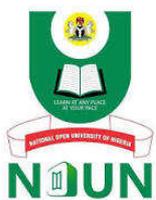


**COURSE  
GUIDE**

**KHE 334  
SPORTS AND AGEING**

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## **INTRODUCTION**

This course KHE 334: Sports and Ageing is design to give you self-instruction on sports and ageing and select a sports that can improve ageing process. It teaches you about the plans, implementation and activities. It is comprehensive to help you carry out your continuous assessment programmes without any encumbrances.

## **WHAT YOU WILL LEARN IN THIS COURSE**

There are a lots for you to learn in this course. In this course you will learn the meaning of sports, meaning of ageing, death, dying and how you can manage your ageing stages. The course have 15 different units and a course guide. The course guide tells you briefly what the course is all about, what course materials you will be using and how you can work with these materials. In addition, it prescribes some general guidelines on the amount of time you should spend on each unit of the course in order to complete it successfully.

It gives you guidance in respect of your Tutor Marked Assignment, which will be made available in the assignment file.

## **COURSE AIM**

The course aims to provide you with an understanding of sports and ageing and how the aged can involved in sports and the types of sports the aged can get him/her selves involved in.

## **COURSE OBJECTIVES**

To achieve the goal of the course, each unit has its specific objectives. You should read these objectives before you study the unit. You may wish to refer to them during your study to check on your progress. You should always look at the unit objectives after completion of each unit. By doing so, you would have followed the instruction in the unit.

Set out below are the comprehensive objectives of the course as a whole. By meeting the objectives, you can count yourself as having as having met the aims of the course.

On completion of the course, you should be able to;

- Discuss the meaning of sports
- Explain the Concept of ageing
- List and explain the stages of ageing
- List and explain the benefit of sports for the ageing.
- Discuss the recommended sports for the aged

## **COURSE REQUIREMENT**

To complete the course, you are required to read the study units and read the sets of books and other relevant materials you may lay your hands on.

Each unit contains self – assessment exercises and at a certain point in time you would be required to submit written assignments for assessment purposes. At the end of the course you will be required to write the final examination. The course should take you a total of about 15 weeks to complete. Below you will find listed at the components of the course, what you have to do and how you should allocate your time to each unit in order to complete the course on time and successfully.

This course requires that you spend a lot of time to read. I would advise that you attend the tutorial sessions, where you will have the opportunity of comparing your knowledge with that of other people.

## **COURSE MATERIALS**

The main components of the course are:

1. The course guide
2. Study Units
3. References/Further Readings
4. Assignments
5. Presentation Schedule

## **STUDY UNITS**

### **Module 1 Concept of Sports**

- Unit 1 Concept of Sports
- Unit 2 History of the Philosophy of Sport
- Unit 3 Sport Policy

### **Module 2 Concept of Ageing**

- Unit 1 Meaning of Ageing
- Unit 2 Process of Ageing
- Unit 3 Steps to Manage Ageing
- Unit 4 Theories of Ageing

**Module 3 Grief and Death**

- Unit 1 Concept of Grief
- Unit 2 Dying and Death
- Unit 3 Impact of Lifestyle on Ageing

**Module 4 Sports and Ageing**

- Unit 1 Related problems of lack of Sports in Ageing
- Unit 2 Benefits of Sports for the Ageing
- Unit 3 Recommended Sports for Ageing

**PRESENTATION SCHEDULE**

Your course materials have important dates for the early and timely completion and submission of your attendance. You should remember that you are required to submit all your assignments by the stipulated time and date. You should guide against falling behind in your work.

**ASSESSMENT**

There are three aspect to the assessment of the course. The first is made up of the self-assessment exercises, the second is the Tutor- marked assignments and the third is the written examination.

You are advised to do the exercises. In doing the assignments, you are expected to apply information, knowledge and techniques you gathered during the course. The assignment must be submitted to your facilitator for formal assessment in accordance with the deadlines stated in the presentation schedule and the assignment file. The work you submit to your tutor for assessment will count for 30% of your total course work. At the end of the course you will sit for a final or end of course examination of three hours duration. The examination will count for 70% of your total course mark.

**TUTOR MARKED ASSIGNMENT (TMA)**

The TMA is a continuous assessment component of your course. It accounts for 30% of the total score. You will be given four TMSs to answer. Three of these must be answered before you are allowed to sit for the end of course examination. The TMAs would be given to you by your facilitator and returned after you have done the assignment. Assignments questions for the units in this course are contained in your reading, references and study units. However, it is expected that in a degree course that you should demonstrate that you have read and researched more into

your references, which will give you a broader understanding of the subject matter.

Make sure that each assignment reaches your facilitator on or before the deadline given in the presentation schedule and assignment file. If for any reason you cannot complete your assignment on time, contact your facilitator before the assignment is due, to discuss the possibility of an extension. Extensions will not be granted after the due date, unless there are exceptional circumstances.

## **FINAL GRADING**

The end of course examination for the School Health Programme will be for about 3 hours and it has a value of 70% of the total course work. The examination will consist of questions, which will reflect the type of practice exercises and TMAs you have previously encountered. All areas of the course will be assessed.

## **FACILITATORS/TUTORS AND TUTORIAL**

You will be notified of the dates, time and location of these tutorials, as well as the name and the phone number of your facilitator, as soon as you are allocated a tutorial group. Your facilitator will mark and comment on your assignments and keep a close watch on your progress and any difficulties you might face and provide assistance to you during the course. You are expected to mail your TMA to your facilitator before the schedule date ( at least two working days are required). They will be marked by your tutor and returned to you as soon as possible.

Do not delay to contact your facilitator by telephone or e-mail if you need assistance. The following might be instances that you may need assistance and would have to contact your facilitator:

- You do not understand any part of the study or the assigned readings.
- You have difficulty with the self- test.
- You have a question or a problem with an assignment or with the grading of an assignment.

You should ensure that you attend the tutorials. This is the only opportunity that you have, for face to face contact with your course facilitator, to ask questions and receive immediate answers, as well as be able to discuss your challenges

## **SUMMARY**

Sports and Ageing is a course designed to enable you acquire the knowledge and skills that will make you provide effective school health services. Upon completing the course you will; understand the concept of sports, concept of ageing and how to manage ageing.

In addition you should be able to answer the following type of questions:

- What is sports?
- What is ageing?
- List and explain the stages of ageing
- Explain the term dying and death.
- Explain the benefits of Sports for the Ageing

I wish you success in the course and I hope you will find it interesting.

**MAIN  
COURSE**

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## **MODULE 1**

Unit 1	Concept of Sports
Unit 2	Philosophy of Sport
Unit 3	Sports Policy

### **UNIT 1 CONCEPT OF SPORTS**

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2.0	Objectives
3.0	Main Content
3.1	Meaning of Sports
3.2	Categories of Sports
4.0	Conclusion
5.0	Summary
6.0	Tutor-Marked Assignment
7.0	References/Further Reading

#### **1.0 INTRODUCTION**

This unit will serve as an introduction to Sports. It will help to have a basic understanding of the concept of sports.

#### **2.0 OBJECTIVES**

By the end of this unit, you should be able to:

- Define what is Sports
- State the categories of Sports
- Types of Sports

#### **3.0 MAIN CONTENT**

##### **3.1 Meaning of Sports**

Any definition of sport can be controversial. The term sport can mean any number of things and it is often used in a very vague way to describe activities that people perform for recreational reasons. In most practical terms sport is defined by its technical definition and its strong connection with physical activity and performance tests. Sport is generally regarded as the recognition or measurement of a human attribute such as skill,

fitness, power, temperament, or even speed. These attributes are judged based on their relative relationship to the game in question.

The idea of sport can also be used to define non-sport events that have some level of competitive connection like competitions, military activities, gymnastics, and skating. But the idea of sport encompasses much more than these events. Sport has always been associated with contests of strength and mind. In recent years there has been an increase in the definition of sport itself and how it relates to society. The concept sport covers anything from individual athletic performances in contact sports to Olympic sports events.

The concept of sport itself is nothing new. It is rooted in the idea that the competition among human beings should serve to increase the fulfillment of physical fitness and mental well-being. Whether or not sporting activities serve these purposes is debatable, but they certainly contribute to increased levels of physical fitness and mental well-being. In fact, many athletes and sports enthusiasts would say that without competition, physical fitness and mental fitness will gradually decline over time.

Sports is a form of physical activities that can be undertaken as part of a team or group, or undertaken individually. Sport requires participants to adhere to a set of rules, expectations, or behaviors; has a defined goal; and usually requires regular engagement and training. Sports is an outdoor or indoor game, competition, or activity needing physical effort and skill and usually carried on according to rules. Some people say that sport is a physical activity governed by rules and played by individuals seeking to outperform opponents, while others can understand sport as organized spontaneous exercises or games, or as a competitive or non-competitive process through which an individual obtains physical skills, mental relaxation and bodily fitness.

Sport is all forms of physical activity that contribute to physical fitness, mental well-being and social interaction. These include play, recreation, organized casual or competitive sport and indigenous sports or games. And it further stresses that play, especially among children, is any physical activity that is fun and participatory. It is often unstructured and free from adult direction (Sugden, 2010). Recreation is more organized than play and generally entails physically active leisure activities. Sport is more organized again and involves rules or customs and sometimes competition. Importantly, play, physical recreation and sport are all freely chosen activities undertaken for pleasure. The concept of "sport for all" is central to this understanding of sport. "Sport for all" initiatives aim to maximize access to and participation in appropriate forms of physical activity. Emphasis is placed on participation and the inclusion of all

groups in society, regardless of gender, age, ability or race (Sugden, 2010).

Coakely (1994) defines sport as an institutionalized competitive activity that involved vigorous physical exertion or the use of relatively complex skills by individuals whose participation is motivated by a combination of the intrinsic satisfaction associated with the activity itself or external rewards earned through participation. Siedentop (1994) see sport as physically active, competitive game that has become highly institutionalized. He added that sport has rules, histories, reward and governing body, it can participate playfully.

Looking at the greatness of sport in the society, one justifies its consideration as a social institution. Sport denotes an aspect of social life in which people show interests and concerns. Sport permeates any number of levels of contemporary society and influences such disparate elements such as status, race, business life, technology, clothing styles and ethical values. In this respect, it is not an exaggeration to claim that sport is a cultural or societal interpretation for viewing the world. Sport is a center for power, culture and ideology because it represents a critical link between an individual's own biography and the broader social and historical context within which it is located (Harada, 1994).

The Encyclopedia Britannica sees sport as a contracted or shortened form of disport meaning to amuse, divert oneself, to leave off work, hence to play, to carry. The origin of the meaning lies in the notion of turning away from serious occupations, and to play, amusement, entertainment or recreation. The term was applied in early times to all forms of pass-time. It was, however, particularly used for out-door or mainly recreation, such as shooting with the bow, hunting and the like. Modern usage has given several meanings to sport and sports (Engel & Nagel, 2011). Sport gives people enjoyment, happiness, friendship, satisfaction, health, fitness, popularity, recognition, the feeling of victory and success, but on the other hand, it may be boring, cause sadness, sorrow, disappointment, fatigue, exhaustion, injuries, illness, and in some cases even death.

### 3.2 Categories of Sports

Sport can be categorized from various standpoints. It can be categories into the following:

- **the purpose, aim or objective of the sport:** They are recreational sport/ sport for all, competitive sport, elite sport/ top performance sport, amateur sport, professional sport
- **the sport facility or environment** used: e.g. indoor sports, outdoor sports, water sports, underwater sports, aquatics, air

sports, sports on the ice, track and field events in athletics, street sports, school sport.

- **the equipment or gear used:** e.g. racquet sports/ games, technical sports, motor sports, cycling sports, skiing sports, para sports, ball games, goal games, equestrian (horse riding), shooting sports
- **the abilities and health of participants:** sport for the disabled
- **the number of participants:** individual sport, team sport.
- **the sex (gender) of participants:** men's/ male sport, women's/ female sport
- **the age of participants:** sport of children, junior sport, senior sport, sport of veterans.
- **the participants' approach to sport:** active sport, passive sport (spectators)
- **the required courage, physical exertion and highly specialized gear:** extreme sports, action sports, adrenaline sports
- **the usual, typical or prevailing season of practicing the sport:** summer sports, winter sports, all-season sports
- **the regional criteria:** local sport, regional sport, national sport, traditional sport, Olympic sport, worldwide/ global sports
- **the importance, popularity and publicity in media:** major sports, minor sports
- **the way of performance:** contact sports, combat sports, Martial arts

### 3.3 Types of Sports

1. **Active and Passive Sport:** Besides taking an active part in sport, it is also possible just to watch sport events as a spectator or TV watcher, or to play the pools, which means to bet money on certain sport results. Passive sport is also important because spectators and fans can encourage sportsmen and players and help improve so their performance. Spectators can be one of the income sources for sport clubs too. However, there are many problems with different groups of fans who arrive at stadiums, especially those that support particular football clubs. Some groups are called e.g. Hooligans. Active sport is either recreational or competitive and top performance.
2. **Recreational, Competitive and Elite Sport:** Recreational sport is also called sport for all and is done for various purposes, but mainly for fun and entertainment in leisure time. An increasing number of people are becoming health-conscious and do recreational sport activities and various keep-fit exercises to maintain or improve their physical as well as mental fitness and health, to affect their flexibility, to strengthen their muscles and shape the body, to delay ageing symptoms, etc. Some people desire to learn new skills or experience new feelings through sport

activities. Some people might have social reasons for their participation in sport including the need of integration, friendship, team work, support, recognition etc.

Competitive sport is done mainly for performance, for achieving good results in competitions, defeating opponents and becoming the winner or record holder. People who do competitive sport train hard and regularly and participate in various forms of competition. They are organised and belong to different sport teams, clubs, associations or federations. The highest level of competitive sport is elite sport (top performance sport).

Elite athletes must sacrifice almost everything to their sport. It lasts many years to become an excellent sportsman. Such a process means years of hard everyday training, effort and drudgery, years of pain and stress as well. Financial and social background is a necessity. Elite athletes are often professionals who make living through sport. They follow principles of sport training to make progress, including various regeneration programmes. The elite sport is linked with a serious problem – doping, the use of illegal substances to improve performance.

- 3. Amateur and Professional Sport:** Amateur sportsmen take part in sport because of the enjoyment and satisfaction gained from the activity. They train and compete in their leisure time, usually after work or at weekends. They are not paid for that. Professional sport is a paid form of participation in sport events. Professional athletes make living through sport, do sport as a job, are paid to compete in sport. Winning and success are the most important things. The more successful professionals are the more money they earn. They usually train full-time and devote themselves to their sport. They sign contracts with different organisations or firms, have to train properly, participate in competitions, promote the employer or his/her products, take part in press conferences, advertising campaigns, etc. The international governing bodies of each sport draw up rules to decide who is amateur in their sport. They decide if professionals may compete with amateurs.

## **SELF-ASSESSMENT EXERCISE**

### **4.0 CONCLUSION**

In this unit you have learnt the meaning of Sports and the categories of sports. You should at this stage be able to explain the meaning of Sports and state the categories of Sports.

## 5.0 SUMMARY

This unit has focused on the meaning of sports and the categories of sports. The unit gives different meaning of sport and explain different categories.

## 6.0 TUTOR-MARKED ASSIGNMENT

1. Define what is Sport
2. What are the categories of Sports?

## 7.0 REFERENCES/FURTHER READING

Coakley J.J (1996), *Sport in Society: Issues and controversies*. Time mirrow publishers. St, Louis. New York.

Engel, C., & Nagel, S. (2011). Sports participation during the life course. *Eur J Sport and Soc*; 8(1–2):45–63.

Harada M. (1994). Early and later life sport participation patterns among the active elderly in Japan. *J Aging Phys Act*; 2(2):105–14.

Sugden, I. (2010). Critical left-realism and sport Interventions in divided societies. *International review for sociology of sport* vol.45 no.3258-272.

## UNIT 2 PHILOSOPHY OF SPORT

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- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
  - 3.1 Philosophy of Sport
  - 3.2 Topics in the Philosophy of Sport
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Reading

### 1.0 INTRODUCTION

This unit will serve as an introduction to Sports. It will help to have a basic understanding of the concept of sports.

### 2.0 OBJECTIVES

By the end of this unit, you should be able to;

- Explain Philosophy of Sport
- Explain the Topics in the Philosophy of Sport

### 3.0 MAIN CONTENT

#### 3.1 History of the Philosophy of Sport

The philosophy of sport was pre-dated and inspired by the philosophy of play, most notably Johan Huizinga's *Homo Ludens* (1938). However, sport is a distinctive type of play and not every instance of sport is an instance of play, so sport requires independent philosophical analysis. In the philosophy of sport literature, myriad characterizations and definitions of the nature and scope of the field have been proffered (Torres, 2014). The philosophy of sport provides an 'examination of sport in terms of principles which are to be at once revelatory of the nature of sport and pertinent to other fields – indeed, to the whole of things and knowledge' (Weiss, 1971). According to Osterhoudt, this branch of Philosophy is committed 'to the presentation of genuinely philosophical examinations, or reflective authentic examinations of the nature of sport and systematic discussions of issues peculiar to sport until they are reduced to matters of a distinctly philosophical order' (Osterhoudt, 1973). The philosophy of sport evolved from being a sub-branch of the philosophy of education to being a field of study in its own right. During this time, the field went

through three phases: the 'eclectic' phase, the 'system-based' phase and the 'disciplinary' phase. In the eclectic phase, also referred to as 'philosophy-of-education period,' philosophies of education laid the ground for the philosophical study of sport. Challenging the dominant intellectualist pedagogical tradition, philosophers such as William James, Edward L. Thorndike, and John Dewey emphasized the value of play, games, and sport in preparing human beings for achieving good lives. Physical educators Wood and Hetherington, among others, built upon these philosophers to develop what was called 'The New Physical Education,' a pedagogical movement aimed at showing that physical education should become an integral part of overall human education. These educators, despite contributing little to philosophical discussion, helped to generate an era where physical education was required in most educational programs (LUNT & Dyreson, 2014).

In the 'system-based period,' pedagogical concerns motivated the philosophical analysis of sport and physical exercise. However, the protagonists of this phase, such as Elwood and Ziegler, relied on a method that placed greater weight on philosophical modes of analysis. They began by describing and comparing different philosophical systems, distilled them to the basic concepts and positions that related to physical education, and finished by drawing practical implications and pedagogical recommendations. Their emphasis on philosophical systems created a fertile ground for the development of the philosophy of sport. As Morgan (1987) notes, this shift in emphasis led to the progressive displacement of science and pedagogy as the main pillars of physical education curricula, and it facilitated a broader approach to the study of physical exercise and sport that gave pride of place to cultural and historical dimensions.

This evolution within physical education departments during the 'disciplinary phase' facilitated the emergence of the philosophy of sport as a discipline in its own right. The Philosophic Society for the Study of Sport (PSSS) was formed during the celebration of the 1972 Eastern Division conference of the American Philosophical Association (APA) in Boston; the organization's name was changed to International Association for the Philosophy of Sport (IAPS) in 1999. Weiss' contribution to the formation of the discipline in its early stages was crucial. With the publication of *Sport: A Philosophic Inquiry* in 1969, Weiss, a philosopher of international repute, demonstrated that sport provided a fertile ground for philosophical inquiry.

Early philosophy of sport divided along 'analytic' and 'continental' lines. McKinnon and Conrad (2010) focused on the possibility of providing individually necessary and jointly sufficient conditions for something to be a 'sport'. They drew on tools from analytical philosophy to analyse the

use of the term ‘sport’ (in both plain and academic language) and to attempt to identify traits common to all sports. Early philosophers of sport also examined sport phenomenologically. More recently, the philosophy of sport has transitioned into a ‘hermeneutic’ or ‘applied philosophy’ phase (McNamee, 2007). The field took a ‘practical’ turn in the 1990s. The work of Alasdair MacIntyre, especially his seminal work *After Virtue* (1984), played a key role in this shift among philosophers of sport towards normative issues. Drawing on MacIntyre’s concept of ‘social practice,’ philosophers of sport aimed to identify the intrinsic goods and excellences of sport in order to assess and critique sport and related ethical issues such as doping, cheating, and sportsmanship.

Classic debates concerning the nature of sport and the phenomenology of participants’ experience have not been abandoned. In particular, philosophers of sport have explored the question of whether eSports test physical skills (Van Hilvoorde, 2017; Holt, 2016), the implications of the institutionalization of eSport competitions (Hemphill, 2005; Parry, 2018), and moral engagement in digital gaming (Edgar, 2016).

Still more prominent is the phenomenology of sport. The rapid progression of computational science and neuroscience has had a profound influence in the philosophy of sport, encouraging exponential growth in publications concerning skill acquisition in sport (Ilundáin-Agurreza, 2016), the mind-body relationship (Gerber and Morgan, 1979), and sport experience (Breivik, 2014). The aesthetics of sport has also flourished in recent decades by focusing on two themes (Edgar, 2014): the nature and relevance of aesthetic qualities (e.g. beauty, ugliness, grace, and strength) to the experience of practising and watching sport and the consideration of sport as an art and its relationship to art. So, while still an emergent field, the philosophy of sport has progressed quickly in developing central methods and preoccupations.

Philosophical theories of sport take descriptive or normative forms. Broadly speaking, descriptive theories attempt to provide an accurate account of sport’s central concepts, and normative theories attempt to provide an account of how sport should be. Normative theories of sport are broadly classified as either ‘externalist’ or ‘internalist.’ Externalist theories of sport understand sport as a reflection of larger social phenomena. Heavily influenced by Marxism and structuralism, externalist philosophers take the nature of sport to be determined by principles from other practices or the larger society. Morgan (1994) identifies three types of externalist theories: ‘Commodification theory,’ ‘New Left theory,’ and ‘Hegemony theory.’ In Commodification theory, sport is understood as a commodity with use- and exchange-value. When sports are commodified, they are viewed not as having inherent

characteristics worthy of protection, but solely according to the economic profit that they can generate (Upton, 2011).

Externalist accounts of sport tend to be regarded as deflationary because they deny, or overlook, that sport has independent value. They understand sport's value solely in instrumental terms (Ryall, 2016). Internalist theories of sport do not analyse sport based on other social practices or historical processes. Rather, they aim to identify the distinctive values and purposes of sport that differentiate it from other social practices. Proponents of internalism acknowledge the influence on sport of other practices and the larger society, but internalists argue that sport is a practice with its own distinctive value and internal logic. Thus, the primary goal of internalism is to uncover the intrinsic normative principles of sport. A central task within the philosophy of sport has been to develop an adequate internalist normative theory of sport. At a minimum, such a theory should articulate sport's non-instrumental value and it should provide guidance on appropriate standards of both conduct within sport, and sporting rules and practices themselves. Internalist views are typically classified into the following three categories: formalism, conventionalism, and broad internalism (or interpretivism). We examine each in turn now.

### **Formalism**

Formalism conceives of sport as constituted solely by written rules: a sport is just the set of written rules that govern it. On this view, there is no need to look beyond the written rules to determine whether an activity is a sport (e.g. is tennis a sport?), whether an activity constitutes the playing of a certain sport (e.g. are they playing tennis or squash?), or whether a particular move is permitted within a specific sport (e.g. is kicking the ball permitted in tennis?). On Wittgenstein's view (1958), it is not possible to specify individually necessary and jointly sufficient conditions for something to constitute a game. Instead, games are endlessly varied, and, while some games may share features in common with some other games, there is no single element that is shared by all games. Contra Wittgenstein, Suits argues that there are four elements common to every game: goals, means, rules, and a certain attitude among the game players.

Games are goal-directed activities. Every game has two distinct goals: a 'lusory' goal and a 'prelusory' goal. The pre-lusory goal is a specific state of affairs that game players try to bring about: placing the ball in the hole in golf, crossing the bar in the high jump, and crossing the line in the marathon. These can be achieved prior to the formation of a game. For example, I can place a golf ball in a hole even if no game of golf has begun, or I can jump over a bar even if no high jump competition is

underway. The lusory goal is winning. This can be achieved only in the context of an organised game.

The second element of any game is the means. Every game restricts the methods that gameplayers are permitted to use to achieve the pre-lusory goal. Golfers are not allowed to drop the ball into the hole with their hands; high jumpers are not permitted to vault the bar using a trampoline, and marathon runners are forbidden from completing the race using a bicycle. The means permitted in games are always 'inefficient' for the achievement of the pre-lusory goal. For example, if the goal of boxing is to incapacitate one's opponent for a count of '10', it would be much more efficient to attack her with a baseball bat or to shoot her with a gun than having to punch her above the waist wearing gloves. If the goal of soccer is to put the ball into the goal, it would be much more efficient to kick, head, and carry the ball rather than only kicking and heading it. Means permitted within a game are the 'lusory' means, and those prohibited are the 'illusory' means.

The third element of a game is the (constitutive) rules. Rules provide a complete account of what means are permitted and not permitted within the game. They establish what means can be employed to achieve the prelusory goal of the game. These limitations on the permitted means make the game possible, for they erect (unnecessary) obstacles that participants attempt to overcome in the game. For instance, boxing rules disallow the use of weapons, such as knives or firearms. This ensures that the sport is a punching contest. The laws of soccer permit the use of any body part other than the arms so that the ball is played predominantly with the feet. In addition to constitutive rules, Suits argues, there are rules of skill, which establish how to play the game *well*. Such rules are rules of thumb that a coach may advise a player to follow to help her better execute the skills of the sport (e.g. keep your eye on the ball, follow through after impact, accelerate through the finish line).

The final element of game playing is attitudinal. Suits argues that, to play a game, one must have the 'lusory attitude'. Players must commit themselves to playing in accordance with the rules that constitute the game just so that the game can take place. The type of motivation must be a particular kind (or at least must *include* motivation of a particular kind): players must respect the rules because they wish to play and they endorse the formalist view that breaking the rules necessarily ends the game. It is not sufficient to be motivated to respect the rules, for example, to ensure one's good reputation or to compete for a 'sportsmanship' award. So, in the absence of the lusory attitude, it is quite possible, according to Suits, for a player to act in accordance with the rules without actually playing the game. The players accept the constitutive rules because, in the absence of such acceptance, no game is possible. On this

view, if someone decided that she would break the rules whenever she could do so undetected, then, according to Suits, she is not really playing the game – even if no opportunity to break the rules undetected ever arose. She might *appear* to be playing the game, but, in the absence of an acceptance to bind herself to the constraints imposed by the constitutive rules, she would not count as *really* playing the game.

The four elements in Suits' analysis of games culminate in the following definition: To play a game is to attempt to achieve a specific state of affairs, using only means permitted by the rules, where the rules prohibit use of more efficient in favour of less efficient means, and where the rules are accepted just because they make possible such activity. (Suits, 1978) Suits also offers a shorthand definition: 'playing a game is the voluntary attempt to overcome unnecessary obstacles' (Suits, 1978 [2014, 43]). Suits' account of games has attracted much critical attention. Principal among the objections raised are that games are not constituted by their constitutive rules only (D'Agostino, 1981; Russell, 1999) and that gameplaying does not require strict adherence to constitutive rules (i.e. some rule-breaking can be consistent with game-playing) (Lehman, 1981; Fraleigh, 2003).

Suits draws on his definition of games to provide a definition of sport. He defines sports as 'games of physical skill' (Suits, 1988), incorporating the elements of his earlier definition of game and adding further elements that are distinctive to sport as compared to other types of games. In particular, a game becomes a sport by meeting the criteria that the game be a game of skill, skill be physical, the game has a wide (Suits, 1973). Thus, the outcome of the game must be dependent on the exercise of physical skills. This is what differentiates sporting games from card games or chess, for example (Kobiela, 2018 and Hale, 2008). In the latter, the way the body is moved is irrelevant, and what matters are the moves made (either with cards or pieces on the board). Indeed, such games can be played in non-physical spaces such as virtual reality and by non-human players such as computers. However, in soccer or boxing, the skillful control of the body is essential to the achievement of the goal of the game.

The third and fourth criteria in Suits' definition demand that sports are widely followed institutionalized games. A sport is institutionalized when its norms and codified rules are established and enforced by formal associations or organizations. The institutionalization criterion is often employed in sociological and historical analyses of sport. For example, historian Allen Guttman (1978) argues that bureaucratization and rationalization are defining components of modern sports. Sport philosophers, however, have remained skeptical about the possibility of defining sports as institutionalized games. For instance, Klaus V. Meier (1988) rejects the institutionalization criterion. For him, the

institutionalization aspect is not a defining element of sport, but rather a contingent one that ‘adds color and significance to particular sports’ (Meier, 1988, 15). In his view, should soccer lack international following and institutions to establish and enforce the rules of the game, it would still be a sport.

In this definition, Suits narrows the scope of the concept of ‘game’ and distinguishes between two types of sports: ‘refereed games’ and ‘judged performances.’ That is to say, whereas in his earlier definition *all* sports are games, in his revised definition *only* some sports are games, other sports are performances. Soccer, basketball, tennis, and American football are games, while gymnastics, figure skating, and diving are performances. The key difference between the two, according to Suits, is that games have constitutive rules, whereas performances lack constitutive rules and have only rules of skill. Thus, for Suits, games consist in overcoming obstacles erected by the constitutive rules, whereas performances centre on the approximation of an ideal or perfect performance. For example, soccer players play the ball with their feet cooperatively as a team to put the ball into the opponent’s net. Using the feet, working as a team, and facing an opponent are the obstacles erected by the rules of soccer. For Suits, there is nothing like these in performances. Figure skaters do not attempt to overcome obstacles. Rather, they try to approach an ideal performance that manifests virtues such as power, grace, and imagination.

This revised definition sparked a classic debate in the philosophy of sport between Suits and Meier. The latter criticized Suits’ revised definition of sport and defended the original one. For Meier (1988), Suits’ original definition is correct because what Suits calls ‘performances’ also have constitutive rules. For example, gymnasts perform their acrobatics in a specific space, utilising certain equipment. Kretchmar agrees with Meier that both types of sports are games, but acknowledges that performances place more emphasis on aesthetic criteria, calling them ‘beautiful games’ (Kretchmar, 1989). Despite criticism, Suits’ definitions of games and sport serve as the point of departure for most contemporary philosophical theorising about sport, thereby making Suits the most influential figure in the discipline.

Turning to formalism more generally, adherents of this view take rules to be the normative cornerstone of a proper ethical analysis of sport. They define the rightness and wrongness of conduct within sport solely in terms of rule-following. Strict formalists contend that one cannot play the game and break the rules at the same time (i.e. the ‘logical incompatibility thesis’). If gameplaying requires adherence to the rules, then any rule violation – intentional or otherwise – marks an end to the game. Formalists oppose strategic fouling and doping because both practices

involve breaking the rules (Morgan, 1987; Pérez Triviño, 2014). Formalist analyses of sport hold important similarities to debates within the philosophy of law about the nature of law. Indeed, the works of philosophers of law such as Ronald Dworkin and Hart, as well as philosophical analyses of rules such as those of Immanuel Kant and John Searle, have been influential within formalism (Kretchmar, 2001; Torres, 2000).

Formalism has been criticized as an inadequate normative theory of sport on account of its failure to recognize non-rule based norms in sport. As formalists do not recognize normative reasons internal to sport other than the rules themselves, they lack criteria to evaluate existing or proposed rules as well as criteria to evaluate actions not contemplated in the rulebook. Kretchmar attempts to salvage formalism from this criticism by drawing on both Suits and Searle. In Kretchmar's view, critics of formalism overlook the fact that games and, *a fortiori*, constitutive rules are created to serve a function: to provide engaging, artificial problems. Games are made by humans for humans. Human biological nature is, in Searle's terms, a 'brute fact' that gamewrights consider when creating the rules. They craft games that fit human capacities to present a 'just right' challenge (Kretchmar, 2015). Otherwise, games would fail to perform their function. Kretchmar argues that Suits' account already contains the resources necessary to discharge this evaluative function of an adequate normative theory of sport. Suits argues that when games set an extremely difficult or extremely easy obstacle, individuals lose interest in playing them (Kretchmar, 1975). Such games, then, fail to fulfil their goal of providing players with a worthy set of obstacles to overcome.

Another criticism that has been levelled against formalism is the apparently implausible implication of the logical incompatibility thesis that any game in which a rule is broken ends at the point at which the rule-breaking occurs. If rule-breaking is incompatible with gameplaying then any foul or accidental transgression of the rules would cause the game to end. For instance, a 100m sprint would cease when a runner makes a false start. A basketball game would terminate when a player commits a strategic foul to prevent an opponent from scoring in a fast break. A tennis match would end whenever a shot is hit out. Formalists have attempted to overcome this objection by distinguishing between 'constitutive rules' and 'regulative rules'. The latter allow the game to be reinstated following a transgression of the rules by determining how the game is to be restarted (e.g. restarting the race, a free kick, a second serve) and how rule-breakers are to be penalized (e.g. disqualified from the race, a penalty kick awarded to the opposing team, the loss of a point). For Graham McFee (2004b), this constitutive rule/regulative rule distinction does not address the objection adequately, as it remains unclear when a rule is constitutive or regulative. For instance, an outfield player in soccer using her hands to

stop a counterattack would be considered a strategic foul and, therefore, judged according to a regulative rule. However, if players constantly used their hands, the game would become either impossible (e.g. all players are eventually sent off) or a different game (e.g. rugby or handball). Thus, according to McFee, rules must be understood based on how participants use them in specific contexts. However, formalism does not provide the resources to make these contextual discriminations. What criteria should we use to evaluate the rules of a sport? When should we change the rules of a sport? Can we evaluate a purported need for rule change without appealing to some consideration other than the rules themselves?

### **Conventionalism**

Conventionalism attempts to address the limitations of formalism by recognizing the normative significance of unwritten rules of the game. For conventionalists, rules do not exhaust the sources of normative reasons within sport. Conventionalists argue that rules (whether constitutive or regulative) cannot determine their own application and they fail to provide guidance for all possible eventualities in a game (e.g. situations that were not envisioned by the rule makers). In addition, a strictly rule-centric approach fails to account for the existence of unwritten norms that supplement the rules. Such norms exist independent of, and sometimes in conflict with, the formal rules.

Conventionalists argue that an adequate account of sport must appeal to collectively agreed-upon norms called 'conventions.' Fred D'Agostino, the pioneer of conventionalism, maintains that the conventions that operate within a game constitute the 'ethos' of the game. The ethos of a game is the 'set of unofficial, implicit conventions which determine how the rules of a game are to be applied in concrete circumstances' (D'Agostino, 1981). Thus, from a conventionalist perspective, sports comprise both formal rules and conventions. For example, in soccer, convention dictates that the ball must be put out of play when any player requires medical attention. No written rule demands that players kick the ball out of play in such circumstances. However, any player who failed to do so would be subject to blame and rebuke. Conventionalism is better equipped than formalism to describe and understand how sports are actually practiced in specific contexts. For instance, despite playing the same game, amateur soccer players in a pick-up game and professional players in the World Cup final apply the rulebook differently (e.g. amateurs often suspend the offside rule, whereas the rule is crucial at the professional level). Likewise, the non-contact and travelling rules in basketball are applied differently depending on the context.

Critics acknowledge that conventionalism is a fruitful descriptive theory of sport, but point out that its normative implications are problematic (Ciomaga, 2013). For instance, much as formalism lacks the resources to

distinguish good from bad rules, it has been objected that conventionalism too lacks 'critical edge,' for it fails to provide the resources necessary to distinguish good from bad conventions (Simon et al., 2015). That a convention in fact operates in a sport does not settle the question of whether it should operate. In short, conventionalists seem to take the status quo as normative. An implication of conventionalism would seem to be, then, that manifestly objectionable conventions (e.g. 'never pass the ball to a black person' or 'spit at members of the opposing team whenever possible') could be normative on a conventionalist scheme.

Drawing on David Lewis' and Andrei Marmor's work on conventions, conventionalists have attempted to address this objection by distinguishing 'deep' from 'surface' conventions (Morgan, 2012). This view is called 'deep conventionalism'. Surface conventions are what Lewis called 'coordinating' conventions. Their main function is to help individuals to resolve recurrent, collective problems. For instance, Morgan argues that, when participating in a game, players may encounter situations that require collective decisionmaking related to the application of a specific rule or an event that disrupts the flow of the game. To solve these problems, participants harmonize their action by agreeing to uphold the same unwritten rules.

Deep conventions do not relate to problem solving and coordination. Rather, they are 'normative responses to deep psychological and social needs for playing sports' (Morgan, 2015, 39). Put differently, deep conventions shape sports into the various historical and social forms they have taken. For instance, the principles and ideals underlying the amateur view of sport, according to which participants engage in the game chiefly for the love of it, are deep conventions. Thus, a sport's deep conventions determine the point of that sport and provide a rationale for playing the sport in a specific way by establishing what counts as normatively intelligible and justifiable within that sport. For example, amateur athletes often view sport as a perfective enterprise pursued for its own sake. They play sport for the love of the game not for instrumental benefit. The amateur's emphasis on the intrinsic value of sport contrasts with the professional's view of sport. For professionals, sport tends to be viewed as a serious, instrumental occupation, that is, a means to earn a living (Morgan, 2015). Thus, amateurs and professionals evaluate differently practices such as training, doping, and strategising. While professionals embrace conduct that increases their chance of victory, amateurs are often more discerning, rejecting practices such as professional coaches and strategic fouling on the grounds that they are detrimental to the emphasis of the appreciation of the practice itself, not the instrumental goals achieved through it.

In response to critics of conventionalism, Morgan has argued that deep conventions provide evaluative criteria by which the moral standing of surface conventions can be assessed. However, it remains unclear whether Morgan responds satisfactorily to criticisms that have been leveled against deep conventionalism (Moore, 2018). How can deep conventions be distinguished from surface conventions? Does deep conventionalism only shift the ‘critical edge’ problem to the deep convention level? What resources does deep conventionalism provide to evaluate deep conventions?

### **Broad Internalism (Interpretivism)**

In contrast both to formalists who see sport as constituted by rules only and conventionalists for whom sport is constituted by rules and conventions, broad internalists maintain that sport is constituted by rules, conventions, as well as underlying intrinsic principles (Russell, 1999; Simon et al., 2015). According to Robert L. Simon, one of the pioneers of this view, ‘broad internalism claims that in addition to the rules of various sports, there are underlying principles that might be embedded in overall theories or accounts of sport as a practice’ (Simon, 2000). Intrinsic principles are key for broad internalists, as they provide the foundation for interpreting or understanding sport practices. Such principles are ‘presuppositions of sporting practice in the sense that they must be accepted if our sporting practice is to make sense or, perhaps, make the best sense’ (Simon et al., 2015). Formalists and conventionalists fail to give due recognition to the idea that rules and conventions must be interpreted and applied so as to respect and promote normative principles that determine the point of the practice.

Ronald Dworkin’s interpretivist theory of law holds that law must be interpreted in accordance with principles (e.g. justice) without which legal practice would not make sense. Interpretivism heavily influenced Simon’s formulation of broad internalism. This is perhaps unsurprising as several broad internalists consider sport to constitute a type of legal system with its own jurisprudence (e.g. Russell. 2015). On Simon’s view, sport is interpreted by appealing to intrinsic principles, separate to rules and conventions, that define the logic of the practice. Justice and competitive excellence are examples of such principles. Without them, Simon’s argument continues, the sporting practice would not make sense. Drawing on different understandings of the intrinsic principles that underlie sport, three broad internalist approaches have been formulated: contractualism, the ‘respect for the integrity of the game’ account, and mutualism.

The contractualist approach holds that sports are made possible by an implicit social contract among participants. Agreement to partake in the practice and abide by a specific set of rules and conventions provides normative validity to the rules and conventions upheld during the game.

For instance, Fraleigh argues that sports are made possible not only by the rules, but also by the fact that players agree to follow them (Fraleigh, 1984). Inaugural events prior to sporting events symbolize such an implicit pact. In the Olympic Games, for example, countries parade with their respective national flags during the opening ceremony and, as in the Ancient Olympic Games (Miller, 2006), competitors swear an oath, agreeing to abide by the rules and the spirit of fair play.

The ‘respect for the integrity of the game’ approach was proposed by Robert Butcher and Angela Schneider (Butcher and Schneider, 1998). It focuses on identifying a game’s interest, that is, the interests of the game itself separate to the interest of players. These interests, so the argument goes, must be respected by all involved. The game is regarded as an intrinsically valuable entity which demands respect. To flesh out the idea that a game itself may have interests, Butcher and Schneider draw upon Kretchmar’s theory of sport as a contest aimed at comparing the participants’ performances and Alasdair MacIntyre’s notion of ‘social practice.’ Combining these views, Butcher and Schneider argue that a game is an activity in which participants test each other both to discover who is superior in that sport and to achieve certain goods and excellences internal to the practice. These goods and excellences are connected to the distinctive nature of sport and the participants’ experiences while engaged in them. For instance, the ability to kick a ball skillfully – to make a beautiful pass – is an intrinsic good of soccer.

The foundation of the mutualist view is the understanding of sporting competition as a ‘mutually acceptable quest for excellence through challenge’ (Simon et al., 2015). For Russell, as for Simon, broad internalism ‘generate[s] a coherent and principled account of the point and purposes that underlie the game, attempting to show the game in its best light’ (Russell, 1999). By way of illustration, Russell (1999) recounts a baseball match from 1887 between Louisville and Brooklyn in which a Louisville player, Reddy Mack, who had just crossed home plate interfered with a Brooklyn catcher, preventing him from tagging another Louisville runner. While the interference was ongoing, another Louisville player crossed home plate. Crucially, at the time of the game, the rules prohibited only base runners from interfering with fielders. However, when Mack interfered with the Brooklyn fielder, he was no longer a runner, because he had crossed the home plate. So, the rules did not explicitly prohibit Mack from interfering with the fielder. If the umpire followed the rules strictly, then Mack’s interference should have been allowed, and the runner who followed Mack to home plate should not have been ruled out. However, as Russell notes, following the rules in this way would have invited further interference of fielders by non-base runners, so the game would likely have descended into a ‘nine-inning-long wrestling match’ (Russell, 1999). To prevent such an outcome, the

umpire read into existence a rule that prohibited non-base runners from interfering with fielders. So, he called out the runner who made it to home plate following Mack. This exercise of discretion was not subsequently overturned, and it precipitated a rule change to prohibit non-base runners from interfering with fielders. Indeed, it seemed necessary to depart from the rules to protect the nature of the sport. The umpire might be understood to have considered the purpose of the sport in deciding how he should rule on this incident. Baseball is a sport that tests excellence in running, batting, throwing and catching but not wrestling. The umpire interpreted (and amended) the rules in light of the sport's underlying purpose. In short, the umpire had to appeal to principles that underlie the rules and conventions to decide how the rules should be applied, and, in this case, to read a rule into existence. In inventing a rule to govern this situation which the rule makers had likely never countenanced, the umpire protected the integrity of the game. For broad internalists, this example demonstrates the necessity of appeal to principles that precede the rules and conventions.

Broad internalist accounts closely connect sport to the pursuit of excellence, as they typically view the fundamental purpose of sporting competition to be the display of sporting excellence. The connection between competition and excellence allows mutualist philosophers to develop a critical-pedagogical view of sport's competitive nature. This view challenges the strong emphasis placed on victory at the elite level. For Simon, when victory is overemphasized, sports are seen as 'zero-sum' games (Simon, 2014), that is, games where only the victor can benefit from participation. On the mutualist view, sports are 'non-zero-sum' games. All players can benefit from participation, even those who lose. Through competition, players push each other to perform and improve. While only one player or team can win, all can benefit from competing, as competition can provide an avenue to more fully perfect one's abilities. When sport is at its best, competitors struggle cooperatively for excellence. On this view, the intrinsic principles of sport do not revolve around the pursuit of victory, but the cultivation of excellence. Drawing on MacIntyre, mutualist philosophers argue that the goods more directly connected to victory are external to the practice, whereas those linked to excellence are internal (McFee, 2004a). Mutualism is an Aristotelian-inspired teleological account of sport, whereby the purpose of sport is understood to be the promotion of human flourishing. This view of sport resonates with that of the Olympic Movement and its founder Pierre de Coubertin (Loland, 1995).

Broad internalism has been criticised on three principal grounds: for failing to adequately acknowledge the importance of history to a proper normative account of sport; for its reliance on interpretive principles that are too vague to provide any practical guidance to decision making in

sport (Morgan, 2016); and for delivering an incomplete account of sport (Kretchmar, 2015b; Nguyen, 2017). Drawing on Thomas Nagel, Morgan argues that broad internalism provides a ‘view from nowhere’ notion of sport that fails to acknowledge the historical and social situatedness of sporting practices (Morgan, 2012). Kretchmar contends that broad internalism provides a restrictive view of sport built upon the value of work and excellence (Kretchmar, 2016). On this view, we should be pluralists, not monists, about the intrinsic value of sport. Excellence captures some of sport’s intrinsic value, but it is only a partial account. Paraphrasing Russell, mutualism shows sport in only one of its best lights.

### **3.2 Topics in the Philosophy of Sport**

In this section, we explore the central philosophical problems that arise in sport and how they have been addressed in the literature. In particular, we chart the landscape of the following seven leading ethical problems: (a) sportsmanship; (b) cheating; (c) performance-enhancement; (d) dangerous and violent sport; (e) sex, gender, and race; (f) fans and spectators; (g) disability sport; and (h) sport aesthetics.

#### **Sportsmanship**

Sportsmanship is the quintessential sporting virtue. It has also been thought important to civic and cultural life beyond sport (Sabl, 2008). Nevertheless, the concept has received little philosophical attention. The literature on sportsmanship converges on the view that this virtue requires more than mere compliance with formal rules. However, there are two principal disputes in the literature: whether sportsmanship is a virtue at all levels of sport or just at the recreational level and whether sportsmanship is a unified concept or a cluster of distinct virtues.

The traditional point of departure in the sportsmanship debate is James W. Keating’s ‘Is Sportsmanship a Moral Category?’ (1965). On this account, there is a moral distinction between ‘sport’ (recreational sport) and ‘athletics’ (competitive sport). Standards of ethics appropriate to sport at the recreational level are not equivalent to those appropriate at the competitive level. Indeed, conduct appropriate to the recreational sport may be morally objectionable at the competitive level and vice versa. This moral discontinuity between recreational and competitive sport extends to sportsmanship. Specifically, as the goal of recreational sport is ‘pleasant diversion’, the essence of sportsmanship in that context is ‘generosity’ (Keating, 1965). This requires the participant always to try to increase the enjoyability of the activity both for themselves and for other participants. In athletics, where the overriding goal is ‘honorable victory’, sportsmanship requires ‘fairness’. The type of fairness in question is formal fairness – ‘equality before the law’ (Keating, 1965, 34). An equal and impartial application of the rules, as dictated by formal

fairness, purportedly helps to ensure that competition fulfills its purpose as a test of athletic excellence and that victory correctly tracks athletic superiority (Keating, 1965).

Keating's distinction between sport and athletics has been contested. Simon et al. (2015) have suggested that this distinction is too sharp. A given contest can contain elements of both sport and athletics. Moreover, sportsmanship requires more than, as Keating suggests, generosity to opponents or fidelity to the rules. Not only does sportsmanship require respect for the principles that underpin morally defensible competition, it also requires positive action to protect and promote these principles. Randolph (1986) offers an understanding of sportsmanship that seems to combine both, as sportsmanship is understood as the mean between excessive seriousness and excessive playfulness in sport.

Diana Abad (2010) argues that sportsmanship should not, as typically assumed, be treated as a unified concept. Instead, sportsmanship is constituted by four irreducible elements: fairness, equity, good form or honour, and the will to win. These elements are not only analytically distinct but also potentially incompatible. However, she argues that such conflict between these values can be resolved by striking an appropriate 'balance' between the conflicting elements.

### **Cheating**

In contrast to sportsmanship, cheating represents, at least *prima facie*, the chief form of moral failure in sport. Cheating has proved to be a notoriously difficult concept to define. A commonsense understanding of cheating as the 'intentional violation of the rules to gain a competitive advantage' is replete with difficulties (Green, 2006; Russell, 2017). For example, if cheating is necessarily a type of rule violation, what of the violation of conventions and other norms not captured by the formal rules? If cheating must be aimed at the attainment of competitive advantage, what of intentional rule-breaking that aims to rectify an earlier injustice (e.g. cheating or refereeing error) that advantaged one's opponent?.

Leaving aside definitional issues and turning to the moral status of cheating, moral objections to cheating typically rest on two principal arguments. The first invokes the logical incompatibility thesis – the idea that rule-breaking is not compatible with game playing, because game playing requires strict adherence to the rules (see sect. 2.1). This argument could justify a prohibition of only forms of cheating that involve rule-breaking: it could not ground an objection to cheating that involves the violation of conventions or broad internalist principles. The second argument relies on the idea that cheating is an attempt to gain an unfair advantage, that is, an advantage not permitted under the agreement

between players or the set of norms by which players are expected to abide (Gert, 2004). Fairness-based objections may not ground a prohibition to 'retaliatory' or 'compensatory' cheating that is undertaken to re-establish fairness following an injustice that has placed a competitor at an unfair disadvantage (Kirkwood, 2012).

The moral impermissibility of cheating has been challenged from several directions. The case of cyclist Lance Armstrong has provided a focal point for some of this debate (Moore, 2017b; Pike and Cordell, forthcoming): is cheating wrong if one's competitors (or at least a significant proportion of one's competitors) are also cheating? That is, does one's duty not to cheat cease if one's competitors do not discharge their duty not to cheat? Here the problem of ethics in non-ideal theory (i.e. acting in conditions of only partial compliance with justice) arises in sport.

Oliver Leaman has argued that cheating can become part of the skill and strategy of a game, thereby adding to the game's excitement and interest for both players and spectators. If cheating is accepted as part of the game such that all competitors recognize cheating as an option (whether or not they avail of that option), then concerns over equality and justice do not arise (Leaman, 1981) In these circumstances, according to Leaman, cheating would be morally permissible.

Upton (2011) has gone further to suggest not only that cheating may be morally *permissible* in certain circumstances but that one may be morally *required* to cheat. This moral requirement arises specifically in team sports where, from a duty of loyalty, a player may owe her teammates maximum effort to win the game subject only to the requirements of fair play that are routinely observed in the sport. To observe standards of fair play that are not usually observed in the sport may be 'self-indulgent', demonstrating an undue concern for one's own ethical propriety at the expense of one's teammates. On this view, the duty not to let down one's teammates may imply a duty to cheat.

Finally, it is worth noting the related discussion of 'gamesmanship'. This is a term used to denote conduct that falls short of cheating (as it does not violate the formal rules) but is morally dubious nonetheless. Such acts might include the intimidation of one's opponent, the manipulation of officials, or the intentional disruption of an opponent's preparations (e.g. coughing just as she is about to putt). Gamesmanship may add a test of one's psychological robustness to the sporting contest, but this may diminish the contest as a test of athletic excellence (Howe, 2004). While such conduct is not formally proscribed, it speaks to a question that every athlete must ponder: what should I be prepared to do to win?

## Performance Enhancement

Athletes have attempted to improve their performances by deploying a variety of different performance enhancers, ranging from pharmaceutical substances (e.g. anabolic steroids) to equipment (e.g. full-body 100% polyurethane swimsuits), with genetic manipulation seemingly just around the corner. Which, if any, performance-enhancing methods should be allowed in sport? Is there any good reason to restrict their use, or should athletes be free to use whatever methods they choose? This debate cuts to the very heart of questions regarding the purpose of sporting competition and what counts as excellent athletic performance (Møller, Hoberman, and Waddington, 2015).

The most widely discussed form of enhancement is the use of performance-enhancing drugs (i.e. ‘doping’). There are three sides in the doping debate: ‘pro-doping’, ‘anti-doping’, and ‘anti-anti-doping’ (McNamee 2008; Murray 2016). Those who regard doping as a morally acceptable practice that should not be banned from sport are pro-doping. For them, the use of performance-enhancing methods or substances is justified because it aligns with the idea that a central purpose of sport is to strive to be better or, more broadly, it aligns with a natural human impulse to create tools to achieve our goals (Brown, 1984; Møller, 2009; Savulescu, Foddy, and Clayton, 2004). For instance, Savulescu et al. (2004) far from being against the spirit of sport, biological manipulation embodies the human spirit – the capacity to improve ourselves on the basis of reason and judgment’ (Savulescu et al., 2004). Pro-doping arguments typically rely on the claim that doping is morally equivalent to the use of other sports technology or medical interventions that are widely accepted in sport (e.g. cushioned running shoes, graphite tennis rackets, or Lasik eye surgery). If we are willing to allow their use, so the argument goes, then it would be irrational to preclude the use of performance-enhancing substances (Murray, 2018).

The anti-doping side argue that restriction on the use of performance-enhancing methods is justifiable. They typically appeal to any of the following arguments: (a) performance enhancement runs counter to the intrinsic nature of sport by undermining its central purpose – the cultivation and display of sporting excellence (Devine, 2011; Sandel, 2007); (b) performance enhancement compromises the fairness of competition by providing its users with an unfair advantage (Douglas, 2007; Loland, 2002); (c) performance enhancement exerts a negative and dangerous influence on society, especially young people, by spreading acceptance of drug use (Pound, 2006); (d) performance enhancement is intrinsically immoral as it is the expression of a morally corrupt character or violates a moral value (e.g. authenticity or naturalness) (Bonte and Tolleneer, 2013; Habermas, 2003; Sandel, 2009); and (e) performance

enhancement is harmful to participants (Hølm, 2007; Kayser and Broers, 2015; Savulescu, 2015).

Finally, proponents of the anti-anti-doping view object morally to the practical implications of anti-doping regulations (especially with regard to policing the use of performance enhancing drugs). On this view, a ban on performance-enhancing drugs should not be imposed, even if justifiable in principle, because the implementation of such a ban would necessarily involve morally objectionable practices. Anti-anti-doping arguments criticise the fight against doping on the grounds that it costs too much (in both economic and moral terms) and secures insufficient benefit in terms of the promotion of compliance and the identification of non-compliance with anti-doping rules (Kayser et al., 2005). Advocates of this view may endorse principled objections to doping but believe that the institutional requirements for policing such a ban are not morally justifiable. Such an objection includes concerns that the institutional framework associated with anti-doping involves the violation of athletes' rights (Tamburrini, 2013), that anti-doping policy too closely resembles a criminal justice system (Kornbeck, 2013), and that the normative assumptions that underpin anti-doping campaigns are morally problematic. Anti-anti-doping advocates propose alternative regulations that often involve the legalization of currently banned substances and methods (Torres, 2000) or the adoption of a harm-reduction approach.

### **Violent and Dangerous Sport**

Exposure to the risk of significant physical harm is intrinsic to participation in many sports. The category of 'dangerous sport' includes non-violent sports such as free solo rock-climbing and downhill skiing, collision sports such as American football and rugby union, and combat sports such as boxing and mixed martial arts. What is the value of dangerous sports, and how, if at all, should the state regulate such activities through public policy?. Russell argues that dangerous sports manifest distinctive forms of value (2005). Their value lies in the perfectionist ideal of 'self-affirmation', whereby we challenge and resist the ordinary bounds of our lives and attempt to extend those boundaries to surpass the apparent limits of our being (Russell, 2005). Russell further argues that these kinds of sports can be of particular practical benefit for children. Such activities place children in a context in which they must confront danger, thereby preparing the child for adulthood, as well as helping the child to discover and affirm aspects of her selfhood (Russell, 2007).

Others have suggested that, in their current form, collision sports such as American football and combat sports such as boxing should be banned by the state. Nicholas Dixon (2001) has argued on autonomy-based grounds that boxing which involves blows to the head should be banned, but

boxing that limits the permissible target area to the area between the waist and the head should be permitted. Others have defended the status quo on the grounds that any attempt to criminalise boxing will lead to the sport moving underground where more harm may result (Warburton, 1998). Pam Sailors (2015) has argued that American football, both at the professional and amateur levels, is morally objectionable, though she stops short of proposing its prohibition. She grounds this objection on harm to the players, the objectification of the players, and the harms done by players to non-players. Conway (2016) has argued, more narrowly, that a prohibition of American football at the inter-collegiate level could be justified on account of the large healthcare and medical costs that must be borne by the general public arising from associated injuries. Mike McNamee and Francisco Javier Lopez Frias have called for caution regarding the proposed prohibition of American football and other collision sports that pose the risk of permanent brain injury. In particular, they critically analyze arguments for the elimination of such sports that draw on Mill's consensual domination principle. These arguments equate the decision of playing football with that of selling oneself to slavery (consensual domination). According to Lopez Frias and McNamee (2017), human beings should be allowed to pursue the kind of lives that they have reasons to value, even if that involves consensual domination. For them, the nature of the goods people pursue in their lives might justify the sacrifice of future autonomy. Moreover, they challenge the idea that CTE-related injuries are morally equivalent to harms that arise from consensual domination. In a latter paper, Lopez Frias and McNamee propose that one possible solution to the debate over the reform or prohibition of such sports should have at its centre the concept of 'social good' (Lopez Frias and McNamee, 2019).

### **Sex, Gender, and Race**

Sporting competition has traditionally been sex-segregated along the binary 'male/female' distinction, and challenges to the prevailing understandings of sex and gender have been heard within the sporting community since the 1960s. Two principal questions with regard to sex and gender arise in sport: is sex segregation in sporting competition morally justifiable? If so, in what category should trans and intersex athletes compete?. On grounds of self-respect, women should enjoy roughly half of the 'basic benefits' of health and recreation. This would require significant re-ordering of how resources are distributed between the sexes within sport. Ultimately, however, English advocates a (qualified) retention of binary sex segregation in sport. The contours of this distinction have been challenged by intersex, trans, and non-gendered athletes who do not fit comfortably into either category (Camporesi, 2017).

To police sex segregation in competition, sports authorities have adopted a variety of approaches to sex verification at different times since the 1930s. These have included visual tests, chromosome tests, and testosterone tests. The prevailing approach to the eligibility of trans women to compete in women's events does not preclude those who are biologically male from competing in women's sport, but it requires that their testosterone level remains below a certain threshold for a period prior to and continuously throughout their time competing in women's competition (IOC, 2015). The requirement that trans, as well as intersex, women whose natural testosterone level is above the permitted threshold must undergo hormone treatment (i.e. androgen suppressive therapy) to bring their level below that threshold has been criticised as the unnecessary medicalisation of healthy athletes and a violation of the principle of beneficence in medical ethics. (Camporesi, 2016). Critics have suggested that athletes should not be required to meet certain physiological criteria to be eligible to compete in a particular gender category. Proposals sympathetic to this view have included that athletes should be allowed to compete in the gender category with which they identify (Davis and Edwards 2014); that trans women athletes should be allowed to compete in women's sport but, to mitigate unfair advantage, should be subject to a handicap based on effective testosterone levels (Bianchi, 2017); and, finally, that eligibility should be determined by legally recognised gender (McKinnon and Conrad, forthcoming).

At the heart of this debate is whether trans women enjoy an unfair advantage over cis female athletes (i.e. athletes who were assigned the sex of female at birth and whose gender identity is female). Some have suggested that testosterone has not been proved to provide an advantage in competition (Camporesi, 2016) or that the advantage it provides, even if unfair, may be tolerably unfair (Devine, 2019). Moreover, no attempt is made to regulate other biological and genetic variations that provide a clear performance advantage. For example, there is no attempt to exclude or regulate athletes with Marfan syndrome. However, the long limbs and flexible joints associated with that condition provide a clear advantage for swimmers, basketball players, and volleyball players. It has been suggested that, if there is no morally relevant difference between advantages that result from sex and those that result from other biological and genetic variations, why should testosterone levels be regulated when other such variations relevant to sporting performance are not (Camporesi 2017; Camporesi and Maugeri 2016)?

A more fundamental challenge has been levelled at the very institution of sex segregation in sport. It has been proposed that the organisation of sport should be indifferent to an athlete's sex, so men and women should compete with and against each other. On this view, rather than retaining sex segregation, which involves discrimination against women as well as

complex questions concerning the proper categorization of intersex, trans, and non-gendered athletes, we should eliminate sex segregation altogether, and sport should either be open (not segregated at all) (Tamburrini, 2000a, ch. 6; Tännsjö, 2000) or segregated along dimensions other than sex such as weight, height, haemoglobin level, or testosterone level (Knox et al, 2019).

Aside from the sex segregation question, there has been much discussion of sport as a site of gender politics. The role that sport plays in the construction of gender (including gender hierarchies) was taken up in Iris Marion Young's classic paper 'Throwing Like a Girl' (1980) which explores the modalities of feminine bodily existence for women in contemporary society. Young's central claim is that such modalities of feminine movement, motility, and spatiality have as their source not anatomy or physiology but the particular situation of women, which is shaped by sexist oppression (Young, 1980). The framework developed by Young has inspired phenomenologies of female embodiment in particular sports such as surfing (Brennan, 2016) and climbing (Chisholm, 2008), which delineate the oppression of women within these sporting communities arising from prevailing sexist notions of the female body. Young has also argued that, as long as women's bodies are understood as objects, they are excluded by the culture from sport. This cultural exclusion of women from sport, in turn, creates a masculine bias within sport, which precludes the exhibition of sport's potential humanity (Young, 1979). There has also been discussion of whether the very nature of competition – a central feature of sport – is masculinist and inherently incompatible with feminism (Davion, 1987).

Compared to the well-developed literature around sex and gender in sport, issues around race and sport have received surprisingly little attention in the philosophy of sport literature (with exceptions including disparate articles by Mosley, 2003; Lapchick, 2003; and Marqusee, 2003). However, recent political activism by American football star Colin Kaepernick to highlight systematic racism in the United States against African Americans has inspired philosophical work about race and sport, and the ethics of political activism by athletes (Brackett, 2017; Klein, 2017; Marston, 2017; Sailors, 2017; and Rorke and Copeland, 2017).

Several Foucauldian post-structuralists and existentialists have explored the connections between hegemonic racial power structures and sport (Early, 2007). For instance, writers such as Grant Farred (2018), Erin C. Tarver (2018), and Kathryn E. Henne (2015), have explored themes around sports and white (and/or colonial) hegemonic interests. They have examined whether sport and the engagement of minorities in sport perpetuates and promotes white privilege and white interests (Henne, 2015). They have also critiqued the hegemonic forces purportedly used

by the institutionalized and corporate structure of sport to discipline and exploit minorities, especially in professional sport and American college sport (Hawkins, 2001; Farred, 2018).

### **Fans and Spectators**

What is the best way to watch sport? Is our fascination with and admiration of elite sportspeople morally defensible? The debate about the most valuable form of spectatorship has revolved around whether the 'purist' model of spectator is superior to the 'partisan' model. Purists derive aesthetic pleasure from good play. They appreciate a virtuoso performance irrespective of the performer, that is, irrespective of which team or athlete delivers it (Dixon, 2016). Purists have no allegiance to any particular team but appreciate feats of athletic excellence on their merits only. They appreciate good play, as one might appreciate a work of art without knowing or caring about the identity of the artist. For purists, a proper appreciation of the spectacle is paramount, and allegiance to a particular team threatens to undermine a proper appreciation of sport.

Chief among the criticisms of purism (Russell, 2012; Feezell, 2013; Mumford, 2011, 2012) is its neglect of partisanship. Partisans espouse the virtue of supporting a particular team, even when that team plays poorly. Loyalty is paramount to partisans, and they follow their team through good times and bad. Partisans typically support their favoured team zealously, and they cheer for their team's success. For partisans, it matters that their team wins, even if they display less, or a lower form of, athletic excellence than the opposition.

Some have argued that the admiration of individual sporting heroes, characteristic of purist spectators, is morally problematic. On this view, enthusiasm and awe surrounding the achievements of elite athletes are not morally respectable. Indeed, such attitudes reflect a fascistoid ideology (Tännsjö 1998, 2005). Admiration for winners in sport involves the celebration of strength and, inevitably, the expression of contempt for weakness. Strength is understood as a trait for which one is not responsible but which has its origin in genetics (Tännsjö 2005), so admiration for athletes based on their strength is thought fascistoid. On this view, in admiring the victor(s), we cannot but demonstrate contempt for the loser(s): admiration for the former and contempt for the latter are two sides of the same coin.

It has been argued against Tännsjö's account that it is descriptive rather than normative. At best, Tännsjö describes how spectators do behave, not how they should behave. Moreover, admiration for the winner does not necessarily imply contempt for the loser, and by extension, for the weak. Contra Tännsjö, there is no necessary link between these two attitudes. Our admiration of elite athletes need not rest on an appreciation of their

excellence understood solely in terms of strength (Tamburrini, 2000, ch. 5), as admiration for sports stars, properly understood, is only to a limited extent admiration of them because of their physical strength (Persson, 2005).

### **Disability Sport**

Disability sport, also referred to as ‘Paralympic sport’ or ‘sport for athletes with disabilities or impairments’ contrasts with sport for able-bodied persons. The two principal ethical questions that arise regarding disability sport are: 1. What criteria should be used to classify disability athletes in competition?; and 2. Should disability athletes, specifically those with prosthetic limbs, be allowed to compete with able-bodied athletes?. Who may be considered a Paralympic athlete? In order to compete in disability or Paralympic sport, one must be classed as having a disability. The notion of disability is a contested concept (Boorse 2010; Nordenfelt 1987). It is unsurprising, then, that, what counts as a disability for the purpose of sport and how to categorise those with disabilities for the purpose of competition are matters of some dispute (Edwards and McNamee 2015). For example, for an athlete to qualify as a disability athlete, must her disability be permanent, or could it be temporary? Could the disability be only somewhat impairing or must it be profoundly impairing?.

Central to this dispute is whether it is preferable to adopt a ‘functional classification system’, which would group together athletes with different disabilities but similar ability levels, or a ‘disability-specific classification system’, which would group together athletes with similar types of disabilities despite different capabilities. At least for the purposes of the quadrennial Paralympic Games, this question cannot be addressed adequately in isolation from the proper aims of the Paralympic Movement, including whether these aims are in contrast with, or even in tension with, those of elite able-bodied sport.

The second question concerns the appropriate relation between disabled and able-bodied sport. Specifically, should disabled athletes who use prosthetic limbs be allowed to compete in able-bodied sport? Oscar Pistorius was controversially permitted to compete in the 400m at the Olympic Games in 2012 (in addition to the 2012 Paralympic Games) despite using carbon-fibre prosthetic legs. Some objected that his prosthetic legs conferred him with an unfair advantage while others questioned whether the prosthetics precluded him from ‘running’ in the relevant sense at all (Edwards, 2008).

Finally, the practice of Therapeutic Use Exemptions (TUEs) operates in elite able-bodied and disability sport to allow athletes with chronic or

temporary illness to use medication for therapeutic (as opposed to enhancement) purposes that they would otherwise be prohibited from using. This practice has proved controversial as the therapy/enhancement distinction is difficult to specify with precision (Daniels, 2000), and the system has been criticised as open to abuse. However, if the use of such substances were denied across the board, athletes with chronic conditions, for example, would effectively be excluded from sport on account of being unfairly disadvantaged (Pike, 2018).

### **The Aesthetics of Sport**

While the ethical analysis of sport has been the central preoccupation of recent philosophy of sport, the last two decades has seen a revived interest in the aesthetic analysis of sport (Edgar, 2013b; Lacerda, 2012a). The study of aesthetics and sport has focused on two principal areas. The first concerns the relevance of aesthetic qualities to the experience of playing and watching sport. Does sport elicit aesthetic values? If so, what are these values and are they inherent to or only incidental to sport? The second examines the relationship between sport and art. Is sport one of the arts? If so, what makes sport an art? An early precursor of these discussions is C. L. R. James' (1963) classic, *Beyond a Boundary*. In his seminal analysis of cricket, James explores the identity between sport and art, arguing that both yield aesthetic pleasure because they have been created to be beautiful.

Related to both of these concerns is whether the aesthetic appreciation of sport is distinctive, that is, different in kind to other forms of aesthetic appreciation. For Joseph Kupfer (1975), sport has multiple purposes. One of these purposes is to create aesthetically pleasant experiences. Stephen Mumford (2011) observes that the aesthetic values elicited by sports depend on the physical demands that each sport makes of participants. However, in Mumford's view, all sports yield aesthetic experiences related to bodily motion and grace, high-level abstract forms, drama, and innovation and genius. Edgar (2012, 2013a) criticizes this view as narrow because it connects sport only to values related to harmony, neglecting the fact that sport is also ugly. Since sport yields aesthetic pleasure, James (1963) argues that sport should be seen as one of the arts. More recently, Spencer K. Wertz (1985; 1985), Hans Ulrich Gumbrecht (2006), and Wolfgang Iser (1999) have supported the idea that sport has aesthetic qualities and that sport should be regarded as an art. However, some have denied sport's artistic credentials.

Eliseo Vivas (1959) contends that, unlike aesthetic experiences, sport cannot be experienced disinterestedly. To do so, one must bracket an essential feature of sport: competition. For Maureen Kovich (1971), if athletes and spectators focused on the aesthetic aspects of sport, their preoccupation would be the observation and creation of art in movement

rather than on scoring and winning. The main purpose of sport is to meet physical challenges and to compare oneself to others in doing so. For instance, in the high jump, the goal is to clear the bar by jumping over it. Athletes compete to see who can jump the highest, not the most beautifully. Dick Fosbury introduced the 'flop' not because it was more beautiful than previous techniques (i.e., scissors, western roll, and straddle jump), but because it was more effective (2007). To ignore the essential competitive elements of sport in favor of aesthetic principles is to fail to take sport seriously. To strengthen this claim, Paul Ziff (1974) argues that some sporting events have little or no aesthetic value. Often, athletes play dirty and achieve ugly victories. In support of this view, David Best (1974) argues that most athletes prefer an ugly victory than a defeat where they have performed gracefully. On this view, not only is aesthetics inessential to sport, but the pursuit of aesthetic purposes can undermine the achievement of sport's main goals. Thus, Ray Elliot (1974) posits that the goddess of sport is not Beauty but Victory. Creating beauty should never be the main goal of sport. Aesthetics is incidental in sport, whereas, in art, it is the principal aim. Therefore, sport is not an art.

A further challenge to the idea that sport can be art is that art concerns something beyond itself, whereas sport concerns play and nothing in real life beyond play. For instance, an actor playing Hamlet is not Hamlet in real life. They represent the modern individual's existential struggle. By contrast, a point guard in basketball is actually a point guard; point guards do not represent anything outside the game of basketball. In response, Krein (2008) and Elcombe (2012) have argued that, like art, sports convey values and meanings external to sport that represent, or present an alternative to (in the case of non-traditional sports such as climbing and surfing), the culture in which sport practitioners find themselves. In Terrence J. Roberts' (1995) view, athletes are 'strong poets.' They express something about our life situation as embodied agents (Mumford, 2014). Drawing on Nelson Goodman (1978), philosophers such as Edgar, Breivik, and Krein understand sport as world making, that is, sport embraces and refigures symbolic worlds outside of sport, opening up new ways of describing, or making, such non-sporting worlds. Sport provides resources for re-describing the non-sporting world. Building upon this view of sport, Edgar (2013a) argues for a shift from sport aesthetics to sport hermeneutics, that is, to the interpretation of the meaning of sport and how that meaning is interpreted (see Lopez Frias & Edgar, 2016).

### **SELF-ASSESSMENT EXERCISE**

What are the topics in the philosophy of Sports?

## SELF-ASSESSMENT EXERCISE

What are the topics in the philosophy of Sports?

### 4.0 CONCLUSION

In this unit you have learnt the philosophy of sports and the topics in the philosophy of Sports. You should at this stage be able to explain what you understand by philosophy of sports and the topics in the philosophy of Sports.

### 5.0 SUMMARY

This unit has focused on the philosophy of sports and the topics in the philosophy of Sports. The unit gives different topics in the philosophy of sports.

### 6.0 TUTOR-MARKED ASSIGNMENT

What did you understand by philosophy of Sports?

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## **UNIT 3     SPORTS POLICY**

### **CONTENTS**

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
  - 3.1 Meaning of Sports Policy
  - 3.2 The Policy Cycle
  - 3.3 Current State of Sports in Nigeria
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Reading

### **1.0 INTRODUCTION**

This unit will serve as an introduction to sports policy. It will help to have a basic understanding on what is sports policy.

### **2.0 OBJECTIVES**

By the end of this unit, you should be able to;

- Explain sports policy
- Discuss policy cycle
- Explain the current state of Sports in Nigeria

### **3.0 MAIN CONTENT**

#### **3.1 Meaning of Sports Policy**

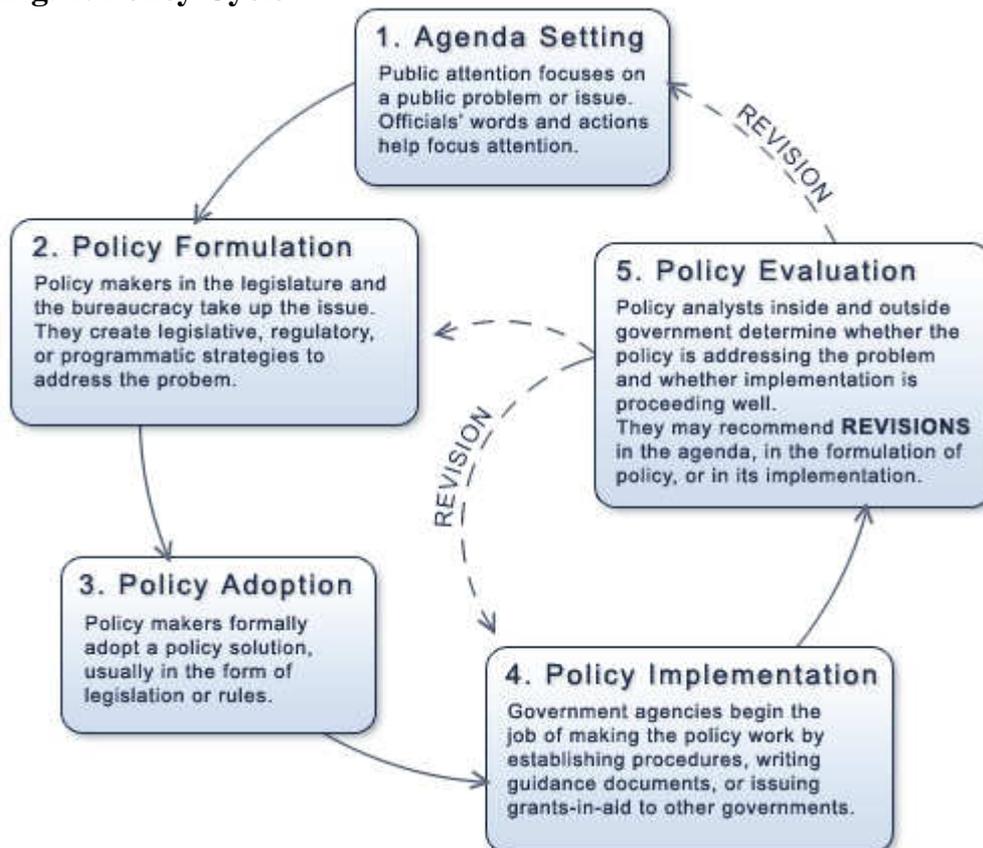
Sports policy refers to a document that guides the action of a sports organization or system with the aim of accomplishing stated goals. Policy Formulation Is the development of effective and acceptable course of action for addressing what has been placed on the policy agenda (profwork.org>formulate>define). Policy formulation involves developing strategies for dealing with policy issues and it takes both the effectiveness and viability of proposed actions into account (www.reference.com/education). Policy Implementation refers to the process of moving intention from idea to reality. It occurs after the adoption of a policy and it is regarded as the carrying out, execution or practice of a plan. Both policy formulation and implementation are key to any policy and its achievement. Therefore, they are the corner stones of any planning and development of sports.

### 3.2 Policy Cycle

Many steps of policy making have been provided but they basically can be summarized to five. Anderson (1974) highlighted the following as the five important steps of policy cycle or process of policy making. The knowledge of this cycle is significant in understanding the challenges in the formulation and implementation of the sports development policy.

1. Agenda setting (problem identification) the recognition of certain subjects as a problem demanding further government attention.
2. Policy formulation: This involves exploring a variation of option or alternative cause of action available for addressing the problem (e.g. appraisal, dialogue, formulation and consolidation).
3. Decision-making: At this stage, government decides on an ultimate cause of action, whether to perpetuate the policy status quo or alter it. (Decision could be positive or negative or no-action)
4. Implementation: Here is where the ultimate decision made earlier is put to practice.
5. Evaluation: This is the stage whereby the effectiveness of the policy in terms of its perceived intentions and results are assessed. The course of action either success of failure is examined.

The five steps of policy making can be seen in Figure 1 as diagrammatically provided by the Texas Politics Project ([texaspolitics.utexas.edu](http://texaspolitics.utexas.edu)).

**Fig. 1: Policy Cycle**

The process of making a policy if not properly harnessed from agenda stage to the evaluation state may result to failure. Conditions for success of any policy requires the adoption of best practices so as to ensure that the policy is properly implemented. Such best practices include:

1. The involvement of all stakeholders
2. Objectives are properly guided and pursued.
3. Political will to implement the provisions of the policy
4. Use of appropriate strategies to evaluate and monitor the programme of activities
5. Recruitment of required personnel
6. Training and retraining of personnel
7. Provision of fund and checks on final utilization
8. Provision for and maintenance of facilities and equipment including a conducive sporting environment
9. Provision of adequate incentive and reward system etc
10. Commitment of government, private sector, schools and physical education teachers etc.

It is important to note that there is a great link between the actualization of the stated best practices and the state of sports development in Nigeria, taking into consideration the various challenges that the sector is presently going through which must be addressed.

### 3.3 Current State of Sports in Nigeria

At the moment, sports development in Nigeria is at a very low level. Nigeria with her population of about one hundred and eight six million people (World Bank, United States Census Bureau, 2016) is failing to make good impact in most competitive sports worldwide. Her performance is very disturbing to such an extent that many athletes who are dissatisfied and unhappy with the way things are in Nigeria especially how they are treated by their federations and the nation are switching nationality to places where they are well appreciated. The present situation is unacceptable considering that millions of young men and women who if availed the opportunities in sports can create wealth for themselves, and their families, keep out of trouble, and make Nigeria proud in international sport arena.

The question on every concerned person's lips is how does Nigeria get out of under achievement in sports and lunch herself back into international scene through sports accomplishments?

In order to adequately respond to the above question, it is appropriate to retrace ones step back to the numerous attempts made to improve sports development through edits, committee reports and sports policy for Nigeria. The following are some attempts at putting proper rules and regulations guiding the operations of sports in Nigeria for better sports involvement and performance.

1. Decree number 34 of 1971 which was on the establishment of the National Sports Commission as well as its amendment in 1979.
2. Jerry Enyeazu Panel Report on Incentive and Awards to Sports Participants in 1974.
3. Commodore Anthony Ikazoboh Report on the Committee on Funding Sport in 1980.
4. Reports of National Sports Commission Care Taker Committee in 1984.
5. Decree 101 for football.
6. National Sports Commission Act Cap 280 and Cap 649.
7. Williams Reports on Sports Policy in 1985
8. National Sports Policy for Nigeria 1989, and guidelines for implementation of Sports Development Policy in Nigeria, 1989.
9. Dr. Samuel Ogbemudia Presidential Committee Report on Sports (2001) and the draft Government White Paper on the Problems of Sports Development in Nigeria (2002).
10. The Australian Institute of Sports Ten-Year Elite Athlete Development Programme for Nigeria's National Institute for Sports (2002).
11. Draft National Sports Policy (2005).

12. Draft National Sports Policy (2005)
13. Air Commodore Emeka Omeruah's One-Man Presidential Committee Report on Sports (2004) and the draft Government White Paper on it (2005).
14. Dr. Awoture Eleyae Presidential Technical Sub-committee on Sport (2005).
15. Input to NEEDS II on Sport and Nation Building (2007).
16. Draft National Sports and Fitness Policy (2007).
17. National Sports Policy of Nigeria (2009)
18. Vision 2010 on Sports
19. Presidential Sports Retreat, Abuja (2012)
20. National Sports Reform Committee (2016)
21. Vision 2020 on Sports
22. National Sports Policy Review 2018

It is instructive to know that in the process of writing the first National Sports Policy for Nigeria in 1989, factors that have inhibited sports development in Nigeria were identified as follows:

1. Lack of basic strategy of operation
2. Uncertainties surrounding the distribution of responsibilities, especially, as between and within levels of government, as between professionals, as well as between the public and private sectors;
3. Lack of established principles and procedures for the effective development of programme initiatives which entail inter-ministerial and inter-sectorial co-operation;
4. Inadequate funding and inefficient resource management
5. Problems of staff management and development;
6. Problems in the area of legislation;
7. Lack of appropriate research and data base for effective planning and decision-making; and
8. Lack of awareness as to the meaning and the importance of sports by the policy makers and the public.

Furthermore, a committee was set up in 2007 to look at the previous policies, identify the problems of Sports development in Nigeria and proffer solutions. The committee before reviewing the policy identified the following as problems of sports development in Nigeria.

1. Less and less people participate effectively in sports. Hunger, poverty and struggle for survival have left people little or no time for active sports participation.
2. Near absence of deliberate plan for grassroots sports development
3. Poor sports promotion for mass participation in sports
4. Poor access to sports facilities and equipment
5. Inadequate sports facilities and equipment (infrastructure inadequacies)

6. Inadequate programme to promote sports and physical education at the school level and other institutions.
7. Low interest of stakeholders in the promotion of sports and lack of trust and faith in the system.
8. Dearth of qualified/competent personnel in the sports system
9. Bureaucratic bottlenecks in administrative structure and management of sports at all levels (organization and administrative problems)
10. Inadequate funding
11. Low manpower training and development (poor coaching effectiveness)
12. Poor partnership with private sector (inadequate private sector collaboration and support)
13. Lack of coordination of different organizations in carrying out the existing sports development programme
14. Low professionalization of sports management.
15. Leadership problems and unhealthy relationship between and within various levels of government, private and public, supervising authorities, non-governmental organizations and individuals to the detriment of sports for human development.
16. Poor policy implementation
17. Gap in the cooperation between relevant ministries e.g. Health, Education. National Sports Commission in effective collaboration in the pursuit of physical education and sports for school children, students and the populace.

In a brainstorming session led by Adeyanju (2010a&b) on the need for policy on Sport, Physical Fitness and health in Nigeria held at National Institute for Policy and Strategic Studies Kuru, the following sports policy associated failure in Nigeria were thoroughly discussed.

1. The implementation of the sports policy in Nigeria did not receive adequate attention and at times completely ignored. As a result of the non-implementation, the policy was seen as the main source of all other subsequent problems, such as, poor performance of Nigeria in international competitions, poor national sports development, increase in crime rate and deteriorating health of Nigerians. Others are:
2. Lack of legislative backing for the National Sports Commission; Sport was often pushed to other ministries at will because there was no permanent structure in place;
3. The Policy was usually haphazardly implemented;
4. Leaders picked and used what programme they wanted without cognizance to what is stated in the policy contained.
5. Frequent change of leadership who often had different personal agendas;
6. Roles ambiguities in the policy and policy inconsistency;

7. Lack of political will to see that actions contained were properly carried out;
8. Failure of different levels of government to adequately use the policy for the progress of the country;
9. Political pressures pulling most of the resources (human and material) to football alone at the detriment of other sports/local sporting activities etc
10. Political influence in satisfying political party rather than genuinely implementing policy for Nigeria's development.

### **SELF-ASSESSMENT EXERCISE**

Discuss the current state of sports policy

## **4.0 CONCLUSION**

In this unit you have learnt the meaning of Sports and the categories of sports. You should at this stage be able to explain the meaning of Sports and state the categories of Sports.

## **5.0 SUMMARY**

This unit has focused on the meaning of sports and the categories of sports. The unit gives different meaning of spot and explain different categories

## **6.0 TUTOR-MARKED ASSIGNMENT**

1. Define what is Sports Policy

## **7.0 REFERENCES/FURTHER READING**

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## MODULE 2

Unit 1	Concept of Ageing
Unit 2	Process of Ageing
Unit 3	Steps to Manage Ageing
Unit 4	Theories of Ageing
Unit 5	Recommended Sports for Ageing

### UNIT 1 CONCEPT OF AGEING

#### CONTENTS

1.0	Introduction
2.0	Objectives
3.0	Main Content
3.1	Meaning of Ageing
3.2	Types of Ageing
4.0	Conclusion
5.0	Summary
6.0	Tutor-Marked Assignment
7.0	References/Further Reading

#### 1.0 INTRODUCTION

This unit will serve as concept of ageing. It will help to have a basic understanding of the concept of ageing.

#### 2.0 OBJECTIVES

By the end of this unit, you should be able to;

- Define what is Ageing
- State the types of Ageing

#### 3.0 MAIN CONTENT

##### 3.1 Meaning of Ageing

Ageing is the process during which structural and functional changes accumulate in an organism as a result of the passage of time. The changes manifest as a decline from the organism's peak fertility and physiological functions until death. Ageing is the process of becoming older (Downward, Lera-López, & Rasciute, 2014). The term refers especially to humans, many other animals, and fungi, whereas for example bacteria, perennial plants and some simple animals are potentially biologically

immortal. In the broader sense, ageing can refer to single cells within an organism which have ceased dividing (cellular senescence) or to the population of a species.

Aging is a gradual, continuous process of natural change that begins in early adulthood. During early middle age, many bodily functions begin to gradually decline. People do not become old at any specific age. Traditionally, age 65 has been designated as the beginning of old age. But the reason was based in history, not biology. In humans, ageing represents the accumulation of changes in a human being over time, encompassing physical, psychological and social changes (Davies, Taylor, Ramchandani, & Christy, E. 2019). Reaction time, for example, may slow with age, while knowledge of world events and wisdom may expand. Ageing is among the greatest known risk factors for most human diseases: of roughly 150,000 people who die each day across the globe, about two third die from age related causes. The causes of ageing are uncertain; current theories are assign to the damage concept, whereby the accumulation of damage (such as oxidation) may cause biological system to fail, or to the programmed ageing concept whereby internal processes (such as DNA methylation) may cause ageing (Dykstra, & Van Tilburg, 2005).

### 3.2 Types of Ageing

There are two basic types of ageing

- I. Intrinsic ageing (chronological)
- II. Extrinsic ageing (environmental)

#### **Intrinsic Ageing**

The intrinsic aging has to do with the inevitable passage of time and the conditions that arise because of it. The root cause of aging lay deep within our skin cells' DNA, which is why it's a good idea to glance at your parents to see what the future holds for you. Some of the conditions that come with intrinsic aging will happen no matter how well-intentioned you are (Davies, Taylor, Ramchandani & Christy, 2019). The good news and anyone who is devoted to reading at least the occasional beauty magazine has certainly heard this before- that there is plenty you can do to lessen their appearance. In fact, an entire industry is devoted to it.

#### **Sign of intrinsic aging**

- **Dry skin:** As we age, the skin's oil glands produced significantly less oil, resulting in pronounced dehydration that makes wrinkles more apparent.
- **Winkles:** The natural loss of those little workers bees, collagen, and elastin, is largely to blame for the appearance of wrinkles.

Years of dynamic expressions, in the form of smiling, laughing, frowning, and squinting, also contributes to wrinkles.

- **Large pores:** They are the bane of our existence, since they can make the complexion look rough and uneven. Some people are predisposed to enlarged pores (thanks, mom) while others are blessed with skin like glass. As we age, the loss of the skin's underlying support system prompts the pores to become even large.
- **Redness:** A cluster of fine red lines appear most frequently on the cheeks and nose, and they're due to the proliferation of tiny broken capillaries underneath the skin.
- **Decreased healing capability:** Starting in our thirties, the turnover rates of epidermal cells slows down remarkably, resulting in both a dulled complexion and a decreased ability to healed wounds (Dykstra, & Van Tilburg, 2005).

### **Extrinsic ageing**

The extrinsic ageing is more sinister, if only because it falls within our control. Extrinsic age is responsible for most of the harms that we view as aged skin, and it is brought on the external factors like smoking, pollution, sleep deprivation, poor nutrition, and of course the big one: exposure to the sun. Because this process is avoidable and usually self-inflicted, it is often referred to as premature aging. It is also important to note that skin cancer occurs almost exclusively in prematurely aged skin.

### **Sign of extrinsic aging**

- **Increased roughness:** As free radicals, mainly from sunlight destroy the skin's collagen and elastin, the skin cells start to turn over in an irregular fashion resulting in scaly patches of rough skin
- **Spots everywhere:** Constant exposure to the sun's ultraviolet rays makes our skin pigments acts abnormally, resulting in spots throughout the faces, upper chest and hands-basically, anywhere the sun has shone on.
- **Excessive wrinkling:** Even more pronounced wrinkling, particularly on the cheeks, neck, and forehead, is usually seen only in individuals who have been exposed to the sun.
- **Sagging skin:** Think of our elastin as rubber bands and the sun as a scissors. Now imagine that scissors (the sun) cutting the rubber band (elastin) into tiny rubber fragments now have? Not much, and that's exactly what happens with environmental damage.

### **SELF-ASSESSMENT EXERCISE**

What are the types of ageing?

#### **4.0 CONCLUSION**

In this unit you have learnt the meaning of ageing and types of ageing. You should at this stage be able to explain the meaning of ageing and types of ageing.

#### **5.0 SUMMARY**

This unit has focused on the meaning of meaning of ageing and types of ageing. The unit gives different meaning of ageing and types of ageing.

#### **6.0 TUTOR-MARKED ASSIGNMENT**

What is Ageing?

#### **7.0 REFERENCES/FURTHER READING**

Davies, L.E., Taylor, P., Ramchandani, G. & Christy, E. (2019). "Social Return on Investment (SROI) in Sport: A Model for Measuring the Value of Participation in England." *International Journal of Sport Policy and Politics* 11 (4): 585–605.

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## UNIT 2      PROCESS OF AGEING

### CONTENTS

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
  - 3.1 Process of Ageing
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Reading

### 1.0 INTRODUCTION

This unit will serve as a guide for process of ageing. It will help to know all the process of ageing.

### 2.0 OBJECTIVES

By the end of this unit, you should be able to;

State and explain the process of ageing

### 3.0 MAIN CONTENT

#### 3.1 Process of Ageing

There are 5 processes of ageing. They were;

**Stage I:** As cells and body tissues go about their business – reproducing, staying alive, doing whatever specialist jobs they are programmed to do – they undergo damage from a wide range of sources. The damage can come from outside or it can come from within, from the by-products of metabolism within the cell itself. The cell can fight back, using its own mechanisms to limit the damage, but these mechanisms aren't perfect (Downward, Lera-López, & Rasciute, 2014).

Cells can only function within a very controlled environment. They need the right temperature, pH and chemical composition of fluids to survive. Over time the body has developed systems for maintaining this environment – kidneys to filter wastes, lungs to keep oxygen coming, skin to stop fluid loss by evaporation, and so on. But it's a continues process. Skin is exposed to ultraviolet light, to chemicals, and to extremes of temperature. Lungs are exposed to toxins in the air like cigarette smoke

and inhaled chemicals, and other organs are exposed to toxins that are ingested and absorbed into the bloodstream.

### **Stage II Waste products of metabolism**

At the same time, there are dangers from inside the body too. Inside the cells are billions of chemical reactions that carry on essential functions – like generating energy, making proteins and reproducing the cell itself. These processes are subject to wear and tear and to damage from waste products. A lot of the damage comes from so-called 'free radicals'. These are by-products of metabolism, consisting of oxygen molecules that are missing an electron. These are very destructive because they take electrons from other molecules, destabilising them and damaging vital tissues like proteins, membranes and DNA.

Free radicals would do a whole lot more except that the body has evolved ways of dealing with them enzymes that break them down, and other substances that 'mop' them up by donating the missing electron. These substances are called antioxidants. (Another name for the process of taking an electron from another molecule is 'oxidation', hence substances that stop this from happening are called antioxidants). Many antioxidants are vitamins found in fruit and vegetables, which is why vitamins help prevent degenerative diseases such as heart disease and cancer. But antioxidants don't stop the damage altogether. Free radicals can damage cell membranes, organelles like mitochondria (the tiny factories inside cells that produce energy) and important proteins like enzymes. They can also damage the cell's DNA, which is especially serious because DNA is the genetic blueprint of the cell that programs its functions.

Fortunately, the cell does have repair mechanisms that will help fix the damage. One of the reasons we do live a relatively long time compared to other animals is that we have very low rates of oxidation, plus powerful antioxidant enzymes, DNA-repair enzymes and an excellent immune system. However, it's not perfect and we are aging, the more the cell damage accumulates.

### **Stage III Programmed to destruct**

Even if a cell could repair itself completely – and avoid damage from toxins, infections, heat and cold – it wouldn't last indefinitely. Cells are programmed at a certain stage to self-destruct. At the end of every chromosome are specialised stretches of DNA called telomeres. After each cell division, the telomeres shorten, and when they get to a certain length (after about 50 divisions), they trigger cell death. Programmed cell destruction is a safety valve against cancer. Without it we'd probably die of cancer before we reached reproductive age.

**Stage IV: Cell and tissue death**

The process of self-destruction that occurs when a cell has sustained too much damage, or its telomeres have shortened to the critical point, is known as apoptosis. Over a 12 to 24-hour period, the cell's energy powerhouses, the mitochondria, shrink. Its genetic material fragments into pieces, and the remains of the cell are 'eaten' by scavenger cells called macrophages. Organs and tissues vary as to how quickly dead cells within them are replaced. In skin and bowel tissue, for example, cell turnover is fast – cells die early and are replaced quickly. In others, like muscles and the brain, they last a long time but when they do die, they aren't replaced at all.

Over time, more and more dead cells are not replaced with new cells, but instead with fibrous tissue that causes organs to contract and shrink. Muscles for instance, lose their bulk. The brain shrinks. Bones become demineralised. But it's not just cells that age – connective tissues outside the cells, such as elastin and collagen, also degenerate. Chemical cross-links form between strands of tissue, reducing their strength and elasticity. This process especially affects skin, lungs, muscles, and blood vessels. In our skin, we see the visible result of this process as wrinkles.

We do have powerful enzymes to break these cross-links as they form, but again, they're not perfect. So tissues designed to give elasticity (as in the artery wall) or transparency (as in the lens of the eye) or high tensile strength (as in ligaments) all degenerate. Muscles lose their strength, the heart doesn't pump as hard when challenged by exercise, arteries don't deliver as much blood as they used to, and lungs lose their elasticity. Bones grow brittle.

**Stage V: Hormone levels fall**

As they age, the glands that produce hormones also don't function as well. Hormones are chemicals that have specialised functions in the body – growth hormones and thyroid hormones, for example, are responsible for keeping the body's regular functions. Levels of hormones fall as we age, as do our organs' abilities to be influenced by them – another reason why some organs lose their function as we age. In women, levels of sex hormones fall off sharply around the age of 50 (give or take 10 years). Ovulation ceases and the uterus and ovaries shrink – the process known as the menopause.

As cells, tissues and organs become progressively damaged, we gradually lose our ability to respond to external shocks. We get more and more susceptible to extremes of temperature, infectious diseases, or mutations in our DNA that can give rise to tumours within our body. Eventually, one or more of these events overwhelms us and we die. Scientists theorize that aging likely results from a combination of many factors. Genes,

lifestyle, and disease can all affect the rate of aging. Studies have indicated that people age at different rates and in different ways (Davies, Taylor, Ramchandani, & Christy, 2019)

Normal aging brings about the following changes:

**Eyesight** – loss of peripheral vision and decreased ability to judge depth. Decreased clarity of colours (for example, pastels and blues).

**Hearing** – loss of hearing acuity especially sounds at the higher end of the spectrum. Also, decreasing ability to distinguish sounds when there is background noise.

**Taste** – decreased taste buds and saliva.

**Touch and Smell** – decreased sensitivity to touch and ability to smell.

**Arteries** – stiffen with age. Additionally, fatty deposits build up in your blood vessels over time, eventually causing arteriosclerosis (hardening of the arteries).

**Bladder** – increased frequency in urination.

**Body Fat** – increases until middle age, stabilizes until later in life, then decreases. Distribution of fat shifts – moving from just beneath the skin to surround deeper organs.

**Bones** – somewhere around age 35, bones lose minerals faster than they are replaced.

**Brain** – loses some of the structures that connect nerve cells, and the function of the cells themselves is diminished. “Senior moments” increase.

**Heart** – is a muscle that thickens with age. Maximum pumping rate and the body’s ability to extract oxygen from the blood both diminish with age.

**Kidneys** – shrink and become less efficient.

**Lungs** – somewhere around age 20, lung tissue begins to lose its elasticity, and rib cage muscles shrink progressively. Maximum breathing capacity diminishes with each decade of life.

**Metabolism** – medicines and alcohol are not processed as quickly. Prescription medication requires adjustment. Reflexes are also slowed while driving, therefore an individual might want to lengthen the distance between him and the car in front and drive more cautiously.

**Muscles** – muscle mass decline, especially with lack of exercise.

**Skin** – nails grow more slowly. Skin is more dry and wrinkled. It also heals more slowly.

**Sexual Health** – Women go through menopause, vaginal lubrication decreases and sexual tissues atrophy. In men, sperm production decreases and the prostate enlarges. Hormone levels decrease.

## **SELF-ASSESSMENT EXERCISE**

### **4.0 CONCLUSION**

In this unit you have learnt the process of ageing. You should at this stage be able to explain all the process of ageing.

### **5.0 SUMMARY**

This unit has focused on the meaning of meaning of ageing and types of ageing. The unit gives different meaning of ageing and types of ageing.

### **6.0 TUTOR-MARKED ASSIGNMENT**

List and explain all the process of ageing.

### **7.0 REFERENCES/FURTHER READING**

Davies, L.E., Taylor, P., Ramchandani, G. & Christy, E. (2019). “Social Return on Investment (SROI) in Sport: A Model for Measuring the Value of Participation in England.” *International Journal of Sport Policy and Politics* 11 (4): 585–605.

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## UNIT 3 STEPS TO MANAGE AGEING

### CONTENTS

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
  - 3.1 Steps to Manage Ageing
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Reading

### 1.0 INTRODUCTION

This unit will serve as a guide on the steps to manage ageing. It will help to know how to manage ageing.

### 2.0 OBJECTIVES

By the end of this unit, you should be able to;

List and explain the steps to manage ageing

### 3.0 MAIN CONTENT

#### 3.1 Steps to Manage Ageing

The following were the thirty (30) Healthy Tips to manage ageing:

1. **Be happy:** The physical damages caused to your body by stress has only recently become appreciated by the scientific community. Feel your life with things you love and get rid of almost everything else. Practice stress relieving activities like meditation and exercise, and learn to appreciate joy when you find it. Happiness does a body good.
2. **Eat vegetable:** There is a good evidence that oxidative damage caused by toxin and metabolism levels. Food (but not supplements) high in anti-oxidative stress.
3. **Avoid sugar:** Sugar is a direct cause of aging and significantly reduces lifespan in organism from yeast to primates. Not by small amount either.
4. **Moisturized:** The appearance of your skin is largely dependent upon moisture. Help it out by using moisturizers to keep your skin soft and hydrated. Work with a professional to determined what type is best for you.

5. **Don't raise your eyebrow:** Credit my mother for teaching me this one, it has been a lifesaving. As a kid she used to warn me about raising my eyebrows, saying it would give me wrinkles and I'd regret it. I thought she was crazy, but still learn to express myself without much forehead crinkling. As a result I have far fewer forehead lines than some people years younger than me.
6. **Sleep:** For me the most important determinant of how I look (and feel) on a given day is how much sleep I get. Seven hours in my ideal, but anyone is different.
7. **Eat fish:** Some evidenced suggest that the Omega 3 fatty acids found in fish are particularly beneficial to the skin.
8. **Wear sunscreen:** I love the sun and spend much time in it as possible, but I never walk out of the door without sunscreen on my face. UV radiation from the sun damages your skin and promotes aging.
9. **Don't smoke:** Smoking is the one of the easiest ways to look older than you really are and shorten your life at the same time. Avoid both primary and secondary smoking like the plague.
10. **Step out of your comfort zone:** Mental exercise seems to be one of the keys element of quality aging, but this doesn't mean you should sit around all day doing crossword puzzles. Neuroscientist and cognitive aging specialist suggest going out of your way to challenge yourself, mentally, doing things like travelling and learning new languages even over the age of 60.
11. **Take vitamin D:** some research suggest that vitamin D may be particularly important in slowing aging process. The jury is still out on the value of vitamin D supplements for aging, but they seem to have enough other benefits that it's worth the investment.
12. **Eat fruits:** Like vegetable, fruits have an enormous amount of antioxidants and help with hydration. Vitamin C in particular is thought to benefit skin.
13. **No foundation or powder makeup:** Generally, I avoid putting any makeup directly onto my skin. I realized I have a very flexible work environment and this is not possible for every woman, but skipping the makeup does not help maintain your skin's hydration and elasticity. I do wear makeup occasionally, may be once or twice per week. But in general I found what mascara and lip gloss are enough for most situation.
14. **Hydrate** your skin is very sensitive to water levels. Stay hydrated by sipping water and eating fruits and vegetables throughout the days.
15. **Whiten teeth:** I know this isn't something you can find at the farmers markets, but when you drink as much coffee and red wine as I do, minor (and admittedly superficial) fixes like teeth whitening can go a long way. If you don't believe me, try and remember the last time you saw 20-years-old with yellow teeth.

16. **Wear sunglasses:** If you're a happy person (and I know you are), your wrinkling will most likely be caused by smiling and show up. Predominantly around your eyes. Block out extra sun (and look super cool) by always wearing sunglasses when you go outside.
17. **Eat beans and lentils legumes:** Are a fabulous source of minerals that can help keep your skin hydrated and looking young?
18. **Afternoon Tea:** tea time is one of the greatest discoveries I've ever made. Not only is tea full of antioxidants and other cancer fighting compounds, a midday break can be just what the doctors ordered to sip away stress.
19. **Cardio** I'm not the biggest behavior in cardio exercise for weight loss, but it is still important for vascular health. Not to mention how awesome you feel after a good session. Cardio doesn't need to kill you, but you should do it regularly
20. **Strength Training Building Strong.** Toned muscles is one of the most effective ways to look younger than your years. Ask anyone who look fabulous and they'll wear by Strength training. A little goes a long ways.
21. **Eat intact whole grain.** Intact grains (not fake "whole" grains that are ground into flour) are an excellent source of vitamins, minerals, and soluble fibers. They are also perfect fuel for those killer workout.
22. **Olive oil.** It is hard to think of something more versatile, healthy and delicious than olive oil. It breaks my heart that dietary fat got such a bad rap the past few decades, since the benefits of healthy fats like olive oil are innumerable. Fat isn't just "not bad" for you, it's essential
23. **Kill your television.** We all have things we enjoy watching (I'm partial to NBA championship teams), but if it takes up a significant amount of your time each week (> 5 hours) it may be time to reevaluate. How many years of your life do you really want to spend on your couch?
24. **Don't stuff yourself cutting back of calories,** is the single most effective way to slow aging and extend life. I don't advise starving yourself, but is a good idea to avoid overeating in any situation.
25. **Eat nuts.** Nuts are the perfect snack food and are filled with anti-aging fats, vitamins, and minerals. They are also great for suppressing appetite-just don't eat more than a handful.
26. **Avoid diary.** Studies of aging skin have shown that milk and milk products are associated with acne, which can lead to scarring and age spots.
27. **Avoid processed meat.** Processed meats are associated with many different health problem in humans. No need to get too hung up on this, but you may not want to eat deli meats every single day if you want to stay young.

28. No process carbohydrates. Just like sugar, processed carbohydrates are a direct, cause of aging and disease. I eat these things occasionally, but don't let it happen too often
29. Coconut oil fats come in all different shapes and sizes, and I try to incorporate a good mix of all of them. Medium-chain fatty acids like those found in coconuts oil are starting to be recognized as important by researchers, but the evidenced is limited. Coconuts oil is also a healthy source of saturated fat for vegetarians. I always used coconuts when cooking Southeast Asian foods.
30. Red wine. Red wine has a powerful anti-aging compound in it known as resveratrol. Though it is unlikely that the dosage of resveratrol in red wine is high enough to impact lifespan, drinking alcohol in moderation is also associated with decrease risk of heart disease and other vascular problems.

### **SELF-ASSESSMENT EXERCISE**

#### **4.0 CONCLUSION**

In this unit you have learnt how to manage ageing. You should be able to list and explain the steps to manage ageing.

#### **5.0 SUMMARY**

This unit has focused on the steps in managing ageing. The unit list and explain how to manage ageing.

#### **6.0 TUTOR-MARKED ASSIGNMENT**

List and explain the steps to manage ageing.

#### **7.0 REFERENCES/FURTHER READING**

- Davies, L.E., Taylor, P., Ramchandani, G. & Christy, E. (2019). "Social Return on Investment (SROI) in Sport: A Model for Measuring the Value of Participation in England." *International Journal of Sport Policy and Politics* 11 (4): 585–605.
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## **UNIT 4 THEORIES OF AGEING**

### **CONTENTS**

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
  - 3.1 Theories of Ageing
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Reading

### **1.0 INTRODUCTION**

This unit will serve as a guide on the theory of ageing. It will help to some of the theories of ageing.

### **2.0 OBJECTIVES**

By the end of this unit, you should be able to;

Explain the Theories of ageing

### **3.0 MAIN CONTENT**

#### **3.1 Theories of Ageing**

Scientifically, the architectural basis of a person begins with the cell and cell division. The cell division (meiosis and mitosis) continue to shape the human organism with its varied systems at different rates of generation and regeneration throughout the life span.

Theories of biologic and physiologic aging attempts to explain three in vivo bio components:

- Cells that multiply clonally (meiosis) throughout life, such as white blood cells and epithelial cell;
- Cells that are incapable of division and renewal, such as neurons,
- Non cellular material with little turnover that comes under integrated physiologic control, such as collagen and inter cellular substances. These cellular characteristics result in mechanical failure of non-replaceable parts in organ systems, accumulation of metabolites, depletion or exhaustion of body reserves, and morphologic problems of cell development, which give organs

size, shape and structure (Davies, Taylor, Ramchandani, & Christy, 2019).

Modern biological theories of ageing in humans currently fall into two main categories: The Stochastic and Non Stochastic theories.

**Non Stochastic theories:** consider that aging to be predetermined. These theories include the intrinsic pacemaker theories, immune and neuroendocrine theories suggesting genetic programming of a specific time for the life span of an organism, and programme senescence, which implies of the entire organism.

**The programme aging Theory:** - this imply that ageing follows a biological timetable (regulated by changes in gene expression and defense responses), and the damage or error theories emphasis environmental assaults to living organisms that induced cumulative damage at various levels as the cause of ageing. Time correlations with these intrinsic process and development, maturation and cessation of activity have been made between the beginning of menopause, thymic atrophy, graying of hair, and myriad other changes, all of which are considered normal aging decrements in physical function over time but not pathologic. Experiment with human diploid cell strain have demonstrated that cells double a limited number of times before dying. The number of cell division are proportional to the life span of the species. Human cells double 40 to 60 times before the ability to replicate is lost.

**Run-Out-of-Program Theory:** - a variation of the theory of programme aging, the run-out-of-program theory, suggest that at the time of ovum fertilization a certain amount of genetic material is allocated. When this material is used up, the cells, tissue, and organs fail. This is reflected in the gradual age-related diminution of activity of certain enzymes and organ functions, such as those in the liver and the brain.

**The neuroendocrine theory:** first proposed by Professor Vladimir Dilman and Ward Dean MD, this theory elaborate on tear and wear by focusing on the neuroendocrine system. This system is a complicated network of biochemical that govern the release of hormones which are altered by the walnut sized gland called the hypothalamus located in the brain. The hypothalamus control various chain reaction to instruct other organs and glands to release their hormones etc. The hypothalamus also responds to the body hormones levels as a guide to the overall hormonal activity. But as we grow older, the hypothalamus losses it precision regulatory ability and the receptors which uptake individual hormones become less sensitive to them. Accordingly, as we age the several of many hormones decline their effectiveness (compared unit to unit) is also reduces due to the receptors down grading. Aging is manifested in a slowing down or activity imbalance of the pacemaker neurons, affecting

neural, muscular and secretory function as evidence in involution, reproduction, loss of fertility, menopause, decreased muscles strength, less ability to recover from stress, and impaired cardiovascular and respiratory activity.

**Immunologic Theory:** -studies of cell division in numerous vertebrate animals suggest that the cells of the immune system become increasingly more diversified with age and demonstrate a progressive loss of a self-regulatory pattern between the body and the cell. The result is auto aggressive phenomenon in which the cells normal to the body's immune system or there is impaired surveillance by antibody cells.

Control of immunity is shared by humoral (B-cell) and cellular (T-cell) systems. In brief, the humoral (B-cell) system provides protection for the body against bacterial and viral reinfection. This function occurs through activity of the plasma cell, tonsillar tissue, abdominal mesentery Peyer patches, and the peripheral lymph system. Cellular immunity (T-cell) delay hypersensitivity and rejection of foreign tissue cells and organ grafts and provide protection against tumor formation through the activity of the thymus gland and its association organs. The primary organ in cell-mediated immunity are the bone marrow and the thymus. The spleen and lymph nodes are also important but play a secondary roles in cellular immunity. Lymphocyte produced by the thymus and bone marrow serve as precursor cells because the evolved through embryonic development in the organ tissue.

**Stochastic Theories:** suggest that aging event s occur randomly and accumulate with time. These theories include the gene theory, the error theory, somatic mutation theory, the free radical theory, the cross link theory, the clinker theory and tear and wear theory.

**Gene theory:** the gene theory suggest that one or more harmful genes in the organism become active in later life, causing failure of the organism to survive. Two variation of this theme:

- One postulate that there are two type of genes:
- Those that are mediate youthful vigor and mature adult well-being (juvenescent genes) and those that promote functional decline and structural deterioration (senescent genes).
- The second variation infers that genes plays a dual roles: the juvenescent aspect of genes are activated in middle age and thereafter.
- The second concept is exemplified in female menopause. During the reproductive years estrogen facilitate the normal reproductive cycle. At that point of perimenopause and menopause, the estrogen

level declines, increasing the risk of arteriosclerosis and hypertension in women.

The most important recent discovery in genetics has come from the lowly worm *Caenorhabditis elegans*. One might say the worm has turned and shown one identifiable gene that controls its life-span. Researchers are systematically mapping the involved genome with the expectation that it may serve to point the way to a gene controlling the life-span in human.

**Error theory:** the error theory of aging (sometime called the Orgel theory or the error catastrophe theory) proposes an accumulation of errors in protein synthesis over time resulting in impaired cellular function. Weakening of organic synthesis produces defective cells. Successive generations of these faulty cells develop and eventually interfere with the ability to maintain biologic function. Two steps are important in normal protein synthesis:

- An amino acid must be selected by an activating enzyme and then must attach to an appropriate RNA molecule,
- An RNA codon must pair with an anticodon. Error may occur in the RNA synthesis, which, if great enough, will impair cell function.

The greater the number of errors accumulated in the macro molecules of the cell, the faster the accumulation of further error. Errors of DNA and RNA synthesis are indistinguishable from each other. The error catastrophe theory, while no longer widely accepted, has spurred a great deal of research.

**Somatic Mutation Theory:** the somatic mutation theory is similar to the error theory, but it suggests that when cells are exposed to x-ray radiation or chemicals a cell-by-cell alteration of DNA occurs, increasing the incidence of chromosomal abnormalities. These mutations are a time-dependent accumulation of chromosome aberrations though to be more frequent in youth. Subsequently, replicated cells are perpetuated and harbored, with the deleterious effects appearing in later life. The ultimate result is a decrease in cellular function and organ efficiency. Those somatic cells that are of the non-dividing type and possess a limited life span such as brain and muscle cells are not replaced when injured or dead.

**Free radical theory:** - free radicals contain unpaired electrons that exist momentarily and are highly reactive molecules that can damage membranes of protein, enzyme and DNA. Their molecular structure differs from ordinary molecules in that they possess an extra electric charge (free electron). This charge instigates a one-time, irreversible, and energy-wasteful reaction that damages or alters the original structure or function of the cell membrane.

The free radical theory emphasizes on the importance of the mechanism of oxygen use by the cell. The greatest source of free radical is the metabolism of oxygen, which produces the superoxide radical oxygen. Oxygen is a highly reactive gas both inside and outside the human body. Internally, oxidation of proteins, fats and carbohydrate results in the free radical formation and unstable end products or compounds. For example, oxidation of polyunsaturated fats forms lipid peroxides that cross-link proteins, lipids and deoxyribonucleic acid (DNA).

In the course of normal living, oxidation is continually causing cell destruction and a biologic dichotomy: the need for oxygen for metabolic survival opposed to the gradual self-destruction through the release of free radical from peroxidation referred to by some as the “oxygen paradox”. Although body cell possess the capacity to eliminate unwanted waste and materials, neutralized by-product, and repair damage, free radical accumulation is thought to be faster than the repair process of the organism.

***Cross-Link or connective tissue theory:*** the cross-link theory is based on the internal and external behavior of collagen, elastin, and ground substances in cells, tissues, and extracellular substances. These materials are widespread and involved in the transport and exchange of material for cell function. Theory is thought to explain some of the age-dependent diseases and disorder.

The theory suggest that chemical reaction create strong bonds between molecular structures that are normally separate. Cross-link agents are so numerous and varied in the diet and in the environment that they are impossible to avoid. Aldehydes, minerals (copper and magnesium), and oxidizing fats serve as biologic reservoir of cross-link-inducing agents. Lipids, protein, nucleic acid, and carbohydrates are major body chemicals that exist in repetitive, linear structural patterns and are capable of cross-linking.

The concept of cross-linkage can be defined in term of behavior and characteristics of collagen and elastin, components of connective tissue. Changes in connective tissue indicated that cross-linkage has occurred. Synthesis of new collagen reveals minimum sign of cross-linkage. With age, collagen developed an increased number of cross-links in both intracellular and intercellular structures. Aging collagen becomes increasingly insoluble, chemically stable, and progressively rigid as a result of the cross-link phenomenon. Consider agar or gelatin as an example of what possibly happens in cross-linkage. Gelatins, like collagen, loses its spleen, becomes firmer, cracks and dries out when exposed to air, heat, or sunlight for several days. Its original resilience and rebound disappear. The sheen turns cloudy dull. Likewise, collagen

molecules dehydrate and develop a bonding pattern that links the molecules together.

**Clinker theory:** the clinker theory can be considered an independent theory or a variation of somatic, cross-link, or free radical theories. It assumed that there is an accumulation of time-related deleterious substances in the cells of the body. As chemical by-products of metabolism (lipofuscin, hystones, aldehydes, free radical) accumulate in the cell function by displacement. Free radical denature protein, and lipofuscin accumulate in heart, skeletal muscle, brain and nervous system.

**Wear-and-tear theory:** a programmed process is the concept considered in the wear-and-tear theory. Cells are aggravated by the harmful effects of internal and external stressors, which include injurious metabolic by-products and increased failure of DNA to repair the organism or replace vital cellular components. These may cause a progressive decline in cellular function or the death of an increasing number of cells, and the brain are non-replacement when destroyed by wear and tear or by chemical or mechanical injury.

## **SELF-ASSESSMENT EXERCISE**

### **4.0 CONCLUSION**

In this unit you have learnt the theories of ageing. You should at this stage be able to explain the theories of ageing.

### **5.0 SUMMARY**

This unit has focused on the theories of ageing. The unit list and explained the theories of ageing.

### **6.0 TUTOR-MARKED ASSIGNMENT**

What are the theories of ageing?

### **7.0 REFERENCES/FURTHER READING**

Davies, L.E., Taylor, P., Ramchandani, G. and Christy, E. (2019). "Social Return on Investment (SROI) in Sport: A Model for Measuring the Value of Participation in England." *International Journal of Sport Policy and Politics* 11 (4): 585–605.

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## **MODULE 3                      GRIEF AND DEATH**

Unit 1	Concept of Grief
Unit 2	Dying and Death
Unit 3	Impact of Lifestyle on Ageing

### **UNIT 1      CONCEPT OF GRIEF**

#### **CONTENTS**

1.0	Introduction
2.0	Objectives
3.0	Main Content
	3.1    Meaning of Grief
	3.2    Types of Grief
4.0	Conclusion
5.0	Summary
6.0	Tutor-Marked Assignment
7.0	References/Further Reading

#### **1.0    INTRODUCTION**

This unit will serve as a guide on concept of grief. It will help to know the meaning and types of grief.

#### **2.0    OBJECTIVES**

By the end of this unit, you should be able to;

- explain the meaning of grief
- discuss the types of grief

#### **3.0    MAIN CONTENT**

##### **3.1    Meaning of Grief**

Grief are usually used synonymously with mourning. However, in its purest form, grief refers to the individual's response to the event of loss. Mourning represents those behaviors that the bereaved uses to incorporate the loss experience into his or her ongoing life. Mourning is an active process rather than one that is reactive to an event. The behavior associated with mourning are determined by social and cultural norms that prescribe the appropriate ways of coping with loss in a given society. Grief is an emotional reaction/response to loss. Grief tends to follow a common pattern of emotional states, such as shock, confusion, denial,

anger, sadness, rage, depression, isolation, to name a few, and not always in that order if grief is experienced fully and allowed to unfold naturally, the process gradually leads to some sort of acceptance and peace with the matter. The grief process is the brain's way of dealing with a matter it can't completely comprehend in the moment; so it takes time to sort through it all, be patient with yourself. If a death has been sudden or completely unexpected, comprehension is even more of a struggle, for few of us operate as if death is somewhere, clear out there, far on the horizon. The truth is we really don't know how far or close death is to us.

Loss is not just about losing someone we love, to death. We may experience intense loss from losing a relationship, our sense of a self, our job, our home, our freedom, our health, our dreams, or a limb, among many other things that we hold precious and important. Whether great or small losses to us, these examples can seem like a death that will require a certain amount of grief and mourning, to be determined by the individual who is experiencing the loss. But whatever the loss, remember to give yourself some space to grieve properly (Davies, Taylor, Ramchandani, & Christy, 2019).

Although we never completely stop feeling our loss, with time, the frequency and intensity of our pain, and our grief response to it, will diminish considerably. In fact, going through a healthy grieving process, however painful, allows us the excellent chances to heal, as grief is itself a medicine. Grief is a medicine that heals the pain from loss. Grief is an emotional reaction/response to loss, mourning is the process one undertakes to deal with the void that is now left. Mourning is the process of acclimating to a life without this special someone or something. It is a period of adopting to the changes created by this loss.

Mourning is a period of deep reflection and introspection. It is a time to experience the sweet love of what is missed. It is a time to love deeper than you ever thought possible. It is a time to remember, clarify, gain wisdom and compassion, learn and stretch. It is an extraordinary time of growth and development, which thought seemingly brutally painful, bears amazing gifts to the evolution of one's soul. Mourning is a time to feel, deal and heal from the emotional energy of your loss, until it has completely moved through you, and dissipated (Downward, Lera-López, & Rasciute, 2014).

### **3.2 Types of Grief**

The types of grief include the following: -

- Acute grief
- Chronic grief

- Anticipatory grief
  - Disenfranchised grief
1. **Acute grief:** is like a crisis, lasting approximately 4-6 weeks. Acute grief has a definite syndrome. Various theories have identified somatic symptoms of distress that occur in waves lasting varying periods of time, usually 20 minutes to 1 hour. These symptoms occur every time the loss is acknowledge. Preoccupation with the image (of the deceased, as well as a loss of body function or loss by relocation) is a phenomenon similar to daydreaming and is accompanied by a sense of unreality. Feeling of self-blame or guilt, are often present. These feeling of guilt may remain unstated, or a verbalized attempt is made to seek validation. Hostility or anger toward usual friendship may occur as a result of the griever's inner struggle. The lack of warmth toward others is another internal struggle that also occurs. Outward behavior may be stiff or formal in interactions with persons with whom the griever was previously relaxed socially.
  2. **Anticipatory grief:** - is the response to a real or perceived loss before it occurs. One observed this grief in preparation for potential loss of belongings, friends moving away, and knowing that a body part or function is going to change. It is also evident when a person anticipate the loss of a spouse through death. In a sense it is insulation against what will be, a dress rehearsal for actual event that is destined to occur. Behavior similar to acute grief are experienced, including preoccupation with the particular loss and anticipation of the mode of adjustment that might be necessary.

There are five (5) function related to anticipatory grief:

- Acknowledgement-convicted the inevitable will occur
  - Grieving experiencing and expressing the emotional impacts of the anticipated loss and physical, psychologic, and interpersonal turmoil associated with it
  - Reconciliation of the situation
  - Detachment-withdrawal of the emotional investment from the situation
  - Memorization-developing a relatively fixed conscious mental representation of that which will be lost.
3. **Disenfranchised grief:** - is grief that is not recognized or validate by others. These type of grief occurs when relationship between the mourner and the dead person is not recognized or the griever is not recognized by others. This has frequently been associated with domestic partnerships in which the family of the decease does not acknowledge the partner of the dead person. It can also occur in the "black sheep" of the family in situation of the family discord, in family members who have not provided support to other family

members who cared for the individual who has died, or in a participant in secret trysts, where involved party cannot tell others of the strong relationship.

4. **Chronic grief:** - has often been called impaired, pathologic, abnormal, or maladaptive grief. It has been thought that chronic grief begins with normal grief responses, but obstacles occur that interfere with the normal evolution of grieving. Where there should be normal responses, there are exaggerated responses. This type of grief may be fostered by the lack of social involvement with others. Individuals who live alone, socialized little, and have few close friends or have an ineffective support network will be more at risk for chronic grief. Issues of guilt, anger, and ambivalence towards the individual who has died are factors that will impede the grieving process until they are resolved. Behaviors such as irrational anger, social outbursts, and insomnia that linger for an extended time or surface months or years later, or the appearance of mental or physical ailments should be suspected as potential inability to grieve in a healthy, constructive manner. Other behaviors described maladaptive grief, depending on the interpretation applied to them this type of grief requires professional intervention of a clinical nurse specialist hospice nurse trained to deal with it or a psychologist or psychiatrist (Davies, Taylor, Ramchandani, & Christy, 2019).

## **SELF-ASSESSMENT EXERCISE**

### **4.0 CONCLUSION**

In this unit you have learnt the what is grief. You should at this stage be able to explain the meaning of grief and types of grief.

### **5.0 SUMMARY**

This unit has focused on what is grief and types of grief. The unit explains the concept of grief.

### **6.0 TUTOR-MARKED ASSIGNMENT**

What is grief and what are the types of grief?

## 7.0 REFERENCES/FURTHER READING

Davies, L.E., Taylor, P., Ramchandani, G. and Christy, E. (2019). “Social Return on Investment (SROI) in Sport: A Model for Measuring the Value of Participation in England.” *International Journal of Sport Policy and Politics* 11 (4): 585–605.

Downward, P., Lera-López, F., & Rasciute, S. (2014). The correlates of sports participation in Europe. *European Journal of Sport Science: EJSS: Official Journal of the European College of Sport Science*, 14(6), 592–602.

## **UNIT 2 DYING AND DEATH**

### **CONTENTS**

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
  - 3.1 Meaning of Dying
  - 3.2 Meaning of Deaths
  - 3.3 Meaning of Natural Death
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Reading

### **1.0 INTRODUCTION**

This unit will serve as a guide on the meaning of dying and death. It will help to know the meaning dying and death.

### **2.0 OBJECTIVES**

By the end of this unit, you should be able to;

- explain what you understand by dying
- discuss the concept of death
- discuss the meaning of natural death

### **3.0 MAIN CONTENT**

#### **3.1 Meaning of Dying**

If an individual is dying from a chronic illness as he or she is nearing death, each day the person may grow weaker and sleep more, especially if their pain has been eased. Near the very long pause in between, breaths some pauses may last longer than a minutes or two. The final stage of dying is death itself. You will know death has happened because the individual's chest will not rise and you will feel no breath. You may observed that the eye are glassy. At this time, the pulse is absent

The individual facing eventually death may go through two main phase prior to actual death. The first phase is called the pre-active phase of dying may last weeks or month, while the active phase of dying is much shorter and last only a few days, or in some cases a couple of weeks.

***Pre-active phase***

- Person withdraws from social activities and spends more time alone.
- Persons speak of “tying up loose ends” such as finances, wills, trusts.
- Person desire to speak to family and friends and make amends or catch up
- Increase anxiety, discomfort, confusion, agitation, nervousness
- Increase inactivity, lethargy, or sleep
- Loss of interest in daily activities
- Increased inability to heal from bruises, infections or wound
- Less interest in eating or drinking
- Person talk about dying, says that they are going to die or asks question about death
- Person request to speak with a religious leaders or show increased interest in praying or repentance.

***Active phase***

- Person state that he or she is going to die soon.
- Has difficulty swallowing liquid or resist food and drink
- Change in personality
- Increasingly unresponsive or cannot speak
- Do not move for long period of time
- The extremities-hand, feet, arms, and legs, feel very cold to touch. Not all people show these sign. These sign of death are merely a guide to what may or often happens, some may go through few signs and die within minutes of a change being noticed.

***Treatment***

As a family member or friends of a dying individual, you may aim to do the following:

- I. Helping with comfort and rest (back rub, holding hands, reading and background music can be very comforting and help decrease a person’s sense of being alone)
  - II. Prepare for physical problems (lip balm or salve to prevent chapped lips, for example)
  - III. Welcoming visitors and children’s, or ask the person who he or she would like to see and incite those people
  - IV. Prepare a list of people to call near the time of death
  - V. Talk with a friend about your feelings
  - VI. Feel free to say goodbye at the place of death
- Guidelines are also suggested for the person who is dying.

Foremost is taking care of himself or herself. Other suggestions are to think ahead about what could happen-and about how you will deal with problems of life for yourself and for the people who loves and care about you. Ideally, death and dying individual. Helping friends and family deal

with your death may help you find peace and comfort. If you are not at peace with death, you should seek advice from health care provider (Downward, Lera-López, & Rasciute, 2014).

More specific guideline for the dying individual include:

- Be grateful and accept help
- Don't be afraid to ask to be alone, time to be by yourself is necessary
- Be your own counsel-on one, including your physician, religious counselor, spouse or friends can understand 100% what you want and need
- Some people may treat you differently after learning that you are dying. Be patient, this may improve after a brief adjustment period
- Slow down, and ask your family and friends to slow down. They may not be a lot of time, but there is sufficient time, except in the most extreme cases, to think, plan and prepare
- Search for, and then trust in, a single individual. This does not mean you should not listen to and follow reasonable directions and advice. But focus on one individual as the final helper. When you do, make certain that your family doctor knows whom you have appointed to serve in that roles
- Ask your health care provider to explain what is being done to you so that you can understand why things are being done and what benefits you can expect call the health professional if you are concern or uncertain and need more explanation
- You should be aware that nurses and other hospital staff may not know that you are dying. This fact may not be written in your chart, and can lead to conflict between families and hospital staff. Its ok for your family to tell that hospital staff that you are dying
- Pre-planning will give your loved ones both assurance that your wishes are being followed and peace of mind from the knowledge that decisions have already been made
- Consider getting a durable power of attorney in which in which you name one or two people to make decisions or choices on your behalf if you should become of making decision.

### **3.2 Meaning of Death**

Death is the one great certainty in life. Some of us will die in ways out of our control, and most of us will be unaware of the moment of death itself. Still, death and dying can be approached in a healthy ways (Downward, Lera-López, & Rasciute, 2014). Understanding what people differ in how they think about death and dying, and respecting those differences, can promote a peaceful death.

The primary course of action when death is near to fulfil the dying from an illness, ideally, they will have participated in decisions about how to live and die. If the request made to not seen practical to the care giver, option should be raised with the dying individual to try to accommodate his or her request and still provide adequate care. If the lying individual has not been able to participate in formulating final plans, you should strive to do what you think this person would want (Downward, Lera-López, & Rasciute, 2014). If the individual is in a hospice, he or she may desire a natural death. In this situation, the aim will be for the final days and moment of life to be guide toward maintaining comfort and reaching a natural death.

### *Symptoms*

1. **Cardiopulmonary:** criteria have traditionally been used to declare death. When breathing ceases and the heart no longer beats, the person is said to have die.
2. **Brain death:** is another standard for declaring death that was adopted by most countries during 1980s. The brain death standard was originally recommended in 1968 by a Harvard panel of experts that studied patients in irreversible coma. They concluded that once a patient's whole brain no longer functions and cannot function again, the brain is dead. Cardiorespiratory death invariably follows.

### **3.3 Meaning of Natural Death**

A death by natural causes, as recorded by coroners and on death certificates and associated documents, is one that is primarily attributed to an illness or an internal malfunction of the body not directly influenced by external forces. For example, a person dying from complications of influenza (an infection) or a heart attack (an internal body malfunction) or sudden heart failure would be listed as having died from natural causes. Health departments discourage listing old age as the cause of death because doing so does not benefits public health or medical research. Old age is not a scientifically recognized cause of death, there is always a more direct cause, although it may be unknown in certain cases and could be one of a number of ageing-associated diseases.

By contrast, death cause by active intervention is called unnatural death. The “unnatural” cause are usually given as accidents (implying no unreasonable voluntary task) misadventures (accident following a willful and dangerous risk, which can include drug or alcohol overdose), suicide or homicide.

## **SELF-ASSESSMENT EXERCISE**

What is Dying?

### **4.0 CONCLUSION**

In this unit you have learnt the meaning of dying, death and natural death. You should at this stage be able to explain the meaning of dying and death.

### **5.0 SUMMARY**

This unit has focused on the meaning of dying, death and natural death. The unit explains the concept of dying and death.

### **6.0 TUTOR-MARKED ASSIGNMENT**

What is Death?

### **7.0 REFERENCES/FURTHER READING**

Davies, L.E., Taylor, P., Ramchandani, G. and Christy, E. (2019). “Social Return on Investment (SROI) in Sport: A Model for Measuring the Value of Participation in England.” *International Journal of Sport Policy and Politics* 11 (4): 585–605.

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## UNIT 3      IMPACT OF LIFESTYLE ON AGEING

### CONTENTS

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
  - 3.1 Meaning of Lifestyle
  - 3.2 Impact of Lifestyle on Aging
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Reading

### 1.0 INTRODUCTION

This unit will serve as a guide on the meaning of dying and death. It will help to know the meaning dying and death.

### 2.0 OBJECTIVES

By the end of this unit, you should be able to;

- explain what you understand by dying
- discuss the concept of death
- discuss the meaning of natural death

### 3.0 MAIN CONTENT

#### 3.1 Meaning of Lifestyle

**Lifestyle** is the interests, opinions, behaviours, and behavioural orientations of an individual, group, or culture. The term was introduced by Austrian psychologist Alfred Adler in his 1929 book, *The Case of Miss R.*, with the meaning of "a person's basic character as established early in childhood". The broader sense of lifestyle as a "way or style of living" has been documented since 1961. Lifestyle is a combination of determining intangible or tangible factors. Tangible factors relate specifically to demographic variables, i.e. an individual's demographic profile, whereas intangible factors concern the psychological aspects of an individual such as personal values, preferences, and outlooks.

Lifestyle are patterns of behavioural choices made from the alternatives that are available to people according to their Socio-economic circumstances and the ease with which they are able to choose certain ones over others. lifestyle could also be seen as a way living of individual,

families (households) and societies, which they manifest in coping with their physical, psychological, social and economic environment on a day-to-day basis. When the term “lifestyles” is used it should include components that acknowledge the relationship between the individual and his/her relevant, social and physical environments.

A lifestyle typically reflects an individual's attitudes, way of life, values, or world view. Therefore, a lifestyle is a means of forging a sense of self and to create cultural symbols that resonate with personal identity. Not all aspects of a lifestyle are voluntary. Surrounding social and technical systems can constrain the lifestyle choices available to the individual and the symbols she/he is able to project to others and the self.

The lines between personal identity and the everyday doings that signal a particular lifestyle become blurred in modern society. For example, "green lifestyle" means holding beliefs and engaging in activities that consume fewer resources and produce less harmful waste (i.e. a smaller ecological footprint), and deriving a sense of self from holding these beliefs and engaging in these activities. Some commentators argue that, in modernity, the cornerstone of lifestyle construction is consumption behavior, which offers the possibility to create and further individualize the self with different products or services that signal different ways of life.

### 3.2 Impact of Lifestyle on Aging

Lifestyle factors have a greater impact than genetics, which account for about one third of the problems associated with aging (Davies, Taylor, Ramchandani, & Christy, 2019). There are significant factors, which increase longevity, prevent or delay disabling illness, and improve the quality of life. They are:

1. **Exercise.** This by itself is the most important factor. Physical activity aids cardiovascular and respiratory functions, slows the loss of muscular strength, increases bone mass, aids digestion and bowel functions, promotes sound sleep, and prevents depression.
2. **Nutrition.** This area encompasses a healthy diet, use of supplements, and drinking plenty of water. The experts advocate a low fat diet with a minimum of 5 servings of fruits and vegetables, and 2 to 4 servings of low-fat dairy products each day. A multivitamin is recommended to fill in gaps from the diet, as well as 6 to 8 glasses of water or clear fluids to promote optimal organ function.
3. **Smoking.** Cessation of smoking reduces the risk of heart disease, stroke, some cancers, bronchitis, and emphysema.

4. **Avoidance of excessive alcohol.** Limiting alcohol to one glass of wine or spirits per day reduces the risk of liver disease and certain cancers. However, the older you get, the more cautious you should be, even about drinking small amounts.
5. **Stress reduction.** Reduction of stress and anxiety helps to strengthen the immune system and decreases susceptibility to disease.
6. **Cultivating satisfying relationships.** Social interaction and support have been found to reduce stress, help cognitive functioning, and prevent depression.
7. **Challenging the mind.** Learning new skills and regular mental activity promote healthy mental functioning.

### SELF-ASSESSMENT EXERCISE

What are the impact of lifestyle on ageing?.

### 4.0 CONCLUSION

In this unit you have learnt the meaning of lifestyle and its impact on ageing. You should at this stage be able to explain lifestyle and its impact on ageing

### 5.0 SUMMARY

This unit has focused on the impact of lifestyle on ageing. The unit explains lifestyle and its impact on ageing.

### 6.0 TUTOR-MARKED ASSIGNMENT

What is Lifestyle?

### 7.0 REFERENCES/FURTHER READING

Davies, L.E., Taylor, P., Ramchandani, G. and Christy, E. (2019). "Social Return on Investment (SROI) in Sport: A Model for Measuring the Value of Participation in England." *International Journal of Sport Policy and Politics* 11 (4): 585–605.

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**MODULE 4**

Unit 1	Related Problems of Lack of Sports in Ageing
Unit 2	Benefits of Sports for the Ageing
Unit 3	Recommended Sports for Ageing

**UNIT 1 RELATED PROBLEMS OF LACK OF SPORTS IN AGEING****CONTENTS**

1.0	Introduction
2.0	Objectives
3.0	Main Content
3.1	Related problems of lack of Sports in Ageing
3.2	Barriers of Sports for Ageing
4.0	Conclusion
5.0	Summary
6.0	Tutor-Marked Assignment
7.0	References/Further Reading

**1.0 INTRODUCTION**

This unit will serve as a guide on the benefits of sports for the ageing. It will help to know the problems of lack of sports in ageing.

**2.0 OBJECTIVES**

By the end of this unit, you should be able to;

explain the benefit of sports to the aged

**3.0 MAIN CONTENT****3.1 Related problems of Lack of Sports in Ageing**

- **Heart disease.** Sports can help improve your heart health. Recent studies have shown that interval training is often tolerated well in people with heart disease, and it can produce significant benefits. For people with high blood pressure, exercise can lower your risk of dying of heart disease and lower the risk of heart disease progressing.
- **Diabetes.** Sports can help insulin more effectively lower your blood sugar level. Physical activity can also help you control your

weight and boost your energy. If you have type 2 diabetes, exercise can lower your risk of dying of heart disease.

- **Asthma.** Often, exercise can help control the frequency and severity of asthma attacks.
- **Back pain.** Regular low-impact aerobic activities can increase strength and endurance in your back and improve muscle function. Abdominal and back muscle exercises (core-strengthening exercises) may help reduce symptoms by strengthening the muscles around your spine.
- **Arthritis.** Sports can reduce pain, help maintain muscle strength in affected joints and reduce joint stiffness. It can also improve physical function and quality of life for people who have arthritis.
- **Cancer.** Sports can improve the quality of life for people who've had cancer, and it can also improve their fitness. Exercise can also lower the risk of dying from breast, colorectal and prostate cancer.
- **Dementia.** Sports can improve cognition in people with dementia, and people who are active on a regular basis are at less risk of dementia and cognitive impairment.
- **Increased Chances of a Stroke:** According to the Centers for Disease Control and Prevention, each year, nearly 800,000 adults in the U.S. suffer from a stroke. Although smoking and excessive alcohol consumption still remain the biggest risk factors, recent studies show that physical inactivity might be just as risky. **Physical exercise boosts metabolism and lowers blood pressure, leading to decreased chances of developing hypertension and cardiac disease** — two of the most common risk factors inducing a stroke. Among other things, “physical activity can play an antithrombotic role by reducing blood viscosity, fibrinogen levels, and platelet aggregability and by enhancing fibrinolysis, all of which might reduce cardiac and cerebral events.” (Lee et al, 2003). To put it bluntly, exercise keeps your cardiovascular and nervous system in good shape, minimizing the chances of stroke by at least 50 percent.
- **Rapid Aging:** Science made an incredible discovery by uncovering the fact that moderate physical activity prevents the cells from aging. However, it's not just any physical activity that can do this kind of magic. **Endurance training is said to be the one with the most potential.** This type of training strengthens the heart, boosts the immune system and speeds up the blood flow, preventing the cells from slowing down by constantly supplying them with energy and nutrients. Most incredibly, moderate physical activity (running, swimming and biking, in particular) actually protects the DNA material in our body which helps the cells replicate and stay healthy.
- **The Risk of Osteoporosis:** Usually defined as the loss of calcium in our bones, **osteoporosis is one of the most common ailments**

**of our skeletal system.** According to the International Osteoporosis Foundation, “One in three women and one in five men aged 50 years and over are at risk of an osteoporotic fracture”. As we exert pressure on our bones while working out, *osteoblasts* (bone cells) adjust accordingly in order to support the weight. Unless constantly challenged and stimulated, the bones hibernate and consequently deteriorate. The bones’ mineral density (BMD) is well promoted with resistance training and body-weight exercises. On the other hand, activities such as walking, running, or swimming may not increase bone density but they will inhibit or slow down bone loss as well as reduce bone fractures. After conducting extensive research on bone density in osteoporotic patients, scientists concluded that resistance exercises and the ones with the domination of cyclic activities (such as cycling or swimming) appeared to be site-specific and able to increase muscle mass and/or BMD only in the stimulated body regions. (Benedetti et al. 2018).

- **The Development of Chronic Fatigue Syndrome (CFS):** Chronic Fatigue Syndrome is a sly and insidious disease. Those affected are seldom aware of the condition which usually goes untreated for this particular reason. It is characterized by heavy fatigue and even plain laziness to such an extent that the patient might appear unenthusiastic and dispassionate about everything. **Little is known about the specific causes of CFS but studies demonstrate that “a sedentary lifestyle is prominent in people with CFS”** (Newton et al. 2011). In cases when a person is diagnosed with CFS, the doctors usually recommend the gradual but steady introduction of physical activity which, so far, has shown to have tremendously positive outcomes.
- **The Risk of Bowel Cancer:** Bowel cancer, also called colon or colorectal cancer, may affect people of all ages. High-risk groups include people over 50 years of age, especially those that lack physical activity. **Various studies have confirmed that physical activity significantly reduces “gastrointestinal transit time” which means that the ingested food spends less time passing through the colon, thus reducing the exposure of the tissue to potentially carcinogenic substances** (Friedenreich, Neilson & Lynch, 2010). In addition to this, exercising is also said to lower the levels of insulin which sometimes plays a role in cancer development.

### 3.2 Barriers of Sport for Ageing

Other factors that may contribute to the lack of physical exercise among people over 50 years include:

- Some older people may have a preference for sedentary activities, such as reading and socialising.
- The relatively high cost of some sports may exclude some people.
- Many sports and activities tend to attract young adults, so older people may feel unwelcome.
- The physical fitness marketplace has failed to include and attract older people.

#### **4.0 CONCLUSION**

In this unit you have learnt the related problems of lack of sports in Ageing. You should at this stage be able to explain the problems of lack of sports in Ageing.

#### **5.0 SUMMARY**

This unit has focused on the related problems of lack of sports in Ageing. The unit list and explained the related problems of lack of sports in Ageing.

#### **6.0 TUTOR-MARKED ASSIGNMENT**

1. List and explain the related problems of lack of sports in Ageing.
2. What are the barriers of the aged for Sports.

#### **7.0 REFERENCES/FURTHER READING**

Klein, T. (2009). Determinanten der Sportaktivität und der Sportart im Lebenslauf. Kölner Zeitschrift für Soziologie und Sozialpsychologie, 61, 1-32

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## **UNIT 2      BENEFITS OF SPORTS FOR THE AGEING**

### **CONTENTS**

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
  - 3.1 Benefit of Sports to the Ageing
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Reading

### **1.0 INTRODUCTION**

This unit will serve as a guide on the benefits of sports for the ageing. It will help to know how sports can benefit the aged.

### **2.0 OBJECTIVES**

By the end of this unit, you should be able to;

explain the benefit of sports to the aged

### **3.0 MAIN CONTENT**

#### **3.1 Benefits of Sports for the Aged**

From the age of 50, muscle mass and overall strength are reduced by 40 up to 50% depending on everyone. With ageing, shortness of breath gets higher, gaining weight is common and physical balance gets weaker (Davies, Taylor, Ramchandani, & Christy, 2019). The ageing capacity to remain independent is reduced, falls risks are higher. Staying inactive could be risky for the ageing. In order to fight these consequences, the soft exercise can be a great therapy. The need of e in our daily lives is very important for our health development, health benefits include:

1. Exercise stretches muscles and joints, which in turn can increase flexibility and help prevent injuries. The amount and size of muscle fibres decreases with age. Some studies suggest that the average body loses around 3kg of lean muscle every decade from middle age. The muscle fibres that seem to be most affected are those of the 'fast twitch' (phasic) variety, which govern strength and speedy contraction. There is evidence to suggest that these changes are related to a sedentary lifestyle, rather than age. Muscle

mass can increase in the older person after regularly exercising for a relatively short period of time.

2. **Regular exercise makes the heart stronger and the lungs fitter:** It enables the cardiovascular system to deliver more oxygen to the body with every heartbeat and the pulmonary system to increase the maximum amount of oxygen that the lungs can take in. Heart and lungs moderate intensity exercise is most favourable: for example, exercising at about 70 per cent of the individual's maximum heart rate (220 beats per minute minus your age). Studies show that cardiorespiratory fitness takes longer to achieve in an older person than a young person, but the physical benefits are similar. Regardless of age, people are able to improve their cardiorespiratory fitness through regular exercise.
3. **Exercise lowers blood pressure:** It slightly decreases the levels of total and low-density lipoprotein (LDL) cholesterol (the bad cholesterol), and increases the level of high-density lipoprotein (HDL) cholesterol (the good cholesterol). Which in turn decrease the risk of heart attack, stroke, and coronary artery disease.
4. **Regular Exercise can help to manage physical and mental stress:** Exercise also increases concentrations of norepinephrine, a chemical that can moderate the brain's response to stress.
5. Exercise increases growth and development, prevent aging, strengthened muscles and the cardiovascular system, honing athletic skills, weight loss or maintenance, and merely enjoyment.
6. **Exercise combats health conditions and diseases:** Regular exercise boosts the immune system and helps prevent or manage a wide range of health problems and concerns, such as cardiovascular, type 2 diabetes, and obesity which are associated with increased risk for hypertension, osteoarthritis, abnormal cholesterol and triglyceride levels, coronary heart disease, stroke, gallbladder disease, sleep apnoea, respiratory problems and some cancers.
7. **Exercise promotes better sleep:** It may also help prevent stress and depression, increase quality of sleep and act as a non-pharmaceutical sleep aid to treat diseases such as insomnia, improve mental health, maintain steady digestion and treat constipation and gas.
8. **Exercise may also improve balance:** Exercise may also improve balance by increasing strength of the tissues around joints and

throughout the body, thus helping to prevent falls. Weight-bearing exercise, such as brisk walking and weight training, strengthens bones and helps prevent osteoporosis.

9. **Exercise improves mood:** Physical activity stimulates the releases endorphins, which create feelings of happiness and euphoria. You may also feel better about your appearance and yourself when you exercise regularly, which can boost your confidence and improve your self-esteem, self-Confidence and self-Image regardless of weight, size, gender, or age, it can quickly elevate a person's perception of his or her attractiveness, that is, self-worth.
10. Cardiovascular exercise increase brainpower by creating new brain cells (aka neurogenesis) thereby improving overall brain performance. Vigorous workout increases levels of a brain-derived protein (known as BDNF) in the body, which is believed to help with decision making, higher thinking, and learning. Getting sweaty increases production of cells in hippocampus responsible for memory and learning thereby increasing memory and ability to learn new things.
11. **Reduce the Risk of Heart Diseases:** The heart is a muscle and needs exercise to stay in shape. When it's exercised, the heart can pump more blood through the body and continue working at optimal efficiency with little strain. This will likely help it to stay healthy longer. Regular exercise also helps to keep arteries and other blood vessels flexible, ensuring good blood flow and normal blood pressure. Daily exercise helps in strengthening of heart muscles. It helps maintain desired cholesterol levels. Daily physical activity reduces one's chances of stroke and the risk of heart disease.
12. Bone – bone density begins to decline after the age of 40, but this loss accelerates around the age of 50 years. As a result of this bone loss, older people are more prone to bone fractures. Exercise may help to reduce the risk of bone loss and osteoporosis. Weight-bearing exercise, in particular, helps to keep bones healthy and strong.
13. Joints – the joints of the body require regular movement to remain supple and healthy. In particular, people with arthritis can benefit from aerobic and strengthening exercise programs.
14. Body fat levels – carrying too much body fat has been associated with a range of diseases including cardiovascular disease and diabetes. Regular exercise burns kilojoules, increases muscle mass and speeds the metabolism. Together, these physiological changes

help an older person maintain an appropriate weight for their height and build.

- 15.** Muscle – the amount and size of muscle fibres decreases with age. Some studies suggest that the average body loses around 3kg of lean muscle every decade from middle age. The muscle fibres that seem to be most affected are those of the ‘fast twitch’ (phasic) variety, which govern strength and speedy contraction. There is evidence to suggest that these changes are related to a sedentary lifestyle, rather than age. Muscle mass can increase in the older person after regularly exercising for a relatively short period of time.

## **SELF-ASSESSMENT- EXERCISE**

### **4.0 CONCLUSION**

In this unit you have learnt the benefits of sports to the aged. You should at this stage be able to explain the benefits of sports to the aged.

### **5.0 SUMMARY**

This unit has focused on the benefit of sports to the aged. The unit list and explained the benefit of sports to the aged.

### **6.0 TUTOR-MARKED ASSIGNMENT**

List and explain the benefit of sports to the ageing.

### **7.0 REFERENCES/FURTHER READING**

Davies, L.E., Taylor, P., Ramchandani, G. & Christy, E. (2019). Social Return on Investment (SROI) in Sport: A Model for Measuring the Value of Participation in England.” *International Journal of Sport Policy and Politics* 11 (4): 585–605.

Downward, P., Lera-López, F., & Rasciute, S. (2014). The correlates of sports participation in Europe. *European Journal of Sport Science: EJSS: Official Journal of the European College of Sport Science*, 14(6), 592–602.

## UNIT 3 RECOMMENDED SPORTS FOR AGEING

### CONTENTS

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
  - 3.1 Recommended Sports for Ageing
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Reading

### 1.0 INTRODUCTION

This unit will serve as a guide on sports that were recommended for the aged. It will help to know the type of sports that are good for the aged.

### 2.0 OBJECTIVES

At the end of this unit, you should be able to;

explain the recommended sports for ageing

### 3.0 MAIN CONTENT

#### 3.1 Recommended Sports for Ageing

Once all these precautions are taken, it is still not obvious to know which sports are recommended for the ageing. Indeed, physical performances after you reach 50 years old are quite different from those you get at age 20 (Downward, Lera-López, & Rasciute, 2014). Furthermore, fitness and flexibility can be improved at any age. Some sports are not recommended if the person never practiced it before, such as skiing or the racket sports, tennis and squash which can overstress body joints. Running could be also too exhausting for the ageing heart and knees. However, the following were the sports that are available to the ageing people.

**Yoga:** This ancestral discipline aims to harmonize the body and the spirit. It's based on soft sequential movements and breath techniques which relax muscles. Yoga also tones up the internal organs and softens the body's joints. Some yoga positions relieve pains, especially those of the back.

**Nordic walking:** According to Iowa university research, walking 15 minutes per day would be enough to extend life by 3 years. Nordic walking is a traditional sport practised in Scandinavia to walk quickly in snowy fields. Contrary to traditional walking or to hiking, the Nordic walking is practised with sticks in carbon fibre.

**Pushing** the sticks both vertically and horizontally exercise arms, pectoral muscles, shoulders and gluteal muscles. This well-balanced and harmonious exercise of endurance generates fewer impacts and shocks than running. Indeed, sticks reduce over one third of the weight that impact knees.

**Gymnastics:** Concerning indoor gymnastics, movements can be adapted for the ageing. The exercises are generally practised in groups and they allow to strengthen and to tone up the body.

**Aqua-gym** is a softer practise: it is originally a re-education method used by professional sportsmen. It has spread to the general audience greatly over the last 15 years. In the swimming pool, you feel light, because the body weighs less than a tenth of its actual weight. The muscular work is more intense than in a gymnastic class, without you being aware of it.

**Gym memory** is a less known discipline but it trains coordination, memorization and concentration in a fun way. It's particularly recommended to prevent Alzheimer.

**Body-building** is beneficial if it's reasonably practised to keep a good muscle mass.

**Tai Chi Chuan:** This traditional Chinese practise harmonized with more modern therapeutic exercises over time. Tai-Chi allows the ageing people with health problems such arthritis or heart troubles to maintain a beneficial physical activity. This sport can strengthen the muscle tone, improve balance and flexibility, thanks to fluid and slow movements. However, it is essential to have coaches especially trained and formed to work with the aged. Besides its positive effects on heart and muscles, martial arts are recommended to prevent falls by improving movements balance and coordination.

### **Outdoor activities**

- The tricycle allows seniors having balance problems to relive the bike rides pleasure. Archery and golf both allow to get some fresh air and to develop coordination and agility.
- Biking is well adapted for those who suffer from degenerative osteoarthritis in their hips, ankles and knees (except in cases of severe degenerative osteoarthritis of the knee) or those who have

an excessive weight. However, beware of hidden competitions between friends! These challenges often start jokingly but they can bring you to exceed your limits without being aware of it and can provoke a heart attack.

- **Unusual activities:** The “walking stick defence” is a more unusual, useful and therapeutic activity. It helps working on your balance, creating social links by roleplaying as an aggressor or an attacked person. Originally, the walking stick was a tool of self-defence, but it is also used by people who have Alzheimer today.

Finally, the aged don't think often about it, but video games, in particular the “Wii therapy”, are recommended to them thanks to playful exercises, which are sometimes even practised in longterm care establishments, it is possible to work your balance, to maintain your physical shape or to stimulate your memory with it.

Beginning any sport is usually an easy step: however, maintaining your efforts requires to respect some rules. It is necessary to avoid too many constraints to practise sport. Working out has to remain a pleasure: it can be therapeutic, but needs to remain playful above all. It is necessary to keep in mind that the frequency and duration of physical practise have to remain reasonable: do not push yourself. This list is obviously non-exhaustive: please, don't hesitate to tell us which sports you practise, and which ones are adapted to the aged. (Downward, Lera-López, & Rasciute, 2014). Recently, a septuagenarian beat three cycling world records. It is a good proof that physical activity is possible at any age with a enough goodwill, self-confidence and a knowledge of your limits. So, there's no such word as can't!

## **SELF-ASSESSMENT- EXERCISE**

### **4.0 CONCLUSION**

In this unit you have learnt the sports that are good for the aged. You should at this stage be able to explain the sports that are good for the aged.

### **5.0 SUMMARY**

This unit has focused on the recommended sports for the aged. The unit list and explained the recommended sports for the aged.

### **6.0 TUTOR-MARKED ASSIGNMENT**

List and explain the benefit of sports to the ageing.

## 7.0 REFERENCES/FURTHER READING

- Davies, L.E., Taylor, P., Ramchandani, G. & Christy, E. (2019). “Social Return on Investment (SROI) in Sport: A Model for Measuring the Value of Participation in England.” *International Journal of Sport Policy and Politics* 11 (4): 585–605.
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