

CONSIDERATIONS ON THE PROBLEM OF THE RELATIONSHIP BETWEEN MOVEMENT AND HEALTH

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If we are speaking about the relationship between movement and health, we usually mean activities realized within the sphere of physical culture, activities intended for human beings. Naturally, at the same time we have to count on specific differences between physical education, recreation based on movement or physical exercise, and sports. Unfortunately, physical exercises as intentionally used movements are, in our literature, understood most frequently on a bio-mechanical and bio-medical basis. Less frequently are their psychological, social and psycho-social aspects perceived, and the fewest experts look at their philosophical essence. In addition, we also see that health is primarily perceived by society as the exclusive domain of medicine and healthcare organizations. In this paper, the author deals with the problem of relationships between movement and physical, psychological and social health and differences between humans: those who are both sporters and human as opposed to those who are human, but not sporters. In connection with these problems, attention is also paid to environmental, leisure time and life style problems. Our healthy existence is conditioned by our struggle for it and our fight against all influences which threaten it. Negative tendencies have a global character, their solution, however, is of a regional nature, a problem resulting from concrete conditions. It is also the problem of the education of specialists connected with these problematics.

Keywords: Physical education, movement recreation, sport, environment, education.

INTRODUCTION

The problem of the relationship between movement and health is, at the present time, very often discussed. It is understandable, because it is a problem of human life in our technologically developed world. But, within the framework of the problem of this relationship are, in my opinion, many further problems which need to be covered. I think that these problems are very important, conditioning the solving of the main problem, so they have to be solved as well. Naturally that is not the aim of these thoughts. I would like to point out only some of them.

If we are speaking in relationship to health about intentional movement, we are speaking about physical culture. (Note: Here I must make a small terminology insert. The concept "physical culture", according to me, expresses a system, an environment, in which the scope of various activities of physical character are performed. These, according to their goal and intention, I would divide into "physical education, physical /movement/ recreation and sport" in the sense of performance and competition). I claim that the central point of physical culture, respectively, of the activities implemented within its scope, are human beings and their improvement. If I say that the central point of

physical culture is the human, I mean an active human, the human as an individual, even a human as a social being. Among these three basic characteristics, common relationships are obvious. But, even if the human being is understood as "a central point", this does not mean that, within the scope of physical culture, an investigation will take place. This is the domain of specialized scientific disciplines, which are dealt with by the human being. However, on the basis of information obtained from these specialized disciplines, the human being must be understood. The understanding is regarding "...who or what a human is, what is the structure, self perception and activity of this bio-social and spiritual being, what are his/her relationships to other people, beings and things, comprising the world the human being occupies, by which internal factors and how is the human being influenced, what is the human being's relationship to society... It is therefore about recognizing the essence of human beings and their lives. It is not possible to intentionally act with regard to the human being without attempting to answer these basic questions. Whatever are the consideration of actions towards them, the considerations of their development, are very reduced without these questions as a starting point and the result is even likely to be misleading" (Hodaň, 2000, 113).

Recognizing and understanding the human being, however, is not an easy task. Feber (1996) understands the human being at the following levels – “the human being is a social, moral and practical creature, a creature who changes and develops over the course of historical time a cultural creature, a creator and bearer of values; a thinking creature gifted with a conscience and in search of discovery; a creature able to communicate with the aid of language”. All of these components understandably exist in common relationships, in relationships to other societies and to the environment. The human being as a creature performing and reacting is therefore a multidimensional phenomenon.

Without further amplifying on the individual aspects of human personality, it is necessary to consider the fact that the realization of its existence is, in our case (“movement and health”), very important. This results from the quite simple reality that one of the main resources used within the scope of physical culture, namely physical exercises, has the ability, in contrast to many other activities, “to complexly and simultaneously affect all dimensions of the human being”, in some cases only some of them selectively. In this reality, physical exercises significantly differ from other activities of a movement character, which however increases the demands of its implementation. This is exactly this demand which later often causes the opposite – the need to complexly recognize the human being is not respected, the whole process is reduced, and by far doesn't fulfill all the possibilities which could be expected, and in some cases can even have negative effects. This also understandably relates to the relationship of movement and health.

In order for the activities within the scope of physical culture to be implemented in a way that fulfills that which it is theoretically possible to expect, it is necessary to:

- “understand the human being” as a physical, psychological, social and spiritual being, to understand human structure, development, needs...,
- “understand human movement” from the point of view of its physical, psychological and social dimensions,
- “understand the possibility of the use of the intended movement” for positive human development (Hodaň, 2000, 118).

Based on the perception of physical exercise activity generally, and even its individual kinds, we can gather that it is possible to very significantly influence the whole of human life in all of its aspects. Physical exercise activity as a basic component of physical culture participates in:

1. upgrading the quality of activities in all spheres of life,

2. the production and satisfaction of the needs of life,
3. the production and quality of all social and economic relationships, into which people enter during their life,
4. the production of a system of all life values and ideas, upon which individual activities are conditional.

If the point is to primarily understand the human being, we must also consider, in regards to the studied relationships between movement and health, the importance of understanding both of these phenomena. It is a complex problem, so only a note: “Generally, movement is understood primarily in the mechanical sense, which is more or less perceived as its philosophical essence. (Surely, this does not mean that movement can not be philosophically explained, I am only speaking about frequency. Also, in our field of kinanthropology, the number of philosophically thinking specialists is lower than others.) Without even considering its essence, we perceive almost exclusively only the internal expression, the concrete, empirically expressed manifestation. “Human movement” is in this case expressed primarily on the biomechanical level, rarely are its psychological, social and psycho-social aspects taken into consideration, and rarely again do we recognize its philosophical essence. With human movement is understandably, immediately associated the problem of the human body and its perception, the problem of the “philosophy of the body”. Although these aspects are presented, nevertheless, for the majority of the expert population, as well as for the overall population, they are only marginal problems. In my opinion however, this is fundamental because it influences the basic approach to the human being and to understanding the sense of human movement. Even if movement is one of the basic phenomena in the existence of the world, thanks to the opportunities of empirical approaches, it is the mechanical aspect which prevails. Movement is then perceived, by the non expert population, as somehow on the perimeter, as a routine part of life and, if a human being is not limited in movement, the individual doesn't feel the need to ponder about it. In the case of the eventuality that someone “cannot move”, it is considered to be a health problem.”

Routinely, each person considers health to be an assumption of existence. But, in its perception and evaluation, further reductions take place, which are stated above. A problem of health is primarily perceived by society as the exclusive domain of medicine and healthcare organizations. This is however an incorrect opinion – healthcare primarily puts a brain into therapy, whereas prevention, “the production of health”, is a problem of the individual person. And exactly here an area for the fulfilling “relationship between movement and health” is opened. Another, very frequent problem results from the incorrect understanding of health only

as absence of illness. With this approach, there are two possibilities in the relationship to health – I have my health (I am healthy = I am not ill), therefore, the problem doesn't interest me (this is the problem primarily of young people), or I am losing my health, perhaps I don't have my health (I am not healthy = I am ill), I will therefore turn to the relevant organization.

In the first case (the feeling or conscience that "I am healthy") one isn't motivated to do anything. In the second case (I am ill, therefore "I am not healthy") we are motivated to use science (by means of the physician) or an organization (healthcare). Therefore the person is motivated to use existing institutional services, which are here for the purpose of returning health to a patient. Such an approach to health has a completely consumeristic character and it is in complete compliance with the philosophy of the consumer society. Health is understood as a good which can be bought or (for free?) received.

The problem of health is much more complicated than what is stated above. Primarily, it is important to understand that health is not a state, *it is a process, a creation, a fight, which never ends; therefore, we speak about creating health or also about health improvement or promotion.*

Here is where we are led to observe significant differences. It is relatively "simple" to test the state of physical health; it is less "simple" however, from this point of view, to deal with the remaining components – psychological and social. We therefore evaluate the entire "complex of health" as being very complicated, and that is why the majority of people perceive physical health as the primary and dominant factor. This is understandably connected with the fact that, although social and psychological problems lower the overall "quality of life", physical health problems can result in death. This perception therefore is associated with the reality of the basic biological, animal essence of the human being (even here it is necessary to keep under consideration the relationship between physical and psychological). In practical activities as well as in research, this leads to the reduction of the entire concept of partial components and the WHO definition is not fulfilled.

In this connection, I must identify with Stokols (2000), who reacts to the above mentioned definition by the WHO of full health (healthfulness), which he considers to be a multisided phenomenon, including physical health, emotional well being and social cohesion. By this, he shifts the whole problem to a somewhat different, more concrete and therefore more understandable position. I must add that he also shifts it to a position corresponding to reality. The concept of emotional well being expresses a balanced psychological state, reflecting a balance between the internal and

external environment, adequately reacting to impulses, and so on. This concept results in a relationship to the basic function of physical health. Social cohesion is therefore expressed as a positive relationship between the individual and society, implementing accepted social roles, etc. It is therefore an obvious relationship among the three personality dimensions: physical → psychological → and social. This means that the level of social "ascent" is contingent upon the level of the physical and psychological state. By this, it is not meant that these relationships are only one sided. The reverse relationship is also significant – social dysfunction can evoke psychological (emotional) dysfunction, which will reflect on physical dysfunction in the end.

We should realize that these, only briefly sketched relationships, result in the fact that "health is a continuous process reaching for the optimal cohesion among these internal and external factors, by which it is conditioned, even among their individual components" (Hodaň, 2005).

Thanks to the existing developing trends, I see the status of the problem of the relationship between movement and health in these areas:

1. The basic, most primarily relationship we want to look at is understood from the point of view of human movement as a "bio-mechanical movement" and from the point of view of health as physical health. Without a doubt, it is a primary relationship, expressing the biological essence of what it means to be human, but from the point of view of human functions it is insufficient and furthermore, it leads to the understanding of the human being as only more or less a "healthy" and performing organism, a tool. It corresponds to the concept of homo faber, which, in this approach to the human being, is in cohesion with Cartesian dualism, which still endures, namely in a performance oriented society. It is diagnosed relatively easily. It understandably proceeds in the area of quantitative research; all values are measurable, therefore even statistically precisely expressed and interpreted and up until now these studies as such are, in our literature, the most frequent. Even though it is basic, "human health cannot be reduced only to this level". Where the relationship of movement and health is concerned, movement cannot be understood only in the sense of its quality, but must also be understood in the sense of its quantity. From this results the optimal straining of the human being. In this case a strain of a physical character is concerned.

2. The relationship of movement and psychological health has been, up until now, dealt with less often in our literature. This relationship shifts the understanding of the human being to a higher level, connecting the physical side with the psychological side and coming closer to the concept of homo sapiens (I would rather use the concept homo cogitans). I want to focus our

attention only on some of the moments that this area is involved in. Movement (physical exercise) activity is a significant part of spiritual hygiene. For example Míček (1984) speaks of the fact that it is a pre-condition for the prevention of a whole row of so called psychosomatic illnesses and lowers emotional pressure. Roland (1990) puts movement activity into a relationship with the whole development of the human personality and its overall cognitive capacity. A very interesting and attributed work was published in the 1960s and 1970s by Koch (1960, 1979) about significant differences between the development of intelligence in a child intentionally moving as opposed to not moving. With regards to a large number of physical exercises, which are in themselves physically demanding, with regards to their implementation in demanding situations and in a demanding environment, the human being is also trained in immunity against stress, gradually developing the ability to adapt to stressful life situations (Hošek, 1994; Mota & Cruze, 1998; and others). A whole row of authors points out the influence of movement (physical exercise) activity on the overall psychological state of the human being as a unit. Thanks to the stated physical demands, will, psychological endurance, determination, goal orientation, decision making, courage, stress immunity and so on are trained. Not in vain is an activity named "survival" used in the preparation of managers, where through the demands of activities and environmental demands, exactly these personality traits are trained. Overall, it is possible to speak of gradual adaptation to psychological demands, leading to physical efficiency and psychological health. Again I emphasize, it is not only the result of the relationship of "fyzis" and "psyche", but also a result "focused on the optimal process" in the field of the psyché. The problem is the diagnosis, its process and interpretation. Besides pivotal quantitative methods, qualitative methods are also considered in the interpretation. In connection to both fields, the human being is perceived more as a multi factorial phenomenon. This concept is farther away from Cartesian dualism and comes closer to the phenomenological concept. This area is very often understood as a branch derived from the previous field, therefore from the point of view of human existence as less significant.

All psychological changes and changes of their quality are then influenced by the consequences of social entrance.

3. The least attention is paid in our literature to resolving the relationship of movement and "social health". However, according to my opinion, from the point of view of the human being and society, it is on the highest level, which is conditional upon the level of both previous areas. This area finally shifts the human being to a suitable position. It corresponds to the con-

cept of homo socialis. The human being is understood as a multi factorial phenomenon; with understanding definitely separate from Cartesian dualism. Qualitative methods are enforced, while quantitative methods supplement it in implementation and interpretation. In this connection, it is possible to understand the social area on two levels – the "sociability" of the human being, understood as a quality of social ascent directly dependent upon the physical and psychological level, respectively the "sociability" of the human being as a result of direct influence by the optimization of physical straining. Under demanding conditions and in a demanding environment, "mutual tolerance, mutual respect, responsibility for each other, mutual help, leadership, the ability to realize one's position in a group, the ability to subordinate oneself", and so on, is "trained" (Hodaň, 2005). Common life situations are many times surpassed by the demands of this environment on inter-individual relationships. Such "trained" people make it up more easily, with a larger overview. Some researchers in the past have spoken of these people, even about a lower frequency of social conflicts, about lowering conflicts in the direction of supervision – subordination and so on. A special kind of social environment is the family, which is seen as the basic component in society and which leads to the first social contact and problems associated with it. From this point of view then, there is a specific meaning for parents in doing exercises with children (removing the generation barrier, increasing children's trust in parents, changing their ideas about parents, admiration for their abilities...), which Berdychevská was the first in the Czech environment to begin to address, who was joined by a whole row of other authors.

With a view to the above stated terminology, we can say that movement (physical exercise) activities lead to a significant degree of "social adaptation", which increases "social strength" and subsequently increases the level of "social health".

From the points of view of the complex understanding of the human being and human social functions, this area is considered to be the most significant, with a realization that both preceding areas are based on a fundamental assumption. From the research grasp point of view though, it is the most problematic area. Even the very low frequency of publications in the most significant Czech expert periodicals is proof of this.

(Note: Here, I completely intentionally left out the "spiritual" human being and associated health problems, which I now pronounce to be the basis of the philosophical problem I want to address.)

Health is therefore a multi level problem, disallowing any reduction.

Since we are speaking of intentional movement and its relationship to health, and we are moving as was

mentioned above, in the area of physical culture, it is necessary to mention one particularity. In this case, we must see that the above mentioned relationships are on two completely different levels. That is to say, there is a difference, whether we speak about the mentioned relationships on the human – sporter level (in the sense of performance and top sport), or on the human – not sporter level.

In the first case, it is important to realize that the athlete performs very demanding, very hard movement activities of a working character. The activity then is not focused in favor of the human sports being, but in favor of the attained results, which may be considered to be a work product. Movement activities of a top sport character are nevertheless many times more demanding (and not only on the physical, but also even on the psychological and even on the social side) than other demanding professions. In relationship to health, it is then obvious that health (in all its forms) “is the fundamental presumption of its work”. Unfortunately, this concept of health is, by the long term demanding preparation focused on performance as well as by the performance itself, threatened. In this case, we are not dealing with the development of health (health promotion) but with “maintaining health as a fundamental presumption to other activities”. In comparison to other professions, a top athlete must be absolutely healthy. Above all, a serious problem is, and most likely more than in other professions, “the level of work accident injuries”, in our case, injury caused by participation in or preparation for sport. Maintaining health, respectively renewing it is then a problem of medical specialists, physiotherapists, masseurs... and specialized work places. It is a problem of top sport, which is dealt with in this area.

A completely different situation is the case of the human non sporter, who is the object of all physical exercise activities, which are performed to his/her advantage, and if they are performed correctly (which is a problem in educating those, who lead the training process), can have a positive effect on the development of health, its “maintenance”, and in the case of illness, also on a return to the individual’s pre-illness state. This domain of recreational activities is much in demand, being a domain in which the relationships between movement and health can be realized at the highest level and which really respects the human universality mentioned above. Unfortunately, in the Czech Republic this is not done by the system and it is only in the hands of each individual to do this. “Thanks” to this the preventive activities, such as “healthy school”, “healthy town” and so on, have a campaign character only.

In both cases, we are dealing with individual categories, between which there are fundamental differences

in the researched relationship between movement and health, which means that each one must be dealt with separately.

It can therefore be said that movement, whose accompanying phenomenon is physical strain, is directly divided into the creation of physical, psychological and social health. We have to be careful, if we are speaking about physical strain, then it is necessary to respect the problem of its optimal measure (see the negative results of top sport caused by strain) and selection of activities. What we are speaking of here, this form, does not concern physical, movement activities focused on objects outside of the human being (any possible positive impact is automatically connected with the accompanying “devastating” impact). In its full range, the positive relationship of movement to health concerns physical exercises because these can be characterized as “intentional movement behavior, which is targeted, consciously focused on the physical and with it the associated psychological and social development of the human being”.

All effects of physical activity in relationship to health in the sense of physical, psychological and social well being are in addition positively influenced by the reality that in its process, a certain kind of enjoyment takes place. The enjoyment is obviously more or less connected not only with whatever kind of human activity, but also with perceiving external subjects (events, change of environment, nature, artistic performance...). Enjoyments of this character are however connected with certain analyzers, so they have a limited character – aesthetic enjoyment from perceiving paintings or music, feeling of enjoyment from a well performed activity, enjoyment from a successful examination, etc. Movement (physical exercise) activity brings enjoyment of a different character. Its basis is in “corporeality, in concrete physical and psychological feelings accompanied by other aesthetic and social sensations” etc. Physical enjoyment is therefore very complex and stronger than other experiences and as an experience it is, then, longer lasting (Hodaň, 2005). Enjoyment is then shifted to enjoying oneself, therefore also into enjoying one’s own health. Thanks to this, the whole problem is shifted to the “spiritual” area, as the highest dimension of human personality.

The human (sporter as well as non sporter) live in some kind of environment (geographical, demographical, economical, ecological...), which is continually changing by means of civilized development. By this, the primarily researched relationship of movement to health is getting into the secondary relationship of the “human being to the environment”. With regards to the character of work in this field, qualitative methods are continually being used. The realization of these relationships, including the problem of the basic relation-

ships between (intentional) movement and health, are causing completely different consequences connected with traditions and habits and with the historical development of individual cultures, with average population age, economical level of the given society, with ecological problems, and so on. The basic conditional agent is however again (primarily in a mature society) predominantly the philosophy of the society. Unfortunately however, on the global scale, this still is of a consumer philosophy character. Currently, extended world wide research is taking place and noting changes in human behavior (in the movement sense), in dependency on these transformations. Interesting information about how the situation in individual parts of the world looks will definitely be found. Questions have arisen about what next, how to positively change the given state of affairs. According to me, this however is associated with the fundamental problem of how to change the currently prevailing philosophical orientation in a world where consumerism, entertainment, and virtual reality prevail, in a world which is focused on a comfortable attainment of whatever, even health. What is the chance of us, who offer an active and uncomfortable activity against those who offer a comfortable passive consumption for attaining that kind of what is therefore considered to be health? I am not well informed on the exact details, but I think that the percentage, in this sense, of active people, with a certain fluctuation, doesn't change too much. I therefore think that we are basically dependent on "an overall change of the philosophical climate". Here there arise fundamental questions for us, professionals in kinanthropology: Are we able to contribute to it? Are we able to solve the problems of a more general character? Are we not remaining too concerned with only our specific issues? Are we able to withstand, in the face of "competition" with the influence on the public which advertising agencies gain by offering just comfortable consumption? I don't want to be too pessimistic, but I am worried that we will continue to stay too closed in our own selves. The public perceives sport in the sense of a beautiful sport performance but it doesn't perceive the problem which we are solving here, the problem of the relationship of movement and health and its cultural, social, economic, and other types of impact. I have to therefore ask: Does the public sufficiently know about this problem? If yes, and up until now it hasn't changed its behavior, are we able to convince it of the need to change? Can we do it? Does medicine sufficiently aid us in enforcing prevention? Have we become a respected part of preventive medicine? Are we using sufficient strength to push through changes in consumption philosophy? Do we have sufficient empirical evidence of an economic character dealing with the final economic effects and employment? Are we able to enter into the field of ergonomics in the sense of prevention

and compensation for negative impacts by work activity alone? Are we sufficiently convincing employers with our evidence? Do we have sufficient demographic proof? Do we have sufficient proof about movement as prevention of dangers to social health (drugs, crime...) and are we able to accordingly influence society away from these negative phenomena? Do we have a sufficient and, according to me, a necessary political lobby? To reach a sufficient effect, I think we will have to find answers to these questions. Otherwise the existing situation will continue on – we are mainly addressing and convincing, in a reduced form, ourselves, and together with us the ten percent of the population, who, for various reasons, is active in this sphere.

Activities which we offer that is intentional movement activity focused on the development of health, have a "leisure time" character. But this is not only a certain tradition, but also a reduction of this problem. From this emerges that we have gotten used to dividing time into "work", "not work" and "leisure". Dumazedier came up with this division some decades ago and up until now, even though with certain repetitive variations, we repeat, or, respectively, vary it. This traditional division, however, corresponds to a certain level of technological development and the dominating character of working professions. With the continuing speed of technological development, the relationship of work \times not work, respectively, work \times leisure time is, however, significantly changing. Therefore, it is this time which is left over after fulfilling all responsibilities and with which we can completely freely manipulate. The problem of leisure time is very extensive, and the views on it are very controversial. So it is not possible to deal with them here. But I would like to add that it is not possible to reduce the problem of movement and health to a problem of leisure time only. In this connection it is a problem of individual life style first of all, which is crucial for "health promotion" and in which is also a problem of the leisure time covered. But if we want to solve the problem of life style in connection to health promotion, we have to investigate the geographical environment and the level of development of the concrete society, furthermore then the characteristics of the social status of the individual, such as gender, age, health status, family status, education, profession, qualifications, economic/material provisions, and level of responsibility. Furthermore, then factors such as location of residence, influence of the family environment, examples of concrete subcultures, value orientation of the individual, including psychological, temperament and structure of interest, etc. All these are parts of the problem of movement and health.

In regards to all of the above mentioned contradictions, and in regards to the current state of our civilization, the concept of "leisure time" to me seems to

be outdated, from my point of view, it is, to a certain measure, even useless. It seems to me that the concept of "lifestyle" is completely sufficient to express all possibilities which "our time", in which our life continues, offers. This is understandably a problem of values and preferences which are individually very diverse.

Due to this thought, however, there emerges a very important conclusion: *Solving the relationship of movement and health, respectively its positive contribution is not a problem of a certain delimited time into which we are entering, but a problem of the whole of day to day life and its organization. It is the problem of perceiving oneself and one's possibilities in relationship to oneself and to society. It is the problem of perceiving movement as a basic presumption of personal healthy existence.* This healthy existence is conditional upon our struggle for it, our fight against all influences which threaten it. The negative tendencies have a global character, its solution is however that of a regional problem, resulting from concrete conditions.

From what has been mentioned so far, it follows that the problem of the relationship of movement and health extends into many fields of individual and social life, it is therefore a real socio-cultural problem and in its essence also a philosophical problem. To be able to reach that which can theoretically be assumed, it is also necessary to prepare sufficiently funded specialists. In the world, a line of studied fields exist, which prepare specialists for this field of their professional activity. They are, for example: recreology, recreation, leisure, health promotion, lifestyle management and so on. The terms are various, but the sense of what is studied is similar. It is about individual fields or areas of specialization, which are part of other fields. Not too long ago, at our University, we finished a grant of the European Social Fund focused exactly on the education of these specialists. While analyzing a number of European and domestic workplaces, we found significant differences in defined profiles of graduates and in accordance with this, even in the conception of each study area and its structure. Not only from the point of view of the length of the study but also of its content. Even through the stated differences, it can be said that, generally, in the study there dominates a focus on the above mentioned reduced relationship between movement and health. This means a focus primarily on understanding movement as a means for prevention or the development of physical health, without considering other necessary consequences. Even though it is understandably necessary to thoroughly master this means, as the profession cannot be performed without it, it is also necessary to know into which relationship one is getting into and to where its usefulness can be directed. It is necessary to know the possible theoretical possibilities of using these means, and what are the relationships between global influences and regional resolution possi-

bilities. Moreover, to be able to shift the whole problem to a higher level of effectiveness from the point of view of the addressed population, their education must be in accordance with possibilities devoted to entering into all of the fields mentioned above, so that they could become equal partners in representing these fields. This requirement concerns an exact definition of Bachelor and Master profiles and, with them, associated structures of Bachelor and Master studies and their content, and furthermore also doctoral studies. This can, for sure, be formally solved. However, solving the content and with it the associated personal solving is dependent mainly upon the extent of our scientific research into this field of which was spoken above. There I see the basis of the whole problem. In the corresponding extent of our scientific activity and sufficient evidence of its results, I see the only possibility of shifting the whole problem there, where its realistic and socially significant place is.

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ÚVAHA NAD PROBLÉMEM VZTAHU MEZI POHYBEM A ZDRAVÍM (Souhrn anglického textu)

Jestliže mluvíme o vztahu mezi pohybem a zdravím, obvykle máme na mysli činnosti realizované v oblasti tělesné kultury, tedy činnosti, které jsou zaměřeny na

člověka. Přirozeně, zároveň musíme počítat se specifickými rozdíly mezi tělesnou výchovou, pohybovou (tělocvičnou) rekreací a sportem. Bohužel, tělesná cvičení, jako záměrně využívané pohyby, jsou v naší literatuře chápána především na biomechanické a biomedicínské úrovni, mnohem méně je vnímána jejich psychologická a socio-psychologická dimenze a nejméně je vnímána jejich filozofická podstata. Navíc také vidíme, že zdraví je společností vnímáno především jako výlučná oblast medicíny a zdravotnictví. V práci se autor zabývá problémem vztahu mezi pohybem a fyzickým, psychickým a sociálním zdravím a rozdíly mezi člověkem – sportovcem a člověkem – nesportovcem. V souvislosti s těmito problémy věnuje také pozornost problémům prostředí, volného času a životního stylu. Naše zdravá existence je podmíněna zápasem o ni a bojem proti všem vlivům, které ji ohrožují. Negativní tendence mají globální charakter, jejich řešení je však regionálním problémem, vyplývajícím z konkrétních podmínek. S tím souvisí také problém výchovy příslušných specialistů.

Klíčová slova: tělesná výchova, pohybová rekreace, sport, prostředí, výchova.

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