function and aging.

These findings, together with a long list of previously identified benefits,
such a corps were operated at the national level, it would permit deposits in
banks to enter and then withdraw those hours when they are personally
needed. This would be a wonderful connection for a Wellness Corps. And it
would address a program that addresses you to bring your hours of voluntary
service to banks across the nation. Service Credit Banks have the potential to
address the needs of seniors. Dr. Mark Webster's
service Credit Banks have the potential to address the needs of seniors. Dr. Mark Webster's
Wellness Corps consists of trained professionals and students interested in
Any basis. Health care for understated populations. We could establish a
center of Health Education at Maryland has just received a $75 million grant.
In addition to continuing your research on aging and building relation-
backs to the current problem.

I understand. You are a very good spokesman for feelings that I couldn't
express. Thank you.

Back to the current problem.

I have a major interest in your winning the election, and I'm not the only one
among the electorate who think so. The reason I am interested in your winning
the election is that I believe the kind of change you would bring about would be
beneficial for our nation. It would be a great honor to have you on the stage of
campaigning and I'm hoping that I will have the opportunity to meet with you
soon. I would like to express my support for your campaign and I believe that
your victory would be a great step forward for our country.

You define your field as the art and science of movement. Across the last
20 years, you have come to realize that your art is a reflection of your science
and science is a reflection of your art. Your passion for movement has
inspired others with your goals. Your goal is to encourage people to
move more and move better.

You will be flooded with so many volunteers and opportunities that
you will be able to make a big difference in the lives of people. You will be
able to connect with people on a personal level and make a positive impact.
That is why I believe that you will be able to make a difference in the lives of
people and help to create a better world.

You are a great role model for Kenesiology in the compression of mobility and
mobility.

So what are you going to do about it? Is it of critical importance that
you take note of the year 2020, there will be many people older than 65
years of age, and by the year 2020, there will be an increase in the number
of people older than 65 years. But it is only a pattern.

The older than 65 age group

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one state and withdrawals in another, a problem not yet solved by Service Credit Banking in general.

CT: Well, that would be a good beginning. Given the functional status of most older persons—60% of the older than 70 population report no limitations in their ability to perform routine tasks—there is every reason that you should develop a set of special courses for this group. Although many such courses have, by tradition, been offered tuition-free, it is clear that many seniors can and will pay. Personal trainers for seniors could also be important in your future.

Most needed is commitment and creativity. Work on both!

Problem V: Violence

CT: Now to a really tough problem: Violence.

America is rapidly becoming a two-gated community. Behind one set of gates are held 1.6 million prisoners. Behind another set of gates are found entire communities who employ guards to protect their safety by keeping the rest of the world out. Indeed, there are more guards at the entrances to gated communities than there are police in the nation today. Think about that! Between the gated-in and the gated-out, there are 3.75 million on probation and parole. Among the developed countries, America is number one with regard to incarceration rate and homicide rate.

Young men are the most frequent victims of homicide around the world, and the U.S. outpaces the other developed nations by a factor of 10. Also in the U.S., youth and young adults (18 to 25) account for 53% of those arrested for homicide.

The National Institutes on Justice estimates the annual loss from crime to be approximately $18 billion. And it is estimated that if the people in jail were working, they would be contributing $386 million to Social Security each year. In 1995, California spent an equal amount of its state budget on corrections and higher education: 9.8%. In the average state, the ratio of expenditures for corrections to higher education has increased 127%. In some states, the cost of maintaining a prisoner in jail now exceeds the yearly salaries of public school teachers. I do not believe that you want your children to be forced to live in a two-gated society. So let me tell you what we need to change. Where we need the most help right now is in the inner cities. And the most enlightened view of the problems to be addressed comes from Dr. Reed V. Tuckson, president of Charles R. Drew University of Medicine and Science in Los Angeles. Based on his observations in South Central L.A., Dr. Tuckson points to eight factors that seem to be operative in the etiology of inner-city violence. The probability of violence is greatly increased in communities where young people:

1. Understand that their parents can’t get a loan to start a business because of who they are;
2. Know that even if their parents could get a loan, they would not be able to get insurance because of who they are;
3. Realize that their chances of going to college are much less than their chances of going to jail;
4. View the police as just another gang wearing different colors but with the option of planting evidence;
5. Know that they are cut off from the life of the rich and famous as viewed on TV;
6. Have very few experiences with healthy pleasures;
7. Have little chance to be main players in a society where employment is dependent upon being well-educated;
8. Have no concept of a meaningful future.

In a community characterized by these eight factors, human options for acceptance and for success-by-personal-effort often appear limited to the most basic human behaviors: sex and violence. And both of these options are glamorized daily by TV and cinema. In this world marked by at least eight causes of pain, neither pity nor compassion nor outrage are of value unless they lead to change.

Your job—should you decide to assist—is to find ways to effect change, ways to initiate and sustain concepts of a meaningful future.

Right now it is not clear as to the exact role Kinesiology could play in the reduction of violence. This is something that you need to think about. But I do know that there are a number of foundations who would gladly invest in your efforts to help.

And you could learn a great deal from people in your own field like Don Hellison who are currently addressing the problem.

But let me make this point: Dr. Tuckson doesn’t want you to give up your job and come to work in South Central L.A. nor does Dr. Hellison want you to come to Chicago to work in the inner city. What’s most needed in America, right now, is a political constituency to advance the moral mandate that says in an elevated society, all the citizens of that society—-independent of race, sex, age, or sexual orientation—ought to have a chance to avoid preventable diseases and premature death; ought to have a chance to avoid unnecessary misery, violence, and suffering; and ought to have a chance through work and play—and a balance of the two—to achieve high-level well-being.

What’s good for Dr. Tuckson and his work in South Central L.A.; what’s good for Dr. Hellison and his work in Chicago; what’s good for Washington, New York, and Boston; what’s good for Kinesiology; what’s good for the happiness of all is that you each do what’s good for you transpersonally. And I do not believe that a two-gated society is good for all and, therefore, not good for any. Kinesiology should commit to a different moral equation.

Well that’s it. One final reminder: A conference focused on contributions to society is just another conference unless it serves to change the moral equation.

The survivors of Delphine Hanna ought to see that her work remains in progress. Hopefully, you will leave this conference with the understanding that Kinesiology is about more than you, and your career, and your subdiscipline. It is about contributing to the elevation of society and human existence. It is about the highest transcendent value in an advanced civilization. So just do what you know you ought to do because it’s good for all of us.