SPORT AS LIFE SAVER

Play the Game Conference, Copenhagen, 9 November 2005

- 1. SUICIDE is rampant among the young generally, that is, the cohort of 15 to 24 year-olds, but even more so among indigenous (native) youth in USA, Canada, Australia, New Zealand, Fiji, Tonga, Samoa, Guatemala, and probably Greenland. The native cohort is even younger, with many more suicides among those younger than 15, as young as 8 and 10 in Australia.

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- 2. In most of these societies, there is no history and no culture of suicide: much of the phenomenon has been recent, from about the 1960s onward. Aborigines show no records of suicide, young or adult, before 1960; the same is true of Inuit in Canada, apart from a brief rash of suicides in the 17th century.
- 3. Millions of dollars are now being spent on **prevention**, a word that not only implies but affirms that that we know the causes and that we can actually stop its occurrence. We don't know why these youth do it and we can't prevent what we don't understand. We are not dealing with polio or measles, and there is no inoculation.
- 4. Our prevention strategies, of which there are hundreds, all assume a common broad causality: mental illness, particularly that loose and meaningless term 'depression'. There is no evidence that indigenous youth suffer depression or that mental illness is involved. Depression is quintessentially a white, western, urban, middle-class diagnosis/neurosis, insistent on treatment by pharmaceuticals. Ten to fifteen per cent suffer 'depression' in any society, yet only a very small fraction commit suicide: there is NO PROOF of a direct causal chain between depression and suicide.
- 5. My research began in the early 1990s with a study of the relationship between Aboriginal delinquency and violence and sport. I found suicide emerging as a major issue. This led to a major study of Aboriginal and

- Maori, and later Inuit, suicide between 1997 and 2005, with a book, Aboriginal Suicide is Different: a Portrait of Life and Self-Destruction, in 2001 and a new, revised edition in 2005.
- 6. Hardly shattering was the finding that where competitive, organised sport was available, delinquency rates dropped markedly, and sometimes disappeared altogether from police records. The Palm Island experience: bad behaviour resulted in expulsion to mainland Townsville, some 70 km distant. Reaction to this was often one of triumph. But expulsion from the football team was considered a disaster.
- 7. The empirical evidence is strong: Sport replaces a lost sense of belonging, a lost sense of loyalty, a lost sense of social cohesion, a lost sense of togetherness. Sport, especially team sport, replaces tribal/cultural activities that have either been lost or the youth are not attracted to, or feel ashamed of; it produces a sense of class, of moiety group, of belonging, of especial ritual, hierarchy, discipline, even ideology, a code of conduct, a sense of unity as it opposes its enemies.
- 8. But sport is an ARTIFICE: there is a team, a competition, a season. You can't play it 365 days a year, forever. Each sporting even, as we know only too well, is ephemeral, transient. In my context, it can't last: five, perhaps even ten years is tops. But that is enough time to reflect, to find a purpose in life. In this way, sport is a life saver: it can and does deflect, postpone, perhaps even deter the suicide: it can bridge that period from 15 to 25, or from 12 to 22.
- 9. A major Swiss study of 10,000 school adolescents between the ages of 15 and 20 found that the athletic ones had less somatic complaints, more confidence in their future health, a better body image and a lesser tendency to attempt suicide. They concluded: 'Inducement to get involved in physical activity may be a necessary component of a comprehensive prevention approach among adolescents.' C. Ferron, F. Narring, M. Cauderay, P. aA. Michaud, 'Sport activity in adolescence: association with health perceptions and experimental behaviors', *Health Education Research*, vol. 14, no. 2, April 1999, pp 225-233.

10. An American study of 4,728 college students found a strong correlation between sport and suicidal behaviour: men who didn't participate in sport were 2.5 times more likely to report suicidal behaviour than sports participants — for both men and women. "Sports participation was protective against suicidal behaviour." David Brown and Curtis Blanton, 'Physical activity, sports participation and suicidal behavior among college students', *Medicine & Science in Sports & Exercises*, 34(7) July 2002, pp. 1087–1096.

Sportsuise

11. We need to remember that organised sport isn't confined to those who actually play on the field: belonging to sport can take the form of being umpires, line judges, newsletter, fan club organisers, rosette and flag makers, scorers, fund raisers, sponsor seekers, historians and statisticians and fans who come to matches.

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Physical activity, sports participation, and suicidal behavior among college students. Medicine & Science in Sports & Exercise. 34(7):1087-1096, July 2002. BROWN, DAVID R. 1; BLANTON, CURTIS J. 2

Abstract:

BROWN, D. R. and C. J. BLANTON. Physical activity, sports participation, and suicidal behavior among college students. Med. Sci. Sports Exerc., Vol. 34, No. 7, pp. 1087-1096, 2002.

Purpose: To evaluate the relationship between physical activity, sports participation, and suicidal behavior among college students (N = 4,728).

Methods: Data from the 1995 National College Health Risk Behavior Survey were analyzed. Students were classified as engaging in frequent vigorous activity 6-7 d[middle dot]wk-1, vigorous activity 3-5 d[middle dot]wk-1, moderate activity, low activity, or no activity. Sports participation was dichotomized into "yes" or "no" participation. Suicidal behavior was defined as thoughts about, plans for, or attempts at suicide during the 12 months before completing the survey. Data were stratified by sex and multivariable logistic regression modeling, calculated odds ratios (ORs) (adjusted for age, race/ethnicity, Body Mass Index/weight perception, cigarette smoking, episodic heavy alcohol use, drug use, and either activity level or sport participation) for suicidal behavior as associated with physical activity and sports participation.

Results: Adjusted ORs show that men in the "low activity" group were at almost half the odds (adjusted OR = 0.54;P < 0.015) of reporting suicidal behavior than men in the "not active" group. Women who engaged in moderate or frequent vigorous activity were at greater odds of reporting suicidal behavior compared with inactive women; OR = 1.76 (P < 0.035) and 1.99 (P < 0.034) respectively. Sports participation was protective against suicidal behavior. Adjusted ORs show that men who did not participate in sports were 2.5 times (P < 0.0003) more likely to report suicidal behavior than men who were sports participants. Women not participating in sports had 1.67 times the odds of reporting suicidal behavior than women sports participants (P < 0.05).

Conclusions: Associations were found between sports participation/selected patterns of physical activity and suicidal behavior. Causal factors mediating the relationships need to be identified.

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Sport activity in adolescence: associations with health perceptions and experimental behaviours

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Despite the relevance of this research topic from a public health perspective, there is currently a lack of objective data on European adolescents' sport activity, notably the associations between their sport habits and their health attitudes and behaviours, which may have important consequences both in terms of somatic (cardiovascular) health and mental health. The objective of the present study was to determine the direction and strength of the associations between the frequency of sport and health variables; in particular, perceptions of health, self image, substance use and experimental behaviours. Data were collected as part of the 1993 Swiss Multicentric Adolescent Survey on Health. In this survey, anonymous self-administered questionnaires were distributed to a national representative sample of 10 000 in-school adolescents (15-20 years of age). Univariate analyses explored the relationships between the level of sport activity and health variables; then logistic regression analyses examined the strength of This Article

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these relationships. According to the results, half of the sample do sports more than twice a week, boys more often as part of a sports club. Differences between non-athletic and athletic adolescents describe the latter as having less somatic complaints, more confidence in their future health, a better body image, a lesser tendency to attempt suicide, a higher frequency of use of the car seat belt, and a lower use of tobacco, wine and marijuana. Links between the frequency of sport activity and the locus of control related to health, general satisfaction with life or sexual behaviours are less strong. It must be noticed that the crosssectional data collection precludes the establishment of a causal relationship between exercise and health behaviours. However, the existing links underline the coexistence of positive health characteristics and sport activity, suggesting that an incitement to get involved in physical activity may be a necessary component of a comprehensive prevention approach among adolescents.

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