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The Participation of Junior High School Boys in Competitive Athletics

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THE PARTICIPATION OF JUNIOR HIGH SCHOOL BOYS
IN COMPETITIVE ATHLETICS

A Research Paper
Presented to
The Graduate Faculty
Central Washington College of Education

In Partial Fulfillment
of the Requirements for the Degree
Master of Education

by
Dick Van Well
August, 1961

THIS PAPER IS APPROVED AS MEETING
THE PLAN 2 REQUIREMENT FOR THE
COMPLETION OF A RESEARCH PAPER.

Mary Bowman
FOR THE GRADUATE FACULTY

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CHAPTER I

THE PROBLEM AND DEFINITIONS OF TERMS USED

In recent years considerable literature, both pro and con, has been published concerning the place of competitive athletics in the junior high school. Most of the literature discusses the idea that competitive athletics is harmful during this stage of growth and development.

In 1946, the Society of State Directors for Health and Physical Education passed the following resolution:

Inasmuch as pupils below the tenth grade are in the midst of the period of most rapid growth, with the consequent bodily weaknesses and maladjustment, partial ossification of the bones, mental and emotional stresses, physiological readjustments, and the like, be it, therefore resolved that the leaders in the field of physical education should do all in their power to discourage interscholastic competition at this age level because of its strenuous nature (14:635-636).

Authorities in the field support the idea expressed by the committee. Lowman, a doctor at the Orthopedic Hospital, Los Angeles, California, writes of the undue stresses and strains that may be caused by interscholastic athletics (15:635).

Dr. Conant, looked upon as an authority in the field of education, states without qualification that inter-school athletics should be eliminated from the junior high school (8:93).

One need not look far, then, to find an overwhelming number of authorities in the teaching and medical fields who oppose interschool athletic programs on the junior high level.

With growing emphasis on physical fitness and sports programs, the question of interschool athletics is being increasingly discussed by authorities in many different fields. As a result, the problem is becoming more confusing to those who are dealing directly with young people.

In the light of this, a review of the literature by authorities in education and medicine might be helpful in guiding a person toward a philosophy concerning athletics on the junior high level.

I. THE PROBLEM

The problem of this study was to gather information concerning interschool athletics. The chief purposes of this study were to: (1) Collect and summarize the literature written by the medical profession; (2) Collect and summarize the literature written by the educational profession; and (3) To present the research written by those involved, so that people concerned with the problem might make a better judgement on the advisability of interschool athletics at the junior high level.

II. DEFINITION OF TERMS USED

Competitive athletics. This refers to regularly scheduled contests between sponsored, organized athletic teams.

Junior high school. This is a unit including grades seven, eight, and nine as organized in a six-three-three-year plan of school organization.

Upper elementary school. This refers to schools containing grades seven and eight and operating as a single unit or as part of an eighth grade elementary school.

High school. In this study, high school refers to grade nine contained as part of a four-year high school.

CHAPTER II

REVIEW OF LITERATURE

A subject of perennial controversy is the place athletics should occupy in the lives of adolescents. School personnel, medical authorities, and parents in many communities are asking questions and seeking guidance on the problem of athletic competition for children of junior high age. The values of such activities, their benefits, and the school responsibility in their management need to be evaluated.

Since World War II, interest in highly competitive athletics in the junior high school has greatly increased (13:1). This trend has occurred in school athletics as well as in the community recreational programs.

In twenty-six years the number of baseball diamonds operated in public parks and recreational areas has grown from 2,522 to 5,502. . . . In 1950, the yearbook reported that the average daily attendance at playground programs operated by public recreation agencies was four million. It is reasonable to assume that at least half of those in attendance were boys. On an average summer day that year, probably close to one million boys of twelve and under took part in baseball, softball, basketball, or track and field activities under the direction of professionally qualified recreation leaders (20:422).

The effects of the recreational program and its increased publicity and activities have been reflected in the public school

athletic programs. Therefore, any findings about competitive athletics in schools could also be applied to those sponsored by the recreational leaders in the community and vice versa. The Report of the Committee on Highly Organized Competitive Sports and Athletics for Boys Twelve and Under presented the following to the National Recreation Congress:

Although elementary schools continue to feel pressure to adopt the characteristics of the high school and college interscholastic sports program, most of the recent development has taken place outside of the school system. While it is true that local educators, from the principal and coach to school board members, sometimes are leaders in such movements as Little League, Pop Warner Football and Bidly Basketball, the school systems themselves rarely sponsor these programs as a part of the school's extra-curricular activities. As a result, the recent development of highly organized competitive athletics for the elementary school age child has been sponsored largely by private independent groups not connected with the schools or the public recreation department (20:422).

The Report shows that other groups, worried over the problems of athletic competition for children of elementary and junior high age, are seeking guidance on the problem.

Most literature in the field has been concerned mainly with competitive athletics in the schools. In it one finds many differences of opinion on the place of competitive athletics in the junior high school. Some educators would be happy if athletics were expelled from the school, for they believe that sports are serious handicaps to youth:

No junior high school should have a "school team" that competes with school teams of other junior high schools in organized leagues or tournaments. Varsity-type interscholastic for junior high school boys and girls should not be permitted (11:36).

The Joint Committee of the American Association for Health, Physical Education, and Recreation states much the same point of view on athletics in junior high schools:

Interschool competition of a varsity pattern and similar organized competition under auspices of other community agencies are definitely disapproved for children below the ninth grade (13:4).

On the other hand, one does not have to look far to find educators who recommend athletic contests in the junior high schools. They point out that athletics have very tangible advantages. They say athletics afford opportunities for competing with others in social settings and that this insures a persistence of effort which might be wanting. Moreover, the satisfaction associated with strenuous activities teaches the adolescent that pleasure may be coupled with vigorous effort. Some educators point out that this is a useful lesson for youth to learn; it is one that will often prove profitable to him in his later life. The American Association of Health, Physical Education and Recreation in a convention in New York in April of 1954 stated:

We believe that co-operation and competition are both important components of American life. . . .

Playing hard and playing to win can help to build character. . . .

Athletics may also exemplify the value of the democratic process and of fair play (2:14).

The differences of opinion, it seems, arise from the lack of real evidence on the subject. The parents, being less informed, have tended to take a less active part in the debate. The Medical Profession and Educators, on the other hand, have been trying to find some workable formula to solve the dilemma this problem has presented during the last twenty years.

The following pages will be devoted to concepts about the problem as presented by the Medical Profession, the Educators, Administrators, and Parents. It must be clearly understood that one study will not prove competitive athletics for junior high age either good or bad. But it is hoped that some light can be thrown on the subject.

I. MEDICAL VIEWS ON COMPETITIVE ATHLETICS

With the increase of competitive athletics for children of junior high school age and the greater publicity given as to whether they are harmful, doctors find more and more people turning to them for answers. At the present time, very little has been presented by physicians as to the place athletics should occupy in the life of a

junior high age student.

One of the most prominent and interesting surveys of the physician's point of view was conducted by a subcommittee working for the Joint Committee on Athletic Competition for Children of Elementary and Junior High School Age. This survey was to determine the opinions of physicians, including specialists, on the kind and extent of athletics for this age group.

Questionnaires were sent to 424 physicians whose specialties included Pediatricians, Cardiologists, Orthopedic Surgeons, Physiologists, and General Practitioners. Of the 424 questionnaires sent out, 220 were returned.

They were asked which of the following factors, if any, they considered to be valued in determining the kind and extent of athletic activity for youths between the ages of twelve and fifteen.

The following results were obtained from the six listed items:

1. Greater vulnerability of joints to injury:

<u>Specialists</u>	<u>Number Returned</u>	<u>Number of Yes</u>
Pediatricians	78	32
Cardiologists	Factors not in questionnaire	
Orthopedic Surgeons	43	29
Physiologists	21	3
General Practitioners	45	21
	<u>187</u>	<u>85</u>

2. Greater hazards in connection with fractures of the epiphyseal area of the long bones:

<u>Specialists</u>	<u>Number Returned</u>	<u>Number of Yes</u>
Pediatricians	78	32
Cardiologists	Factors not in questionnaire	
Orthopedic Surgeons	43	30
Physiologists	21	6
General Practitioners	45	23
	<u>187</u>	<u>88</u>

3. Disproportion of heart size to total body mass:

<u>Specialists</u>	<u>Number Returned</u>	<u>Number of Yes</u>
Pediatricians	78	21
Cardiologists	33	18
Orthopedic Surgeons	Factors not in questionnaire	
Physiologists	21	2
General Practitioners	45	16
	<u>177</u>	<u>57</u>

4. More likelihood for carry-over of activities past the stage of healthful fatigue to harmful exhaustion:

<u>Specialists</u>	<u>Number Returned</u>	<u>Number of Yes</u>
Pediatricians	78	58
Cardiologists	33	20
Orthopedic Surgeons	Factors not in questionnaire	
Physiologists	21	13
General Practitioners	45	27
	<u>177</u>	<u>118</u>

5. Greater susceptibility to rheumatic fever:

<u>Specialists</u>	<u>Number Returned</u>	<u>Number of Yes</u>
Pediatricians	78	14
Cardiologists	33	9
Orthopedic Surgeons	Factors not in questionnaire	
Physiologists	21	14
General Practitioners	45	15
	<u>177</u>	<u>52</u>

6. Greater difficulty determining the healthy heart as a prerequisite to activities:

<u>Specialists</u>	<u>Number Returned</u>	<u>Number of Yes</u>
Pediatricians	78	24
Cardiologists	33	6
Orthopedic Surgeons	Factors not in questionnaire	
Physiologists	21	5
General Practitioners	45	18
	<u>177</u>	<u>53</u>

It is worth while to note that among the orthopedic surgeons, 60 per cent felt greater vulnerability of joints to injury to be a factor and 70 per cent considered the special hazards in connection with fractures of epiphyseal area of the long bones to be such a fact. It should also be noted that general practitioners noted these two factors by 45 per cent and 47 per cent respectively. Harmful exhaustion was considered a danger by 74 per cent of pediatricians, 61 per cent of cardiologists, 62 per cent of physiologists, and 60 per cent of the general practitioners (13:10)

In the same survey a question on which sports should be prohibited--not advisable for this age group under any conditions or plan--and those approved for interschool play--sports schedules. The two hundred and twenty physicians replied in the following manner (13:11):

	<u>Prohibited</u>	<u>Approved Interschool</u>
Football	104	22
Soccer	50	32

Track and Field	28	54
Touch Football	24	38
Baseball	2	85
Softball	2	89

The subcommittee, in summarizing its findings, compiled the following conclusions:

1. A vast majority of physicians in each of the professional groups understand and appreciate the potential value of athletics and believe strongly in a well-conducted sports program in the schools.
2. There is general agreement among the medical groups, closest to the problem of appropriate athletic activities for upper grades and junior high school youth, that proper supervision and control is basic to safe and healthful experiences in any form of competitive sports.
3. The likelihood of carrying activities past the stage of healthful fatigue to one of harmful exhaustion was regarded by a high proportion of physicians in all of the groups concerned as the most significant factor in determining the kind and extent of athletic activity for this age group. Vulnerability of joints and the hazards of injury to the epiphyseal area were rated next in importance by the majority of the groups. Orthopedic Surgeons rated these latter factors as high proportionately as the other medical groups scored the former.
4. An intramural or combination intramural and invitational sports administration was recommended, by a large majority of physicians in every group, as the most satisfactory pattern of organization to meet the needs of this age group.
5. A strong minority of physicians in most of the groups felt that certain sports, under judicious administration and regulation, could be conducted safely on an interschool basis, such as baseball, softball, volleyball, swimming, and gymnastics.

6. Football was the only listed activity consistently labeled by large proportions of physicians as an activity to be prohibited at this age level. A number did not oppose the sport on an intramural or combination intramural and invitational basis but only a small fraction felt that football was suitable as an interschool activity for upper grade and junior high school youth.
7. Many comments emphasized the importance of considering individual differences--size, maturity, body type, skill, and the like (13:12).

Dr. Lowman, writing in the Journal of Health and Physical Education, recorded findings of a similar survey. He sent questionnaires to 900 orthopedists. Of the 900, 403 or 44 per cent replied. Sixty-seven per cent agreed that interscholastic athletics for junior high boys should be discouraged because of their strenuous nature. Lowman also asked what events would be most harmful. He obtained the following (15:635):

<u>Sports</u>	<u>Doctors Approving</u>
Tennis	92%
Baseball	86%
Volleyball	80%
Handball	68%
Touch Football	68%
Basketball	54%
Boxing	46%
Soccer	36%

Hockey	24%
Football	11%
Swimming	8%

Dr. Lowman did not indicate the circumstances under which the above sports were considered safe. Presumably, he meant safe for interscholastic competition on the junior high level.

It should be brought to the reader's attention that Lowman's study coincides to some degree with that mentioned previously by the Joint Committee on Competitive Athletics.

Several experimental studies relating to junior high school athletic competition have also been done. The following ideas have been condensed from a few of these studies.

One of the earlier experimental studies was conducted by Floyd A. Rowe. He completed a study in 1932 to determine the effects of interschool competitive athletics on the growth of junior high boys in Cleveland, Ohio. He compared the boys in competitive athletics to those having a well-organized physical education program. His results showed that those in competitive athletics did not increase in height and weight as much as did those in the physical education program. In the final phase of the study, which covered a three-year period, the athletic group gained an average of 23.7 pounds and the non-athletic group gained 30.8 pounds. In relation to height, the athletic group grew an average of 1.95 inches, while the non-athletic

group grew 3.79 inches.

Rowe pointed out that the reasons for difference in each area might be that the athlete developed sooner than the non-athletic and, therefore, had completed his growth first (21:108-116).

A similar experimental study conducted by Hollis Fait was to determine the effects of athletic competition on certain measurements of the human body of junior high school boys. A group of 49 boys who participated in interschool athletics was compared with a group of 58 in two schools who had no interschool program.

The results of this study showed very little difference between the two groups as far as growth in the human body was concerned. It did show that those not in interschool athletics grew .36 inches more than those who participated.

Fait concluded that the present over-all evidence would indicate competitive athletics are not harmful to physical health (7:35).

Another part of Fait's dissertation consisted of a survey of 100 orthopedists to determine their opinions on the effects of interscholastic athletics in the junior high school boys. Of the 100 questionnaires sent out, seventy were returned and 60 per cent of these expressed the opinion that epiphyseal injuries were less prevalent than other bone injuries in the junior high school group (7:35). Again, it should be noted that this differs from the findings of the Joint Committee.

DeLotto investigated the effects of athletic competition upon boys between the ages of nine and twelve. Complete data were collected from 159 boys in the control group and 189 in the experimental group. The experimental group was given a two-hour athletic program on Saturday mornings from September 15 to May 15. The activities included touch football, basketball, baseball, and track. Tests were given to determine height and weight measurements, broad jump, motor educability, right hand strength, and left hand strength. The test data revealed no significant differences (7:36).

The Journal of the American Medical Association in its November 15, 1958, issue had an interesting article written by George Maksim, M. D., entitled "Desirable Athletics for Children." Dr. Maksim starts by asking the question, "What are desirable athletics for children?" He says that some leaders in discussions in this area give the impression that a suitable program of athletics will produce optimal fitness of youth. This, he says, is not true. Desirable athletics for children may make their contribution to the total fitness of youth, but athletics, itself, cannot be considered a total fitness program. In considering athletics and their part in youth's fitness, Dr. Maksim emphasizes two points. First, his ideas pertain to children under 12 years of age and secondly, he does not believe in doing away with competition. This, he says, cannot be done, since competition is an inherent characteristic of the growing individual. He competes

with himself or others in his environment. Competition is part of our American way of life.

Emphasis is also placed on certain characteristics that should enter into the planning of an athletic program. He listed the three important ones as Sex, Development Level, and Diversity of Opportunity. Under the latter, he mentions that children should not be pressured into receiving adult acceptance by conforming to rigid, highly organized, and highly competitive programs in any of the sports. All sports programs should give all children an opportunity to participate, especially those with seemingly less natural aptitude. The natural athlete will emerge despite any program. Any program in any sport for the child should be confined to the local community.

Dr. Maksim makes notice of the report that this year's Little League Baseball program has changed from a national to an international one, with many countries participating. He points out a need for more international relationships, but asks if this is the level at which it should be attempted, with a small, select, minority group of early matured children competing. Again he emphasizes that all youngsters, not just the natural athletes, should have opportunities for participation.

In planning a program at this age, both physical and emotional factors should be considered, says Dr. Maksim. The activities should be fun, part of the joy of living, and serve as a wholesome outlet for

the normal energy and exuberance of the young as well as a constructive and beneficial learning experience. Care should be taken to avoid overemphasis which might cause harmful exhaustion. The failure to win graciously or to lose stoically may be harmful in the emotional growth and development of a child. An example given is a boy crying after some athletic contest. He might be excused by some with the comment that it did him some good to cry. However, the first question that would come to mind is, did he need to cry at all over a childhood athletic contest which is only a stepping stone to other and more important contests?

The optimal physical and emotional growth and development should be the primary concern of all leaders in programs of desirable athletics for children under 12 years of age. For at this level the first steps are taken toward a development of total fitness of youth that results in a happy, well-integrated adult.

Maksim lists certain features necessary for an athletic program:

1. One which is enthusiastically accepted by the community, one which is worked out through the combined efforts of all concerned--parents, teachers, recreation leaders, and physicians.
2. The health aspects should be clearly set forth. All should have physical examinations and an injured child should have physician approval before returning.
3. There should be an informed, emotionally stable group adult behind every program of athletics.

4. Physical education and athletic programs should be for all children and suited to their developmental levels.

Finally, Dr. Maksim points out, it is not only the physician's concern but his responsibility to exert his influence and assist in the development of desirable athletic programs having as their primary interest the total well-being of the child and the preventions of potential inadequacies when that child reaches adult life (16:1431-1433).

The emotional aspect of competitive athletics comes up in few of the studies. But they must be considered as factors in determining the best program, as mentioned by Dr. Maksim.

Another periodical published by the American Medical Association is the magazine Today's Health. In the September, 1953, issue, a question pertaining to interscholastic sports arose. A parent inquired: "At what age is it considered safe to let boys take part in interscholastic football or other interscholastic sports?"

The answer given was:

Boys below the tenth grade should not be allowed to participate in such sports. This opinion is based on the recognized fact that boys any younger have not yet attained sufficient physical development of emotional stability. It is felt they are much more likely to experience undesirable emotional strain from the intensely competitive attitudes that have been built up in regard to interscholastic sports (6:11).

The above answer was presented to the parent by William Bolton, M. D., editor.

The belief that damage can be done by undesirable athletics is not new to the medical profession. Dr. Murk Jansen of Leiden, Holland, years ago pointed out that fast growing cells and tissues are most vulnerable, that is, most susceptible to damage or injury. Skeleton structures as well as organs are in a stage of rapid growth just preceding and during adolescence. Accordingly, the potentials of injury are greater at this age (15:398).

Dr. John W. Conklin of Plattsville, Wisconsin, wrote to the American Medical Association for advice on the question of basketball in junior high schools.

To The Editor--The chairman of our junior high school study group approached me in regard to obtaining your opinion on the effects of competitive basketball on the health of boys from 11 to 14 years of age. Many parents are eager to have their boys engage in competitive sports, and many others feel that such play is detrimental to the health of growing boys. I would appreciate an opinion on this subject.

Answer: When basketball is appropriately modified to meet the needs of this younger age group, there is no reason why those who are found to be fit by medical examination should not participate under proper control. An intramural program that stresses opportunity for all students to play against others of about equal ability, height, age, and weight, is recommended. An interschool program of the "varsity" type, which generates pressures that may cause immature youths to overtax themselves or that limits participation to a few, is not recommended. For this age group, shorter quarters, more frequent time-outs, and other suitable modifications in rules are strongly urged (4).

A question of interest at this age level arose: Is track harmful? Dr. George A. Bakke of Oakland, California, asked the

American Medical Association the following question:

To The Editor--I have always thought that track and crew were too strenuous on a boy's heart and now my boy, age 12, is anxious to do track work. Am I right or wrong? He ran one mile in seven and one half minutes recently.

Answer: An official statement of the Committee on the Role of Exercise in Physical Fitness states that a normal healthy child cannot do himself permanent organic injury by physical exertion. However, the advisability of specialization in distance events by a boy of 12 is open to question. Track events for youth of the pre-pubescent age group may well be confined to those of short duration, such as 40, 50, or 60 yard dashes. It has also been widely recommended that competition for youth at this maturity level be limited to a few invitational and informal play-day events, in which participants are carefully classified on the basis of one of the formulas available for the purpose. Ordinarily, fatigue and its associated distress act as a safety valve in preventing overstrain and cause a child to slow down or stop activity before the physiologic limit or the ultimate capacity of the organs involved is reached. However, the emotional stimulus which is often associated with a highly competitive situation may result in carrying the activities past healthful fatigue to a stage of harmful exhaustion. When track events for the younger age groups are confined to those demanding limited periods of sustained effort rather than long trials of endurance this possibility is reduced if not eliminated (4).

In discussing heart trouble in an article entitled "Competitive Sports--Menace or Blessing," Dr. Gallagher says that youngsters, as a whole, need more exercise:

But the chances are he needs more not less exercise. If he is well nourished and free from infection, heart disease and anemia, the best prescription for his fatigue is generally increased exercise, not rest (19:114).

In the same article, in reply to the question, "What about possible heart damage?" Charles Connors, former Medical Director

of the American Heart Association, explains:

It is only when a child's heart is already diseased that normal sports offer any danger. The heart is a strong and powerful organ and can withstand considerable exertion (19:114).

In summarizing the medical concepts, one finds some differences of opinion, but this is to be expected. On the whole, most doctors think that competitive athletics are needed to help the child mature as an individual. They recognize that in all activities, from the earliest age to death, each person constantly competes with himself and his environment. Therefore, what must be done is to guide our competitive instinct into proper channels so that we can benefit in both physical and emotional growth. If we do have competitive activities, doctors feel that certain contact sports--football, boxing, etc.--should not be included.

Doctors feel that all activities presented to the children should be under the guidance of a mature person who is emotionally sound. And physicians feel that there must be a great amount of attention given so sports do not become too competitive and result in undue emotional and physical strains.

As for interschool competitive athletics, doctors are undecided. Most are sure that state, regional, and national tournaments and exhibition games should not be recommended. And a good number would hesitate at having intercommunity leagues at this age

level, particularly if intramural and physical education were not held in conjunction with interschool athletics.

As for competition among students of his own maturity in well-controlled programs, Dr. George Stevenson, Medical Director, National Association for Mental Health, says: "All sorts of aggressive emotions can be effectively worked out on the athletic field" (19:114).

II. EDUCATORS' VIEWS ON COMPETITIVE ATHLETICS

Teachers of physical education and everyone concerned with the education of junior high students are interested in the policies concerning interschool athletics at this level. Unfortunately, very little research has been done on this subject. The literature presents much disagreement concerning the place of junior high interschool athletics in today's schools.

Educators are in general agreement that good and bad qualities do exist in athletic competition. But in judging the value of competitive athletics, these people divide into two groups. Either they ignore the advantages and decide that athletic competition is wrong or else they overlook the disadvantages and have competitive athletics. This causes difficulties to occur in distinguishing between fact and opinion and between emotions and objectivity when this problem is discussed or material is published.

Probably what causes some of this disagreement and leaves

both groups at different poles in their thinking is the meaning of terms. But this is not the whole problem. Much arises because the sides have not enough information to form concrete objectives as to what is right and wrong.

The Educational Policy Committee of the National Education Association made a study to determine what competitive athletics contributed to an individual. After much deliberation, consultation, and investigation, the following benefits were noted:

1. Participation in sound athletic programs contributes to health and happiness, physical skills and emotional maturity, social maturity and moral values.
2. Co-operation and competition are both important components of American life. Athletic competition can teach these values.
3. Playing hard and playing to win can help build character. So also do learning to "take it" in the rough and tumble of vigorous play, experience defeat without whimpering and victory without gloating, and disciplining oneself to comply with rules of the game and of good sportsmanship.
4. Athletics may also exemplify the values of democratic process and of fair play. The student athletes learn to play with a group. Individuals are judged for what

they can do and not on the basis of the social, ethnic, or economic group to which their family belong.

5. We believe that school athletics are a potential educative force of great power that is not used so much as it should be and that is too often misused (11:3-4).

The publication made no mention of the age level to which it was referring; it was assumed that these five statements applied to athletic contests on all age levels. These plus many more advantages of athletic competition can be found in a great number of publications. Because of these advantages, many junior high schools have competitive athletics. In fact, some authors think that the programs are on the increase in the United States.

During recent years there has been an ever-increasing interest in competitive athletic programs for boys below the senior-high school level (5:20).

It has become increasingly apparent that there is developing a rather widespread practice of conducting extensive schedules of athletic competition for elementary and junior high school boys and girls (10:59).

With all the advantages mentioned, one might ask about the negative view some take about athletic competition and wonder why they frown on a program which apparently offers such fine values. The issue seems focused around the idea that competitive athletics are all right if they do not become highly organized. The question that arises is: Is it possible to have competitive athletics and keep them

from becoming highly organized? The A.A.H.P.E.R. expresses the following ideas in their book Children in Focus. They pointed out that as soon as competitive sports are developed on an organized basis, a number of things have to happen. Schedules, leagues, and regulations necessary to conduct the activities are set up. If these are developed to meet the needs of the students, they are helpful. Sometimes, however, they pattern themselves after the high school, and, as a result, spectators begin to appear, parents get interested, the standings of the teams are kept, and the results of the games are printed in the newspapers. As a further result, a false set of values can be constructed. Winning at all cost may have added an artificial stimulus to play. Therefore, it is not the actual harm of the sport itself but these false values that are bad. At this time, the athletic event is called highly organized athletics and is bad for students of the junior high school age (3:158). Observations of interschool athletic programs reveal how they generally fit into the pattern previously presented. On this basis educators could consider them harmful.

School Athletics lists the most frequent short-comings of interschool athletics (11:5-11):

1. Emphasis on False Values
 - A. Overemphasis on Winning
 - B. Glorifying Star Athlete
 - C. Disparaging the Non-Athlete
 - D. School Games as Public Spectacles

2. Bad Athletic Practices
 - A. Overemphasis on the Varsity
 - B. Distortion in the Educational Program
3. Coaches Under Pressures
4. Financial Woes
5. Continually Involving Children
6. Neglecting the Girls
7. Distorting School Organization

It is now easy to see why one finds two points of view toward junior high athletics. No one has definitely said that there are no advantages or that junior high school athletics are completely harmful. If this were true, every school would probably drop them immediately.

Several studies made on interschool athletics for junior high school boys are summarized in the following pages. A Joint Committee on Athletic Competition for Elementary and Junior High School Age has studied the problem for four years. The Committee's report was completed in 1952 and accepted by sponsoring organizations. In essence, the report recommends the kind of competition that will safeguard the health and well-being of children. It condemns highly organized competition for children of elementary and junior high school ages. The Joint Committee recommended: "Interschool competition of a varsity pattern and similarly organized competition under auspices of other community agencies are definitely disapproved for children below the ninth grade" (13:4).

Jack C. Allen surveyed a group of 32 directors or supervisors

of physical education in cities with a population range of 50,000 to 100,000 as to their participation in junior high athletics. Twenty-nine questionnaires were returned from 14 different states. Of the 29 questionnaires returned, 24 cities had interschool competition and 5 did not. He found participation in a wide range of activities such as touch football, tackle football, flag football, soccer, swimming, basketball, track, baseball, golf, tennis, wrestling, volleyball, and gymnastics. He found that 5 cities had some of the previous activities for girls on an interschool basis. One school also indicated competition was permitted for the ninth grade only. Quite a number of cities had football. As to the time of the events, 75 per cent indicated having interschool athletic contests immediately after school. He found that most of the junior high schools were playing limited schedules. The range in basketball was from 2 to 18 games per season and in football from 4 to 8 games.

Approximately 67 per cent of the teams were made up of boys separated by grade level in determining their eligibility for participation on a team. Only 3 schools did not seek parents' permission regarding interschool competition for their children.

Practically all schools in this survey favored a program of interschool athletics in junior high schools. They also made special mention that the program be moderate or on a limited basis, that there should be no leagues or conferences, that there should be good

supervision, and that the program should be an outgrowth of the physical and intramural program (9:57-59).

In a survey completed by Hollis Fait, Instructor of Physical Education at Eastern Oregon College of Education, to determine the amount of inconsistency between the practice in Eastern Oregon schools and their policies and current professional opinion, it was found that a high percentage of schools had interschool competition at the seventh and eighth grade levels. His survey included all schools with the seventh and eighth grades having four or more teachers. A total of 50 schools responded to this survey.

Of these 50 schools, 47 had interschool sports, and the 3 that did not reported their reasons as being due to lack of facilities, personnel, and finances. In not one of the 50 schools was there a school policy to forbid interschool competition because of potential injuries to participants.

Even though a vast majority of these schools participated in interschool sports, one principal indicated general disapproval of the program in his school. Another pointed out that his school was trying to gradually reduce the program in favor of an intramural program. However, the latter principal is having a difficult time trying to transform the program from interschool to intramural for lack of facilities. Fait points out that the confusion and contradiction in Eastern Oregon are probably indicative of the nation generally.

He also points out that of several probable reasons for the differences in opinion and practices, undoubtedly the greatest is lack of definite and complete evidence as to the effects of interschool athletics on the junior high schools (12:20).

The Educational Policy Commission of the National Educational Association and the American Association of School Administrators also take a negative stand on interschool athletics in the junior high. Most bad practices that exist in boys' interscholastic programs occur in senior high schools, but members note an alarming and unhappy trend toward placing boys under high school age into highly organized sport competition. The commission also eyes critically the traces of professional baseball's "farm system" operating within the high school and junior high level. Also, promoters of senior high school interscholastics often encourage junior high school programs to groom talent for high school teams.

For these reasons, the commission points out that there should be no interschool teams that compete in organized leagues or tournaments (11:36-37).

Another negative reaction was presented when a physical educator wrote to the Joint Committee on Health Problems asking the question:

At what stage of development should boys be permitted to engage in interscholastic football? In interscholastic

athletics? The answer was: Not before adolescence, i.e., grades 10-12, was interscholastic athletics generally conducted. Many factors other than physical health are involved. This position has been supported by various education and health groups (22:22).

The State of California has recommended a policy on competitive sports for children. Formulated by the State of California Recreation Commission, it states:

Highly organized competitive sport leagues are not recommended for children and pre-adolescent youth (23:426).

They also listed eight different reasons for not having competitive sports for this age group. It is significant that the P.T.A. recommendation was the same as that of the California Recreation Commission.

All literature, however, does not express a negative attitude toward athletics at the junior high school age. A policy adopted by the North Carolina Recreation Committee does not condemn such programs. They believe more studies and research should be made before making a judgment. They state:

We believe in wholesome competitive activities, that competition is a fundamental social process . . . properly guided and temperately used, it is an asset regardless of age participation . . . in partnership with co-operation, it should always result in constructive procedures (23:426).

In the Pacific Northwest area, George I. Werner, Director of Physical Education in Spokane, Washington, looks on competitive athletics in a favorable manner (24). He is opposed to the resolution

of the A. A. H. P. E. R. which was passed during their 1947 national convention. The resolution was stated as follows:

Whereas, the elementary school boys and girls are emotionally immature;

Whereas, activity for all is the desired standard rather than activity for the few;

Whereas, the interest of boys and girls is in playing the game and not in playing other schools unless artificially stimulated to do so;

Whereas, small schools may not be able to have satisfactory competition within their own small group; and

Whereas, a play day or sports day type of program broadens social horizons:

We, Therefore, Recommend: That activities for all be stressed in grades one through eight in the elementary school physical education program; that a strong intramural program be developed for grades five through eight; that interschool competition be considered only as a natural outgrowth of the full intramural program; that we go on record as definitely opposed to interscholastic competition for elementary school boys and girls (24:466).

Werner finds it difficult to see how the A. A. H. P. E. R. can harmonize their statements. The first five points attack the inclusion of interschool athletics in the program. Next the resolution states that an interschool program which stems from an intramural program is acceptable. Finally, the statement concludes with the remark that the A. A. H. P. E. R. goes on record against interscholastic competition at this level.

Werner takes issue with most statements in the resolution. He believes that athletics develops emotional control, that you can have

a good intramural and interschool program functioning at the same time, that children enjoy playing other schools, that in small schools it is essential to have interschool activities because there may not be enough participants for intramurals, and that interschool competitive athletics does broaden social horizons.

Werner sees many beneficial aspects in interschool athletics; in fact, he would like to submit proposals for adoption by leaders in this area:

That activities for all be stressed in grade one through eight in the elementary school physical education program; that a strong intramural program be developed for grades five through eight; and that interschool competition be based upon the foregoing principles and be incorporated into the total program as a natural outgrowth of a full intramural program (24:511).

It is not difficult to see that there is disagreement among this profession, but most published literature is against interscholastic athletics below the eighth grade and some recommend that interschool athletics should not be practiced below the ninth grade.

CHAPTER III

SUMMARY AND CONCLUSIONS

There is a lack of research in this area. There are no national statistics which would permit one to determine positively whether or not junior high athletics are beneficial.

The medical profession and the educational profession are undecided. The parents do not know what to accept.

Most doctors and educators see little harm if the program can be controlled so that no stresses or strains occur to the participants and if it can be guided so that it could benefit the person in both physical and mental growth. On the other hand, many in both professions are definitely against athletics below the high school level.

Although there is no concrete evidence to determine precisely whether interschool athletics are right or wrong, certain conclusions present themselves.

1. Competition is an inherent characteristic of young people and if properly guided can be helpful.
2. All interschool athletic programs should be organized with the cooperation of medical groups.

3. Highly competitive tournaments and championship games should be eliminated.
4. Bodily contact sports are dangerous at this level.
5. Opponents should be matched as carefully as possible as to weight, size, and maturity.
6. Interscholastic athletics should be an outgrowth of a good intramural program.
7. The best professional leadership should be obtained.
8. All participants should have physical examination before being allowed to play.
9. Much more comprehensive objective research is needed before determining the question of interschool athletics at the junior high school level.

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