

ASPIRE LITERATURE REVIEW – KEY TERMS

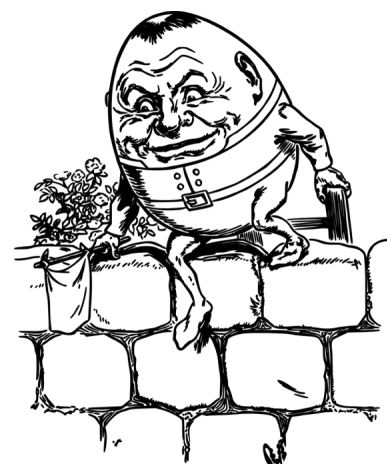
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Introduction

"When I use a word," Humpty Dumpty said, in rather a scornful tone, "it means just what I choose it to mean — neither more nor less."

"The question is," said Alice, "whether you can make words mean so many different things."

*"The question is," said Humpty Dumpty, "which is to be master — that's all." (Lewis Carroll, *Through the Looking Glass*, 1871)*



It is always useful to be clear about the terms we use, and lack of clarity can be the cause of unnecessary misunderstanding and confusion. This has not always been the case with the current topic with phrases like health, well-being, physical activity, sport, sometimes employed by researchers with casual abandon. So, it is worthwhile spending a little time clarifying how some of the key terms will be used here, if only to save potentially wasted time later.

It is worthwhile being clear from the very beginning of our discussion that there has not been a consensus on the definitions many of the terms used within the ASPIRE project, even though they are central not only to sport development, but also to broader concerns of health, medicine, education and so on. In addition, important words are sometimes misunderstood or misapplied. On other occasions, pairs of words are confused with each other. For example, to borrow a case from a topic closely related to the interests of the ASPIRE project, many scientific studies of the outcomes of 'physical education' use that term to refer to an extremely wide range of settings, including those beyond the school curriculum. The result of this linguistic promiscuity is that it becomes very difficult to know if the findings of these studies tells us anything about physical education, at all. Or consider the concept of 'health', which is a central concern of the ASPIRE project. The World Health Organisation's famous definition of 'health' is understandably used widely in the policy and advocacy literatures, despite concerns from numerous commentators that it does not, in fact, describe health at all!

So, Humpty Dumpty is mistaken: the meaning of words matter, and they are not merely personal interpretations. It is less important that partners in the ASPIRE project accept the suggestions offered in this paper than they reflect on the meanings of the key terms of their work, agree, and stick to shared understandings. So, the reader is requested to understand what follow as suggestions, not answers to what are quite often complicated debates.

For the purposes of the ASPIRE project, a series of clusters of important terms will be considered:

- Health
- Sport, Physical Activity, and Play
- Sport PLUS and PLUS Sport
- Psychosocial Development
- Migrants and Refugees
- Integration and Inclusion
- Accessibility

Health and Well-being

The WHO famously defines health as “a state of complete physical, mental and social well-being and not simply the absence of disease or infirmity” (WHO 1948, p. 100). The definition is positive, holistic, and it presents three major interrelated components of health (see Figure 1).

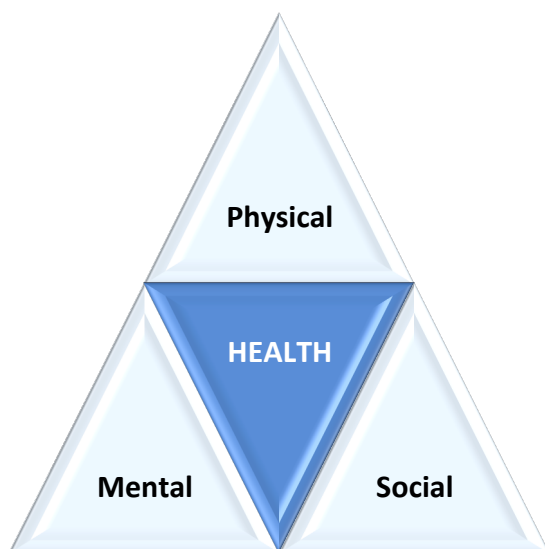


Figure 1: A Visual representation of the World Health Organisation's Definition of Health

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Physical: this is the physiological or biological component of health. It simply implies the maintenance of homeostasis, or a healthy state of the body.

Social: this represents the ability to connect and function as a member of society

Mental: this indicates the psychological, emotional, and mental status of the individual.

The WHO's definition has been heavily criticised since it was conceived in 1946 (e.g., Callahan 1973; Üstün, & Jakob, 2005). Most of these criticisms centre on the claim that the WHO set an unattainable standard for health, and what they have really defined is 'well-being'. So, for example, it is doubtful whether everyone really needs to have a rich network or friends and community to be classified as healthy. But a network like this might well be necessary for the achievement of the broader and more ambitious 'well-being'. In a similar vein, some critics have observed that the definition equates health with happiness, and consequently that a disruption of happiness could be regarded as a health problem, which seems to stretch the concept too far. In addition, some have claimed the definition is too inflexible and unrealistic (Awofeso, 2012). The inclusion of the word "complete" in the definition makes it unlikely for anyone to be healthy for a reasonable period of time. It is often difficult, if not impossible, to gain complete contentment in all aspects of one's life. A definition of health that excludes EVERYONE in the world is probably questionable!

So, a more modest working definition of health seems in order. Philosophers of health tend to define health in terms of the absence of pain, suffering, illness and disease (in other words, in precisely the opposite way of the WHO!) (e.g., Boorse, 1975; Fulford, 1989; Kingma, 2007). Christopher Boorse, probably the most influential contributor to this debate, defines health positively as "normal functioning" and negatively as "absence of disease" (Boorse, 1977). These two definitions are intended to be equivalent, as 'disease' is itself defined by Boorse as 'functional abnormality', and 'absence of functional abnormality' is, of course, equivalent to 'functional normality'. The difficulty facing Boorse, however, is how to determine what normal functioning is. The idea of 'normal' only applies within a specific reference group, for instance, someone's age or sex (Kingma, 2007). A high heart rate may be normal for teenagers but pathological for the elderly, just as some blood values are normal for women but abnormal for men. Moreover, it is difficult to consider which groups should be counted. If a whole country is destroyed by civil war, do the survivors of that conflict count as a group? If they do, then trauma becomes normal, and, therefore, healthy.

Research into people's ideas of health shows that they recognise it to be complex and multi-dimensional (Blaxter, 2004), and this gives a clue to the difficulties with simple explanations. These studies also stress that an important feature of health is subjective and based on people's own assessments and judgements of whether they are healthy or not. Indeed, the most "usual way of measuring self-perceived illness, as distinct from the presence or absence of disease, is by means of

symptom lists” (Blaxton, 1990, p. 40). In other words, for most people, absence of symptoms means health. From this perspective, Blaxter (1990) identified the three “states” of health: freedom from illness, ability to function, and fitness. In this regard, health is also perceived as energy and vitality in terms of fitness to perform everyday tasks. This last point might be stated more clearly as the ability “to pursue vital goals, and to function in ordinary social and work contexts” (Callahan, 2003, p. 87).

Perhaps it is not possible to define health clearly; it may simply be too complex and multifaceted. However, the discussion above hints at two conditions necessary for someone to be considered healthy. The first is a negative goal: the absence of disease or illness. However, this might usefully be matched with the more positive ambitions, such as to be able to pursue important goals and operate in day-to-day settings.

Proposed definition:

HEALTH is a combination of the absence of disease or illness, and the ability to pursue important goals and operate in day-to-day settings.

Sport, Physical Activity and Play

Matters are barely simpler when we turn to the language of sport and physical activity. Many governmental and non-government agencies adopt the definition of sport in the Council of Europe’s European Sports Charter (CoE, 2001):

“Sport means all forms of physical activity which, through casual or organised participation, aim at expressing or improving physical fitness and mental well-being, forming relationships or obtaining results in competitions at all levels.”

(Article 2)

This is a broader and inclusive definition, which might explain its political use. However, this is not how most people understand sport, and it would seem to allow numerous activities - jogging, gardening, folk dance, indoor exercise to a DVD - that would intuitively fall outside of the boundary around of the concept of sport. Moreover, if such a broad conception of sport is used, what is the need for the concept of physical activity? If we follow the Council of Europe definition, both terms would mean the same thing. A stronger definition of sport comes from Coakley (2001), namely organised and competitive physical activities. Specifically, Coakley identifies four attributes of sport that are characteristic of sport: physical activity, competition, institutionalization and the desired outcome. The latter may be anything from enjoyment to health and other instrumental values. This reflects the ways in which the term is used in the literature (especially when drawing a distinction

with other concepts), and it adds two important qualifications for some activity to count as sport: some sort of organisation, whether it is informal by the players themselves (such as in street games), or formal (such as at sports clubs). Sport encompasses a range of activities, including individual, partner and team forms, contact and non-contact, placing different emphasis on strategy, chance and physical skills. People can play sport for a wide variety of reasons, and the inclusion of competition as a defining element does not at all mean that competition is the primary reason players play (Collins, Bailey, Ford, et al, 2012).

Clarifying the definition of sport as a sub-type of physical activity helps make the broader concept of physical activity clearer, too. Despite its title, the Council of Europe's definition of sport is really a definition of physical activity. However, as has been seen, its implication of guiding aim of such activities unnecessarily confuses matters; many people, especially children, do not take part in these activities with the intention of "expressing or improving physical fitness and mental well-being, forming relationships or obtaining results in competitions".

A much stronger definition of physical activity comes from the World Health Organization (2010), which understand it as any form of exercise where bodily movements are involved. Physical activity is usually described in relation to intensity, duration, frequency, and type, which together constitute the volume of activity. Here, the World Health Organization interprets physical activity very widely, such as when referring to the recommended amount of activity per day:

"This level of activity can be reached through a broad range of appropriate and enjoyable physical activities and body movements in people's daily lives, such as walking to work, climbing stairs, gardening, dancing, as well as a variety of leisure and recreational sports." (World Health Organisation, 2003, p. 3).

The World Health Organization (2010) recommends that school-aged children accumulate at least 60 minutes in moderate-to-vigorous physical activity (MVPA) every day. It also specifies that vigorous-intensity activities (VPA) should be incorporated, including those that strengthen muscle and bone, at least 3 times per week. This activity can take place in different contexts, such as travelling to and from school, leisure time activity, physical education classes, and sports participation. Health-enhancing physical activity (HEPA), as the name suggests, is any form of physical activity that benefits health and functional capacity without undue harm or risk (Foster, 2000). So, sport does not necessarily qualify as HEPA. Nor does it follow that people always engage in such activity primarily with health in mind, and a great deal of physical activity is incidental to other tasks. For example, people walk to work or the shops, cycle to school, run for a bus or train; and stretch, lift and carry as they do housework. Children participate in sport for a number of reasons, such as fun and enjoyment, the satisfaction of learning new skills, and the pleasure of being with family and friends.

In many cases the enhancement of the health is not a significant motivating factor driving physical activity (Cope, Bailey and Pearce, 2013). Any health-related benefits of participation in sport are incidental to these other values.

Figure 2 suggests one way of thinking about the relationships between physical activity, and sport.

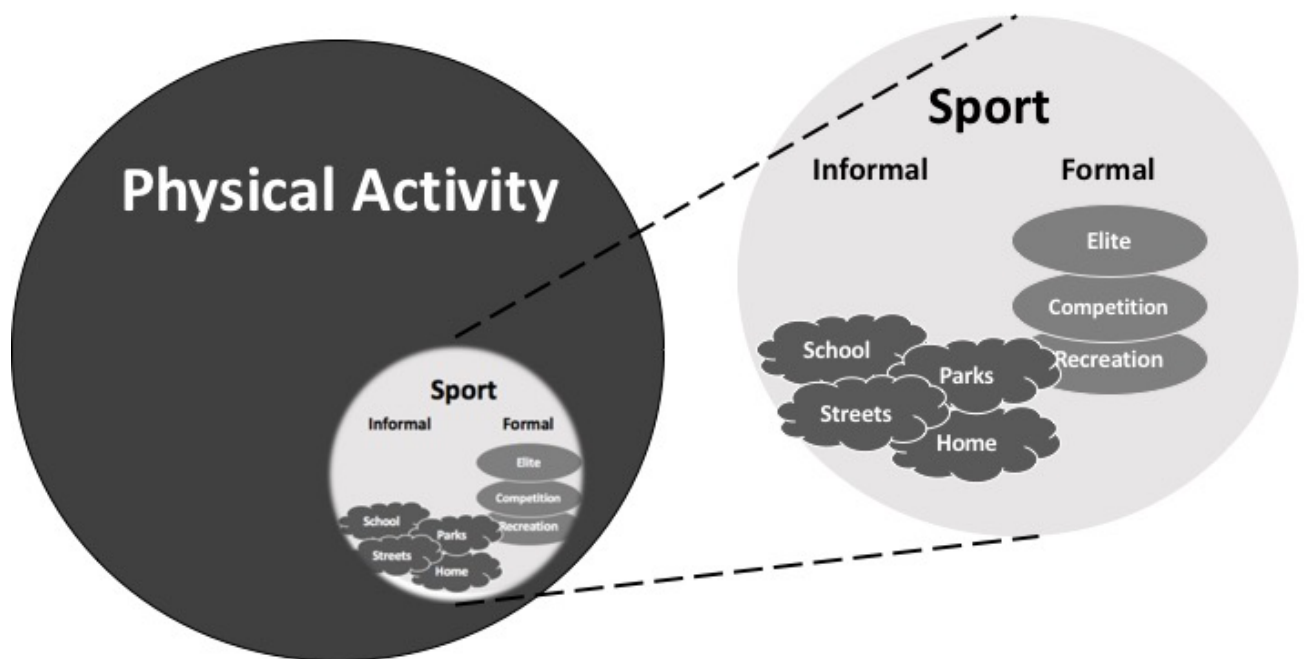


Figure 2: Relationships between physical activity and sport

Finally, we turn to play, which is a notoriously difficult concept to define precisely. Indeed, most books on play begin with some sort of disclaimer that there is no shared definition! Nevertheless, there do seem to be some shared characteristics. Most researchers of play would acknowledge that its characteristics have to do with motivation and mental attitude, not with the overt form of the behavior (Lindon, 2001). For example, two people might be throwing a ball, or chasing a third child, or hiding, and one might be playing while the other is not. To tell which one is playing and which one is not, it is necessary to infer from their facial expressions and the details of their actions something about why they are doing what they are doing and their attitude toward it. So, an apparent paradox, pointed out by the great Russian psychologist Lev Vygotsky (1933), is that play is serious yet not serious, real yet not real. In play one enters a realm that is physically located in the real world, and yet in some way is mentally removed from the real world.

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Play is not neatly defined in terms of necessary criteria. The Austrian philosopher Ludwig Wittgenstein (1953) argued that some concepts do not have universally true features, but rather a patchwork of related ‘family resemblances’ that may or may not fit to each application. Play is probably one such concept; it is too fuzzy to succumb to a simple declination and requires a confluence of several characteristics. Peter Gray (2015) has suggested that certain characteristics are especially common in accounts of play: (1) play is self-chosen and self-directed; (2) play is activity in which means are more valued than ends; (3) play has structure, or rules, which are not dictated by physical necessity but emanate from the minds of the players; (4) play is imaginative, non-literal, mentally removed in some way from “real” or “serious” life; and (5) play involves an active, alert, but non-stressed frame of mind.

Proposed definitions:

SPORTS are organised and competitive physical activities

PHYSICAL ACTIVITY is any form of exercise where bodily movements are involved

PLAY is an imaginative, active, non-stressed, self-chosen and self-directed activity, in which means are more valued than ends, with structure emanating from the minds of the players

Sport PLUS and PLUS Sport

In the light of traditional international development endeavours failing to reach their goals, sport has been identified as a “pure and non-political vehicle” that could support developmental aims (Levermore, 2008). As the discussion on sport for development evolved, many have tried to identify and categorise different approaches (e.g., see Kidd, 2008; Levermore & Beacom, 2009), with Coalter’s suggested model proving to be the attractive to many: he differentiated between ‘sport plus’ and ‘plus sport’ programmes (2010). Both approaches assume that doing sports has inherent developmental benefits for the participants (Coalter, 2010), but they differ in their priorities.

Sport plus – These activities are led by organisations that have sport as their core activity and that use sport in different ways in order to achieve developmental goals (European Commission, 2016). In this approach, the major aim is to develop sustainable sporting organisations to achieve a range of objectives. Typical objectives include:

- The removal of barriers to sports participation among the general population or particular target groups;
- The training and support of leaders and coaches;
- The development of physical literacy and basic sporting skills;

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- The provision of opportunities to progress and to develop sporting skills and expertise.

In sport plus programmes, “sports are adapted and often augmented with parallel programmes in order to maximize their potential to achieve developmental objectives” (Coalter, 2010).

Plus sport – These are development-focused activities that integrate aspects of sport. Although these programmes also aim to reduce barriers and increase participation, they place much greater emphasis on sport as a means to an end - using sport’s ability to bring together large numbers of young people to achieve the aims of social and health programmes (Coalter, 2008). These programmes are often used by developmental organisations that deal with particular social issues (European Commission, 2016). Social issues (e.g. youth employability, sexual behaviour change) are more urgent than sustainable development of sport.

SPORT PLUS

Sport as the core
Possible objectives:
Sport-for-all
Training of coaches
Physical literacy

PLUS SPORT

Development as the core
Possible objectives:
Youth employability,
Healthy sexual behaviour change

Of course, the two approaches are really two ends of a continuum of programmes and activities, and the differences are not always clear-cut (Coalter, 2008).

Proposed definitions:

SPORT PLUS – activities led by organisations that have sport and other physical activities at their core activity and that use sport in different ways in order to achieve developmental goals and other physical activities

PLUS SPORT – development-focused activities that integrate aspects of sport and other physical activities

Psychosocial Development

From its inception, ASPIRE has explicitly associated itself with a 'psychosocial' perspective. It seems sensible to discuss briefly what this term means. The term 'psychosocial' has attracted a large number of interpretations and definitions (Redman, 2016). At its simplest, psychosocial refers to the importance of recognising both psychological and social aspects of human development, health, and well-being. Typically, writers using this approach seek to make the point that humans are social animals, and attempts to treat or support them are likely to be more effective if this is acknowledged.

So far, so good, but most theorists who use the language of psychosocial envisage a more dynamic relationship between the psychological and social dimensions of a person, one influencing the other, and the fact that each continually interacts with and influences the other. The psychological dimension includes internal, emotional and thought processes, feelings and reactions. The social dimension includes relationships, family and community networks, social values and cultural practices. This definition is useful, and captures the essence of the matter: that the psychological and social aspects of human behaviour can be considered a connected, interacting whole, and should be treated as such in interventions and policies with vulnerable people.

A recent discussion presents this in a little more detail when it states that psychosocial approaches look at individuals in the context of the combined influence that psychological factors and the surrounding social environment have on their physical and mental well-being and their ability to function (Woodward, 2015). The psychosocial well-being of individuals and communities can be defined with respect to three core domains: human capacity, social ecology, and culture and values. Psychosocial well-being is dependent on the capacity to draw on resources from these three domains in response to the challenge of crises and complex emergencies. These issues define the context within which individuals, families and communities exist (see Figure 3).

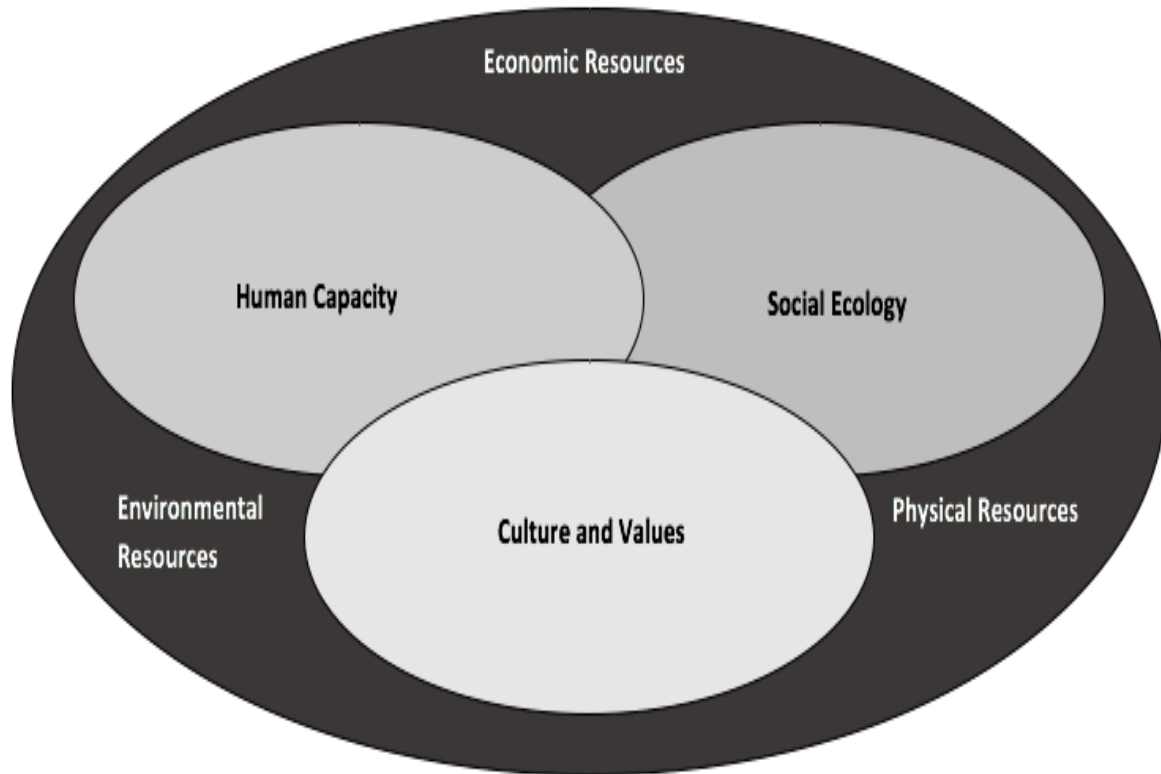


Figure 3: Factors Influencing Psychosocial Well-being

‘Human capacity’ refers to physical and mental health and specifically considers individuals’ knowledge, capacity and skills. Identifying an individual’s own human capacity is the same as realizing his or her own strengths and values. ‘Social ecology’ refers to social connections and support, including relationships, social networks, and support systems of the individual and the community. Mental health and psychosocial well-being are dependent on cohesive relationships that encourage social balance. Finally, ‘Culture and values’ refers to cultural norms and behaviour that are linked to the value systems in each society, together with individual and social expectations. Both culture and value systems influence the individual and social aspects of functioning, and thereby play an important role in determining psychosocial well-being (Ager, 2002; Psychosocial Working Group, 2003).

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Proposed definition:

PSYCHOSOCIAL refers to the dynamic relationship between the psychological and social dimensions of a person, one influencing the other. The psychological dimension includes internal, emotional and thought processes, feelings and reactions. The social dimension includes relationships, family and community networks, social values and cultural practices.

Migrants, Immigrants, and Refugees

In times of crisis or political tension, words can be used and abused for different reasons. That has certainly been the case with the terms “migrant” and “refugee”, which have frequently been used to mean one and the same thing. Each term, however, has a distinct meaning that carries different international obligations and consequences. If conflated, it can mean the difference between life and death.



Image source: UNHCR, 2016

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In theory, at least, the term ‘migrant’ is a neutral and descriptive word. It means someone who moves, either temporarily or permanently, from one place, area or country of residence to another. There are various reasons for migration, such as those who move to work or seek a better life, generally termed ‘economic migrants’, but the term can also be used to refer to people for professional and personal reasons. Despite its original meaning, however, some believe the term is now often negatively, with associations of migration and enforce prejudices. For example, the broadcaster Al Jazeera said it would stop using the word migrant to refer to people trying to cross the Mediterranean because: “The word migrant has become a largely inaccurate umbrella term for this complex story” (Al Jazeera, 2015).

Some people migrate to escape conflict or persecution, which is where the definition converges with the term ‘refugee’. Refugees are people who have been forced to leave their home country in order to escape war, persecution or natural disaster. The Convention relating to the Status of Refugees describes a refugee as:

“A person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unstable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it.” (UN General Assembly, 1951)

Proposed definition:

MIGRANT refers to someone who moves, either temporarily or permanently, from one place, area or country of residence to another.

REFUGEE is a person who has been forced to leave their home country in order to escape war, persecution or natural disaster.

Proposed use:

‘Migrants and refugees’

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Integration, Inclusion, and Social Inclusion

The difference between integration and inclusion continues to be hotly contested, and the matter is made more complex by the fact that the question can be answered in different ways according to the context, language and audience (Schrover, & Schinkel, 2013). In some countries and contexts, such as the German-speaking world, the two terms are often used interchangeably. In French, 'integration' can mean 'inclusion' or sometimes the word 'intégratrice' is used to mean inclusion. However, in Anglophone education circles integration and inclusion are very different:

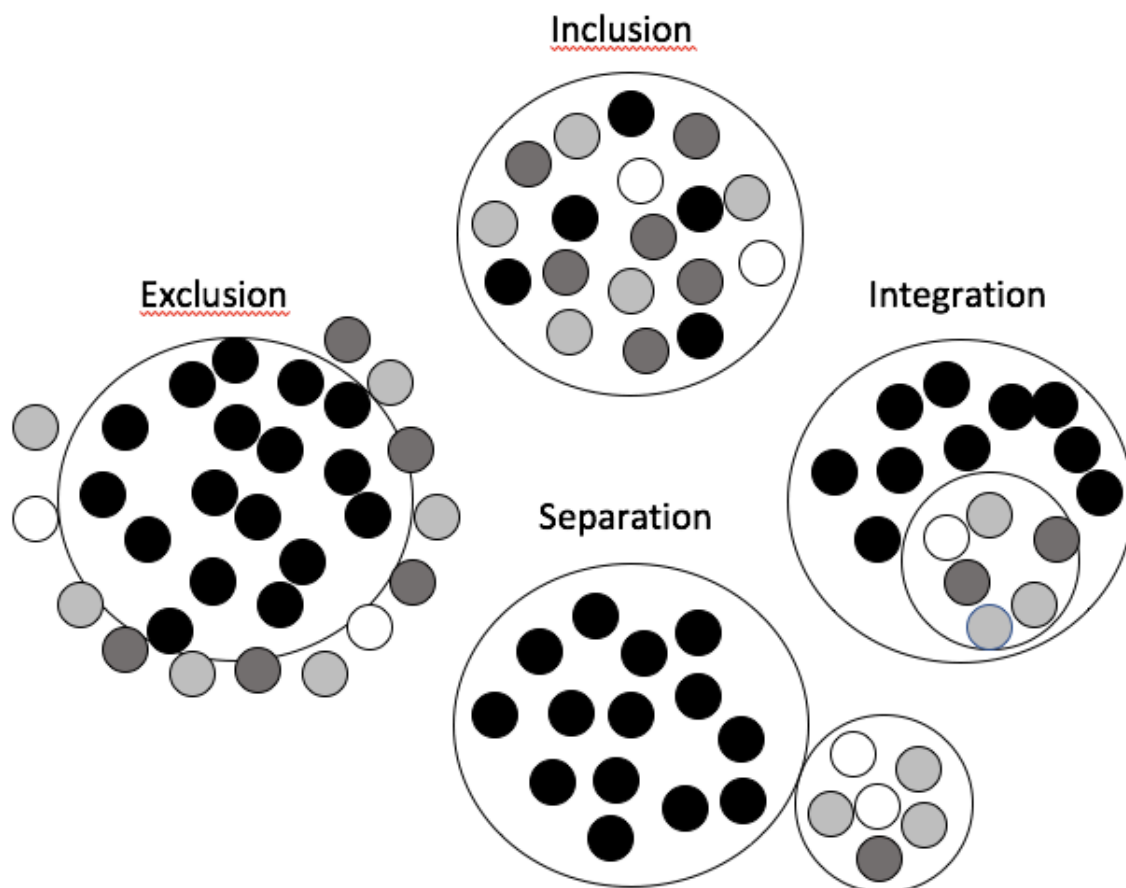
- Integration – means individuals from marginalised groups are able to access mainstream support and opportunities, such as schools, social care and health care. The individual is accepted, but is often taught in a separate setting and engagement is in terms set by the majority group;
- Inclusion – means that the whole community considers what measures it must take for schools, social care, health care and other aspects of everyday life to be accessible to everyone (including refugees and migrants). Inclusion takes a systematic approach to change, and both the host community and the migrant population are expected to change.

Anglophone people rarely like to push their cultural practices of others (!), but in this case, it might make sense. Enforcing a distinction between merely allowing people into a community and welcoming them to such an extent that the community changes, too, seems to be a difference worth emphasising. This approach reflects a number of international statements, such as the highly influential Salamanca Statement on Inclusive Education, from UNESCO:

"Inclusion and participation are essential to human dignity and to the enjoyment and exercise of human rights. Within the field of education, this is reflected in the development of strategies that seek to bring about a genuine equalization of opportunity. Experience in many countries demonstrates that the integration of children and youth with special educational needs is best achieved within inclusive schools that serve all children within a community. It is within this context that those with special educational needs can achieve the fullest educational progress and social integration."

Inclusion also emphasises "a sense of belonging, which includes feeling respected, valued for who you are, feeling a level of supportive energy and commitment from others" (Miller, & Katz, 2002, XXXX). So, inclusion cannot be separated from a commitment to embrace difference and value the contributions of all participants, whatever their characteristics or backgrounds.

The illustration below offers a visual representation of this way thinking.



There is one more term worth considering. Social exclusion was defined by the UK's Social Exclusion Unit (2001) as "a shorthand label for what can happen when individuals or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime environments, bad health and family breakdown" (unpaged). Exclusion, according to this conception, can take different forms, such as lack of access to power, knowledge, services, facilities, choice and opportunity. Some have argued that there may be conceptual difficulties with this interpretation of exclusion, since it confuses symptoms with causes (e.g., Long et al., 2002). Alternative definitions, such as that offered by the Commission of the European Communities, draw greater attention to the processes of exclusion, rather than simply the product of exclusion: "Social exclusion refers to the multiple and changing factors resulting in people being excluded from the normal exchanges, practices and rights of modern society" (Commission of the European Communities, 1993, p. 1). According to this logic, measures taken to reduce indicators of exclusion—health, education, employment, and so on—will not necessarily succeed in promoting inclusion if they fail to address the processes of exclusion.

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Bailey (2005) highlights a series of connected dimensions of social inclusion/exclusion, namely:

- **spatial:** social inclusion relates to proximity and the closing of social and economic distances;
- **relational:** social inclusion is defined in terms of a sense of belonging and acceptance;
- **functional:** social inclusion relates to the enhancement of knowledge, skills and understanding; and
- **power:** social inclusion assumes a change in the locus of control.

Claims made on behalf of participation in sporting activities suggest that it has the potential to, at least, contribute to the process of inclusion by: bringing individuals from a variety of social and economic backgrounds together in a shared interest in activities that are inherently valuable (spatial); offering a sense of belonging, to a team, a club, a programme (relational); providing opportunities for the development of valued capabilities and competencies (functional); and increasing 'community capital', by extending social networks, increased community cohesion and civic pride (power).

Claims of this sort, hypothetical or not, are mediated by children and young people's access and opportunity to participate in sporting activities. This will, of course, be discussed later in this paper.

Proposed definition:

INCLUSION means the host community considering what measures it must take to be accessible to everyone.

INTEGRATION can refer to individuals from marginalised groups being able to access mainstream support and opportunities.

Proposed use:

'Inclusion'

Access and Accessibility

One final term needs to be discussed, which relates closely to the question of inclusion. Donnelly, & Coakley (2002) state the connection very clearly when they say:

"Inclusion is, first and foremost, an access issue, and the first thing that is necessary to promote inclusion is to overcome the structural/systemic barriers that prevent participation."

Access and accessibility are terms that are obviously related, with the latter referring to the ability to achieve the former! Surprisingly, however, despite their widespread use in discussions of inclusion and participation in sport and physical activity, there are few formal definitions available. It can be said that, while inclusion generally refers to general philosophies or mindsets, accessibility tends to refer to more practical issues of making changes to activities or environments, and in doing so making them more inclusive (Darcy, Cameron, & Pegg, 2010). So, discussions of access are typically concerned with barriers to participation, including physical access negative attitudes, and lack of adequate information (Eichhorn, & Buhalis, 2011). Physical barriers are the most apparent issues, and it is this aspect of access ability that has become most associated the development of what is often called 'Universal Design'. These are well-practiced principles for the inclusion of people with access concerns (Darcy, Cameron, & Pegg, 2010). The Center for Universal Design (1997) defines universal design as "the products and environment to be usable by all people, to the greatest extent possible ..." (Center for Universal Design, 1997). There seems to be no reason why this cannot apply to sport. The original Universal Design model suggests seven principles. Our suggestion is that these principles could be used as a springboard to form a very rough first draft of sport- and physical activity-specific principles



Simple and Intuitive Use

- easy to understand, regardless of the user's experience, knowledge, or language skills



Access Information

- communicates necessary information effectively to all users regardless of language ability.



Flexibility in Use

- accommodates a wide range of individual preferences and abilities.



Equitable use

- useful and attractive to people with diverse abilities and from different backgrounds

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These principles capture some of the practices and environments needed to ensure access and accessibility in sport and physical activity, although further discussion and analysis should help to refine, define, and elaborate on these.

Proposed definition:

Accessible Activity, Sport and Play are collaborative processes between stakeholders that enables people to participate and engage with equity and dignity through the deliver of universally designed activities and environments.

Conclusion

"I state my case, even though I know it is only part of the truth, and I would state it just the same if I knew it was false, because certain errors are stations on the road to the truth. I am doing all that is possible on a definite job at hand."

(Robert Musil, The Man Without Qualities)

This working document has suggested definitions for many of the concepts that run through the ASPIRE project. It has also attempted to offer some insight into the reasoning behind those definitions. This has been deliberate, as a vital function of a document like this is to encourage further discussion. So, this report should NOT be read as a final statement of the key terms used within the ASPIRE project; it is just the beginning!

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