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“Physical education”, “health and physical education”, “physical literacy” and “health literacy”: Global nomenclature confusion

Timothy Lynch^{1*} and Gregory J. Soukup²

Abstract: The title “physical education” (PE) is the traditional taxonomy used to represent the education discipline. Health and physical education (HPE) is regarded to be an all-encompassing health-dimensional title that has been recently embraced by various education systems around the world. Hence, it can be argued that PE and HPE are often used interchangeably by educationalists, portraying a similar meaning and understanding. This can be regarded as internationally confusing, as historically PE and HPE have represented different and at times paradoxical discourses and ideologies. Amongst the ambiguity of which title to use, PE or HPE, new terms of branding such as “physical literacy” and “health literacy” have re/emerged. The purpose of this interpretivist study is to identify if associated terms used for the original PE label are a help or hindrance to practitioners? Participants were asked an open-ended question relating to PE nomenclatures. The data gathered were analysed and findings confirmed that practitioner confusion does exist. It is suggested that children are first and foremost “physically educated”; therefore a strong, clear and comprehensive grounding in quality PE is essential for teachers and students.



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Combined these researchers have taught in Europe, Oceania, Middle East and North America and presented in all corners of the globe.

PUBLIC INTEREST STATEMENT

Physical education can be globally more effective. This research study investigates practitioner confusion surrounding the numerous labels adopted in physical education. Names used to represent physical education around the world include; physical literacy, health literacy and health and physical education (HPE). Literature suggests that many teachers lack confidence and competence when it comes to teaching physical education, subsequently adopting avoidance tactics and as a result children suffer. Teachers are further confused when different labels (rather than new concepts) are added to the mix. This research builds knowledge for improving globally the physical education field. The report gains strength through empirical evidence, offering the substance that many new labels lack. Research is evidence based, it is not a game or sport where supporters who barrack the loudest or tweet the most win. Research recommendations suggest that children first and foremost be “physically educated”. Therefore, a strong, clear and comprehensive grounding in quality physical education is essential to guide practitioners and students.

Subjects: Education; Health and Social Care; Medicine, Dentistry, Nursing & Allied Health; Sports and Leisure

Keywords: physical education; physical literacy; health; health literacy; health and physical education; curriculum implementation; holistic education; well-being; nomenclature; education policy

1. Introduction

Exploration of the past reveals that physical education (PE) has been influenced by two philosophies: (1) body viewed as an object; and (2) the view of the whole person; body, mind, spirit and well-being. It is important to understand these two philosophical influences in recognition that PE is socially constructed and subsequently semantics have evolved over time.

Literature suggests that on occasions throughout history, PE has been responsible for schooling the body, where the body is viewed as an object. The body as an object occurs “in a society when man [and woman] has gained the capacity of looking at his [or her] own body as if it were a thing” (Broekhoff, 1972, p. 88). This concept is described by Kirk as a “useful and controlled body, one which is appropriately skilled with the capacities to meet the standards of acceptable social behaviour of any particular society and to make a productive contribution within the economic system” (Kirk, 1993, p. 13). Companion PE discourses that have influenced this philosophy include military, scientific, health and sporting, which portray ideologies which include sexism, elitism, healthism, individualism and mesomorphism (Colquhoun, 1991, 1992; Hickey, 1995; Kirk, 1992; Kirk & Twigg, 1993; Scraton, 1990; Tinning, 1990; Tinning & Fitzclarence, 1992; Tinning, Kirk, & Evans, 1993). Wherein, students acquire knowledge and attitudes unintentionally while in the school environment (Kirk, 1992). Such ideologies are regarded as problematic as they give false messages (Kirk, 1992).

The introduction of the sociocultural approach saw a philosophical shift using a “holistic” discourse in PE. This holistic view was influenced by an inclusive ideology and in some regions of the world was relabelled HPE. This shift has occurred on numerous occasions throughout history, but most recently began as a complex counter discourse to those associated with the “body as object” philosophy. The whole child view was “informed by critical pedagogues and pedagogy in Australia, the United Kingdom and New Zealand in the 1980s and 1990s” (Cliff, Wright, & Clarke, 2009, p. 165). This holistic discourse had important implications for PE teachers and students, “because its attention to social and cultural influences on health put it in opposition to notions which locate responsibility for health almost solely in the individual and their decisions” (Cliff et al., 2009, p. 165). This discourse changed perception of the body as a separate object, to that of the “whole person”; body, mind, spirit and well-being, along with their social and cultural context. Whitehead (2010) refers to this shift in PE in philosophical terms as “dualism” and “monism”, respectively, but prefers to use the word “literacy” rather than “education”.

In the United Kingdom the Association for Physical Education (AfPE) define PE as:

the planned, progressive learning that takes place in school curriculum timetabled time and which is delivered to all pupils. This involves both “learning to move” (i.e. becoming more physically competent) and “moving to learn” (e.g. learning through movement, a range of skills and understandings beyond physical activity, such as co-operating with others). The context for the learning is physical activity, with children experiencing a broad range of activities, including sport and dance. (2015)

In this definition, physical education clearly involves progressive learning within the physical dimension that occurs during school hours only. However, the International Council for Health, Physical Education, Recreation, Sport and Dance (ICHPER-SD) suggest that being physically educated is not confined to the school hours from 9 to 3 or from the ages 5 to 18:

A physically educated person HAS learned skills necessary to perform a variety of physical activities; IS physically fit; DOES participate regularly in physical activity; KNOWS implications of and benefits from involvement in physical activities; and VALUES physical activity and its contributions to a healthful lifestyle. (National Association for Sport and Physical Education, 1992; as cited in International Council for Health, Physical Education, Recreation, Sport & Dance (ICHPER-SD), 2016)

Whitehead's choice of the term "physical literacy" rather than "physically educated" appears to be contextually based rather than universal and is questioned internationally. McKenzie and Lounsbury (2016, p. 1) ask "What's in a name? Is physical literacy simply a rose by any other name?". Furthermore, they suggest:

there is lack of consensus among international physical activity/fitness experts regarding what constitutes physical literacy. If experts are uncertain about what physical literacy is, one can only imagine how confused the lay public and policy makers might be. Many already cannot discriminate among terms such as physical activity, physical fitness, and physical education, and adding yet another term (physical literacy) would only add to the confusion.

However, this confusion of terms is also identified within Whitehead's home nation, the UK, where Griggs (2015, p. 3) states "there remains significant ambiguity around the definition, usage and function of 'health and well-being' in the public policy realm and in the wider world".

Various discourses and ideologies have evolved throughout PE's long history, many which have been labelled and embedded within PE. More recently, we have experienced competing terms to PE to represent new discourses, ideologies or philosophies, such as "health literacy" (HL) and "physical literacy" (PL). As evidenced above, literature has identified the confusion that this may have on teachers and students (Corbin, 2016; Griggs, 2015; Lounsbury & McKenzie, 2015; McKenzie & Lounsbury, 2016).

During the release of the recent Australian Curriculum: health and physical education (HPE), Kirk advised educationalists to "look to the past for lessons about the present and where we might be heading in the future" (Hickey, Kirk, Macdonald, & Penney, 2014, p. 184). This research investigates the past, along with the present and offers future direction in relation to the consistency of terms; "physical education", "health and physical education", "health literacy" (HL) and "physical literacy" (PL). Empirical research investigating the impact that consistency and clarity of terms is having on practitioners is vital and forms the purpose of this research. To better understand the past and present use of PE associated terms, adopting both a philosophical and empirical perspective, three major underpinning themes are investigated:

- Origins: first there was physical education.
- SHAPE America: PE, HPE or physical literacy?
- HPE ideal around the globe.

2. Literature review

2.1. Origins: first there was physical education

A glance through history illustrates that from the dawn of civilisation primitive man had to be very physically active to survive (Duncan & Watson, 1960). During ancient times, PE was given considerable emphasis by the Spartans, where PE was state regulated, age determined and involved similar experiences for men and women, boys and girls (Phillips & Roper, 2006). However, PE has been philosophically associated with more than just the physical dimension.

The Athenians first acknowledged the power of the physical dimension to enhance and influence the other health dimensions; intellectual, emotional, social and spiritual. Similar to the Athenians, the Romans recognised the benefits of physical education for quality of life, but the Romans preferred milder forms of exercise (Phillips & Roper, 2006). It can be argued that the purpose of PE for the Athenians and Romans during this ancient time was similar to HPE today, to educate the mind and the body embedded within all dimensions of health:

In Health and Physical Education students develop the knowledge, understanding and skills to support them to be resilient, to develop a strong sense of self, to build and maintain satisfying relationships, to make health-enhancing decisions in relation to their health and physical activity participation, and to develop health literacy competencies in order to enhance their own and others' health and wellbeing. (Australian Curriculum, Assessment & Reporting Authority (ACARA), 2012, p. 2).

Whipp encapsulates the historical and present implications of the HPE ideal closely associated with “wellbeing”; a state of feeling good about ourselves (Commonwealth of Australia, 2014).

In the past, the Greek ideal; “Mens sano incorpore sano”, stressed the importance of having a healthy mind within a healthy body... This communique highlights the importance of a comprehensive educationally-based and strategical approach to wellness that values the role of the health and physical educator. (Whipp, 2015, p. 111)

Holistic HPE is not a new concept to education, but it has more recently been given greater recognition to the contribution that the learning area makes in developing the whole child and the important role the physical dimension plays in well-being. There have been a number of papers relating to holistic HPE in the European physical education review; for example, the majority being Australian and dating back to Penney in 1998. Similarly, a recent study conducted in Canada analysing the PE curricula, which is focused on healthy, active living suggests; “re-visiting the meaning of health, wellness-oriented curricula” (Kilborn, Lorusso, & Francis, 2016, p. 38). For while only a few curriculum documents “explicitly acknowledge a socio-cultural perspective many, if not most, incorporate aspects of a socio-cultural perspective in their learning goals and content” (Cliff et al., 2009, p. 169).

The process of objectifying the body was evident in the second-century AD when Galen opened the human body. Galen didn't believe he saw anything, but he only saw what he believed (Kirk, 1993). Leonardo da Vinci (1452–1519) was the first to give an accurate description of the muscles and their functions, which was not published until the end of the eighteenth century (Broekhoff, 1972). In 1679, Borelli metaphorically explained the human body as a machine and “paved the way for the emergence of rationalised systems of physical exercises” (Kirk, 1993, p. 14).

During the Middle Ages, PE held fluctuating relations with the Catholic Church, which was very influential on European culture. The Church “permeated every aspect of culture—scholarship, politics, economics, and even one's private life” (Mechikoff & Estes, 2002, p. 104). While there were occasions where PE was not supported by the Church (Lynch, 2004), it was advocated through key figures during this period; St. Dominic (1170–1221), St. Thomas Aquinas (1225–1274) and Pope Pius II (1405–1464) (Feeney, 1995). This association with the Church strengthened the affiliation between PE and the spiritual dimension of health (Lynch, 2015c). Present day research findings suggest that “potential for spirituality can be capitalized by assuring HPE curriculum is delivered in a quality manner” (Lynch, 2015c, p. 217).

Europe has had a large impact on the PE discipline. An Italian teacher, Vittorino da Feltre (1378–1446) first introduced holistic PE as an essential part of the school curriculum, necessary for the “ideal citizen”, encompassing body, mind and spirit (Phillips & Roper, 2006). Another European educator, Johann Friedrich GutsMuths (1759–1839) was accredited for professionalising PE. Germany, at this time, along with Sweden and Denmark perceived PE mainly as military training. Hence, the focus

for PE was on drilling and exercising, on coercion, discipline and control rather than enjoyment (Kirk & Twigg, 1993). GutsMuths developed a PE syllabus at Schnepfenthal Educational Institute, Germany. This syllabus became a platform for PE teaching and consisted mainly of gymnastics (Phillips & Roper, 2006). Sweden's Per Ling (1766–1839) was the first to promote the medical benefits of PE, often associated with a scientific discourse and advocated the various health dimensions.

In late modern history, since the mid-1800s governing bodies otherwise known as organisations grew in numbers to represent people's interests. William G. Anderson was considered the founder of what is today known as SHAPE America (Society of Health and Physical Education), having established the organisation in 1885. In 2014, AAHPERD's (American Alliance for Health, Physical Education, Recreation and Dance) board became SHAPE America. This was the seventh name change of AAHPERD since its original founding as the Association for the Advancement of Physical Education (AAPE) (Yang, 2015). PE has augmented significantly since Per Ling to the present day and "in many respects has thrived since the 1960's" (Kirk, 2013, p. 974).

Exploring PE globally, considering the growth stated by Kirk and understanding that associations were representative of groups of people; one cannot ignore the impact of the International Council for Health, Physical Education, Recreation, Sport and Dance (ICHPER-SD). Acknowledging that there is no one representative voice for the PE field, there is no denying ICHPER's influence. ICHPER was established so educators; "could work together on an international basis... an association which was not representative of any one country, or system, or one method of physical education" (Hircock, 1988, p. 73). ICHPER-SD was initiated by AAHPERD [SHAPE America], founded in 1958 in Rome, Italy and the first ICHPER world congress was "Child health and the school". The title of this world congress proposes that health dimensions of PE were promoted. According to Corbin, this was consistent at this time, "central to the 'new physical education' was the education of the whole child" (Corbin, 2016, p. 14).

ICHPER-SD has influenced many countries around the world and does acknowledge a HPE approach similar to the Athenians. One such direct influence was in 1970 in Sydney, Australia, at the ICHPER-SD first and only world congress to be held in Oceania. ACHPER (Australian Council for Health, Physical Education and Recreation) was formally known as Australian Physical Education Association (APEA) and the name change was a direct result of ICHPER-SD's assembly. As cited in Kirk & Macdonald the Conference report stated; "the Congress indicated that 'we in Australia are now part of the international scene', and it may have been this feeling of connectedness internationally through ICHPER along with the great success of the conference that led to the acceptance of an Australian version of this name" (1998, pp. 6–7). The influence on Australia is evidenced in the first of the 10 points made in the 1970 ICHPER World Congress Resolutions:

- (1) Health, physical education and recreation are allied and closely inter-related fields and should be coordinated in the best interests of the community (The International Council for Health, Physical Education, & Recreation (ICHPER), 1971, p. 189).

Furthermore, as cited in Kirk & Macdonald, Elaine Murphy (ACHPER National President 1988–1993 and ICHPER-SD Vice President-Oceania) describes: "our description of physical education is just not adequate when health is such a large component (of what we do)... they wanted these words included otherwise they felt that physical education was too narrow" (1998, p. 7). ICHPER-SD "has also directed efforts towards developing countries in order to initiate and strengthen programmes and leadership within the schools and higher education institutions" (Kane, 1989, p. 107). While ICHPER-SD remains as a branch of SHAPE America today, sharing headquarters in Reston, Virginia, USA, it is separately governed and operated.

It can be evidenced that the holistic HPE ideal has existed and evolved since the Athenians and was strong during the twentieth century, although it was referred to as "physical education". Robbins, Powers and Burgess identified seven dimensions of health (HPE ideal), referred to as

wellness: Physical, intellectual, emotional, social, spiritual, environmental and occupational. Additionally, “there is a strong interconnection among these dimensions” (2011, p. 9). Research suggests that “HPE should be embraced in all schools for its ability to offer opportunities in a holistic manner” (Lynch, 2015c, p. 217). Throughout history, physical education has been an all-encompassing term, the one term consistently used to represent a number of discourses, ideologies, philosophies and aspects of movement development. For example, it was only as recently as 1979 (vii) when Zeigler stated “some authorities now conceive[d] of the term ‘sport’ as being separate, or different from the term ‘physical education’”.

2.2. *SHAPE America: PE, HPE and physical literacy?*

At the 130th Annual SHAPE America National Convention and Expo, held in Seattle, Washington between March 17 and 21, 2015, the terms PE and HPE were both used proportionately. The acronym “SHAPE America”, some suggest implicitly endorses the ideal body shape or what has been referred to as “healthism” ideology (Tinning, 1990). However, the same argument could be rationalised for any sized body shape, and for many the acronym does not relate to the body at all; as the 2016 Convention and Expo title suggests; “New ideas take *shape*”.

What is evidenced is that the acronym represents “health and physical educators”, and it was at a programme titled “blueprint for policy success” that brought to the fore subconscious questions for the authors that many educators ask. Is there a general consensus and understanding of the difference between PE and HPE and what is it? During the informative presentation, Dunn and Wedekind-Rakoz from Seattle Public Schools, Office of Superintendent of Public Instruction, pieced the policy puzzle together for their context.

In the United States, each state controls education policy and curriculum implementation. While there is no national curriculum as such, there is a National Framework for Physical Activity and Physical Education known as the Comprehensive School Physical Activity Program (CSPAP). The National Framework (CSPAP) is supported by National Initiatives which include ‘Let’s Move! Active Schools’ (LMAS), ‘Presidential Youth Fitness Program’ (PYFP) and the ‘CDC’s (Centers for Disease Control and Prevention) State Public Health Actions Program’. Another state initiative shared was the ‘Healthiest Next Generation (HNG)’, which was a Washington State Department of Health initiative.

The National Framework for Physical Activity and Physical Education did not refer to Health in nomenclature or its components; physical activity before and after school, family and community engagement, staff involvement, physical activity during school and physical education. However, similar to Canada, it was clearly influenced by health education (Kilborn et al., 2016), as evidenced by the supporting National Initiatives; “Let’s Move! Active Schools” (LMAS), “Presidential Youth Fitness Program” (PYFP) the “CDC’s (Centers for Disease Control and Prevention) State Public Health Actions Program”, and “Healthiest Next Generation (HNG)”. Furthermore, the Seattle Public Schools “physical education” Policy (No. 2185) reinforces the strong health component and states, “It is the policy of the Seattle School Board that physical education is a core component of a school environment that promotes students’ health, well-being, and ability to learn, as well as mitigates education and health disparities” (2014, p. 1). Another example of the all-encompassing HPE nomenclature is the title of the 2015 SHAPE America conference held in Atlanta, Georgia between October 28–31; “Preparing HPE professionals for 21st century schools”.

The ambiguous grey area surrounding the terms PE and HPE has seen the rise and traction of new terms to represent and replace the original meaning of physical education, one such term is “physical literacy” (PL). Corbin informs us that PL is not a new term with references made in the early 1900s and again in the late 1950s (2016, p. 15). Earlier definitions of PL referred to being able to read or write (Corbin, 2016) but “in its broadest context ‘literacy’ means becoming educated” (Richards, 2016, p. 1). Physical education has been well known in the past as “education through the physical” (Corbin, 2016, p. 14), hence, there are strong links between the semantics “literacy” and “education”

(Lounsbery & McKenzie, 2015). Classroom teachers in primary schools in many countries are often responsible for PE implementation, many who have limited confidence, competence and time (Dinan-Thompson, 2009; Griggs, 2012; Lynch, 2013). It is of concern that confusion surrounding terms such as “literacy” and “education” may further impede teachers’ ability to educate through the physical. “Combined we have spent over 60 years investigating ways to improve physical education, and we are fairly certain that adopting a new label will not address the barriers that hinder it” (McKenzie & Lounsbery, 2016, p. 2).

Corbin warns of using such terms as physical literacy, health literacy, games literacy, movement literacy and sports literacy; “If one of the proposed benefits of the term physical literacy is to make the public more aware, the relationship between physical literacy and ‘other’ literacies must be clarified. Flooding the public with many different but related terms would seem to be confusing to the general public and to professionals” (Corbin, 2016, p. 19). This is supported by Lounsbery and McKenzie (2015, pp. 143–144); “Following general education trends and changing our focus frequently is responsible for confusion about PE. We caution the profession about jumping on the literacy bandwagon. Indeed there are many similarities between the terms physically educated and literate”.

Confusing aspects about PL include that it is often presented as a separate concept, but cannot be defined or exist without PE. In simple terms, PL is PE (Kirk, 2013). Kirk describes PL as a “philosophical position on physical education” (2013, p. 975). This position relates to the holistic discourse in PE, embedded within an inclusive ideology. Therefore, many of physical literacy’s characteristics are not new and have been borrowed from PE, specifically literature relating to “quality PE” and “lifelong physical education”. For example, around the turn of the century there was much literature in the US describing an approach titled the “new PE” (Boss, 2000), an approach first introduced in the US in 1959 (Corbin, 2016). The “new PE” was also described as “quality PE” which had an emphasis in the neo-PE curriculum requiring teachers to adopt a social-critical perspective “for understanding ‘new kids’ and the context of ‘new times’” (Tinning, 2004, p. 251). In 2001, Pangrazi published in his 13th edition book, the essential components of a quality PE programme:

- Being guided by content standards [curriculum];
- Student centred and developmentally appropriate;
- Having physical activity and motor skills forming the core of the programme;
- Teaching management skills and promoting self-discipline;
- Promoting inclusion of all students;
- Emphasising learning correctly rather than outcome;
- Promoting a lifetime of personal wellness; and
- Teaching responsibility and cooperation, and promoting diversity (2001, p. 18).

Quality PE is described in a doctorate thesis literature review (Lynch, 2005) as: a lifelong process; not constrained to the boundaries of schools although PE is placed at the core of this approach; prioritises health; plays a dominant role in the development of the whole person; involves quality and diverse PE learning opportunities and instruction; requires enthusiastic, confident and competent teachers; interest in the child’s activities are shown by significant others; children have positive and encouraging physical and social experiences enabling them to develop optimistic views and motivation for the physical (confidence and attitude); fundamental movement skills (FMS) are developed in the early years of school; is developmentally appropriate; lessons and programme are engaging and enjoyable; and lessons are inclusive, enabling all participants to succeed (competence). It is suggested that inclusive PE be implemented with strategies such as “assigning open-ended tasks, that allow kids to progress as far as they can individually and modifying traditional team sports so that teams are much smaller and everyone gets more opportunities to practise skills” (Boss, 2000, p. 4). Other strategies recommended by Alderman, Beighle, and Pangrazi (2006, p. 42) involve: “allowing the students the freedom to make choices; modify skills and activities and allow

students to modify activities; and provide optimal challenges for every student”. The purpose and benefits of quality PE (new PE) described by Alderman, Beighle & Pangrazzi in 2006 are; “Promoting intrinsic motivation, enhancing perceived physical competence, and creating a mastery-oriented environment will increase students’ enjoyment of physical activity” (p. 41).

Quality PE was recently described by UNESCO as:

movement competence to structure thinking, express feelings, and enrich understanding. Through competition and cooperation, learners appreciate the role of rule structures, conventions, values, performance criteria and fair play, and celebrate each other’s varying contributions, as well as appreciating the demands and benefits of teamwork. Additionally, the learner understands how to recognize and manage risk, to fulfill assigned tasks, and to accept responsibility for their own behaviour. They learn how to cope with both success and failure, and how to evaluate performance against their own and other’s previous achievements. It is through these learning experiences that QPE [quality physical education] provides exposure to clear, consistent values and reinforces pro-social behaviour through participation and performance. (2015, p. 14)

Quality PE components were reinstated as the key qualities of the new-old term PL. Common themes that are identified by Richards in literature are that “physical literacy is a lifelong process, that acquisition (competence) of fundamental movement skills is a core component, and that it embraces knowledge, attitudes and motivations that facilitate confident movement” (2016, p. 1).

Lounsbery and McKenzie (2015, pp. 143–144) caution the use of physical literacy for it is perceived as supplementing the already unclear learning area.

the term physical literacy was adopted in the national K-12 PE standards [US] without either widespread consultation among professionals or market research. To date, its adoption has generally been substantiated on the bases that it will help to elevate the profession by providing increased clarity and by coming into line with current general education trends. We fully agree that PE needs clarity. However, to date there is no evidence that using and promoting the term physical literacy will help. There are currently very few peer review publications on physical literacy and none of these are data based.

Publications on PL are often produced by government-funded organisations and departments, which are not always related to education. In Australia, the limited literature on PL has been produced by the Australian Sports Commission (Richards, 2016) and by the National Institute of Sport Studies. Similarly, in the UK a Primary School Physical Literacy Framework was produced by the Youth Sport Trust. Another example, is the Canadian “Healthy Active Living and Obesity Research Group”, identified as a leader in physical literacy assessment (Corbin, 2016). The words “obesity” and “assessment” together in the one sentence may imply a health discourse. The health discourse is embedded within a “body as object” philosophy. This philosophy is polarised to all that PL (quality PE) professes, indicating that the term PL constitutes different meanings to different organisations. Governments, corporations and media have used childhood obesity discourse in the past to blame parents and schools (Gard & Wright, 2001). This sits within the “healthism” ideology; “a belief that health can be unproblematically achieved through individual effort and discipline directed mainly at regulating the size and shape of the body” (Crawford, 1980, p. 366). Gard and Wright (2001) argue that the “unquestioning acceptance of the obesity discourses in physical education helps to construct anxieties about the body” (p. 535), which also relates to PL.

2.3. HPE ideal around the globe

Similar to the US, a holistic HPE philosophy has been adopted by Canada (Kilborn et al., 2016), Wales has also introduced well-being and “showed a greater commitment to cross-curricular links” (Griggs, 2012, p. 4). In Scotland health and well-being includes: physical education, physical activity and sport; mental, emotional, social and physical well-being; planning for choices and changes; food and health; substance misuse; and relationships, sexual health and parenthood (Griggs, 2012). Other

nations such as New Zealand have a “Health and Physical Education” key learning area, Singapore has “Physical Education” and Health Education is embedded within.

In Australia, since 1901 each of the eight Australian states and territories has been formally responsible for education (Braithwaite, 1994; Lynch, 2014). This is the same for the US and Canada. However, in more recent times, two national curriculum reforms have transpired in efforts towards a national curriculum; 1994 and 2013. In 1994, the nomenclature of the key learning area was officially changed from “Physical Education” to “Health and Physical Education” and a holistic sociocultural approach was adopted. Thorpe describes this period as influenced by “crisis” discourse (2003), which was believed to have had a cultural meaning (Tinning & Fitzclarence, 1992). Thorpe explains, that “‘physical-education-in-crisis’ is physical education politicised... and getting things done in a society where there is ever declining faith in the institutions responsible for governing education” (p. 147). The volume of holistic HPE literature suggests that Australia has led the way in HPE nomenclature.

There are many similarities between the recent Australian Curriculum: HPE (2013) and the 1994 HPE National Statement and Profile. Both curriculum reforms adopted a holistic, sociocultural approach and both were the responsibility of the states and territories to implement. Hence, “while the adoption of the socio-cultural perspective was national, the depth that this perspective filtered into the implementation of the HPE curriculum in each state and territory has differed considerably”. (Lynch, 2014, p. 6). Despite official Australian nomenclature and strong advocacy of the learning area as “HPE” since 1994, some Australian practitioners (and until recently states) still refer to themselves as PE teachers and not HPE teachers (Brooks & DinanThompson, 2015; Lynch, 2014, 2015a). Research has found that this is largely due to preparation of pre-service teachers (Lynch, 2015b) and management and implementation impediments within schools (Cliff et al., 2009; Lynch, 2015a). Literature recommends connecting the curriculum (Cliff et al., 2009), and recent research findings in primary schools advise that HPE implementation is achievable through HPE leadership, adopting clear communication and underpinned by a “whole school” approach. (Lynch, 2015a). However, literature does imply that to some degree, the HPE ideal has failed in practice (Lynch, 2015a; Tinning, 2009).

The adoption of the sociocultural approach is significant as it is closely associated to the holistic HPE ideal that the Seattle Public Schools “Physical Education” Policy (No. 2185) refers to when identifying “a school environment that promotes students’ health, well-being, and ability to learn, as well as mitigates education and health disparities”. (2014, p. 1). Sociocultural perspectives acknowledge that “learning differs according to diverse family and community experiences” (Arthur, Beecher, Death, Dockett, & Farmer, 2015, p. 210). This approach to learning recognises that students are influenced by the different physical, social, cultural, political, economic and environmental forces affecting their well-being (Dann, 1999). In the state of Queensland, “the Syllabus embraced a socio-cultural perspective that suggests the disciplines of social psychology, pedagogy, philosophy, sociology and history sit alongside the biophysical sciences of anatomy, physiology, and biomechanics to inform the learning area” (Macdonald, Glasby, & Carlson, 2000, p. 6). HPE as a learning area was underpinned by the social justice principles of diversity, equity and supportive environments, guiding curriculum design and delivery. Furthermore, it is an inclusive curriculum which seeks to maximise educational opportunities for all students where people are assisted to make well-judged decisions in relation to good health and well-being (Queensland School Curriculum Council (QSCC), 1999).

A recent review of the Australian Curriculum for HPE by subject specialist, professor Chris Hickey of Deakin University affirmed that “the new Australian Curriculum does not represent a radical reform of what teachers already know and do, but it does have the potential to challenge and refurbish some of the long-held underpinnings of the field” (Australian Government, 2014, p. 205). This appraisal is illustrated in Table 1 where the similar curriculum concepts are identified between the 2013 Australian national framework and the state of Queensland 1999 Syllabus which was derived from the 1994 National Statement and Profile.

Table 1. HPE curriculum document similar concepts (Lynch, 2015a, p. 7)

HPE framework	1999 Queensland HPE syllabus
Futures orientation	Futures perspective
Healthy school environment	Health promoting schools (HPS)
General capabilities	Attributes of lifelong learners
Cross-curriculum priorities	Cross-curricular priorities
Focus on educative purposes	Focus on learning–Understanding about learners and learning (outcomes)
Strengths-based	HPS-curriculum, school organisation and partnerships with family and community services
Critical inquiry	Inquiry-based approach (learner centred)
Movement	Physical activity as a medium for learning
Health literacy	Lifelong health promoting behaviours

Similar to the US where the term PL was introduced to curriculum standards, confusion surrounding the terms PE, HPE and “health education” resulted in the term “health literacy” being introduced to the recent Australian Curriculum for HPE. The curriculum defines the term HL as “the ability to selectively access and critically analyse information, navigate community services and resources, and take action to promote personal health and the health of others”. Health literacy, as the word “literacy” connotes was derived from poor literacy skills and the negative influence they have on health outcomes (Lynch, 2016; Nutbeam, 2008). Where “individuals with underdeveloped skills in reading, oral communication and numeracy will not only have less exposure to traditional health education, but also less developed skills to act upon the information received” (Nutbeam, 2008, p. 2077). In the previous curriculum reform (1994), this was referred to as “Lifelong health promoting behaviours” which can be argued is less ambiguous for educationalists, specifically teachers in classrooms.

The United Kingdom, similar to Australia has a national curriculum, but Australia’s sheer size (similar to US) creates many barriers for consistency across all regions. The UK is much smaller in size (geographically) and their national curriculum appears to be implemented more consistently in comparison. The key learning area in The National Curriculum in England is titled “physical education” (2016a). The purpose of the learning area is:

A high-quality physical education curriculum inspires all pupils to succeed and excel in competitive sport and other physically demanding activities. It should provide opportunities for pupils to become physically confident in a way which supports their health and fitness. Opportunities to compete in sport and other activities build character and help to embed values such as fairness and respect.

It is important to note that this curriculum advocates quality PE (referred to as high-quality PE) and not PL (unlike USA). As a separate learning area England (2016b) has Personal, Social, Health and Economic Education (PSHE) where it is advised:

Schools should seek to use PSHE education to build, where appropriate, on the statutory content already outlined in the national curriculum, the basic school curriculum and in statutory guidance on: drug education, financial education, sex and relationship education (SRE) and the importance of physical activity and diet for a healthy lifestyle.

Hence, PSHE is not statutory and therefore schools have the autonomy to decide on what and how they implement these guidelines. In the lacunae created by having optional PSHE, the UK appears to have filled the “whole child health development” philosophy gap with PL as; “England, Canada and Wales are listed as having the most established physical literacy initiatives” (Corbin, 2016, p. 15).

In Great Britain, Whitehead is acknowledged by Jurbala (2015) and Kirk (2013) for being instrumental in the Physical Literacy movement and even the pioneer. In particular, Whitehead's book "Physical Literacy throughout the lifecourse" (2010) is recognised for describing PL, the PE disposition and philosophy (Kirk, 2013). Kirk praises the book which seems to have satisfied a national void. He acknowledges that the philosophy of PE "has been a problem for the philosophy of education or, at least, for the analytical philosophy popular in the UK from the middle of the twentieth century" (2013, p. 974). According to Whitehead; "Physical literacy can be described as the motivation, confidence, physical competence, knowledge and understanding to maintain physical activity throughout the life course" (Whitehead, 2010, p. 11). This definition does have a physical dimension focus, moreso than holistic. Furthermore, while the book cites many philosophical references, it is limited in PE literature and fails to make connections with international quality PE developments.

3. Methodology

The purpose of this study was to investigate if issues raised in literature regarding uncertainty and confusion about associated PE terms, exists amongst practitioners. This interpretivist study was positioned within a constructionist paradigm. This theoretical framework is most apposite for this study considering that understanding of the PE field, its clarity and success of policy implementation ultimately depends on teachers and students (Gardner & Williamson, 1999). The participants shared their experiences and perspectives within their context, which are never wrong. This was important as the implementation of curriculum, policies and PE terms adopted differ between nations and states.

The interpretive perspective assumes that there is change and that we live in an ever-changing world (Glesne, 1999). Emphasis is placed on the change and development of individuals, groups and societies (Sarantakos, 1998). This is most suitable given the various discourses, ideologies and philosophies that have influenced the PE field over the years. With regards to practitioner's clarity of the PE terms, it is envisaged that there will be both positive and negative outcomes. This assumption is based on the personal experiences of the researcher, who in "qualitative research is often the primary instrument for data collection and analysis" (Merriam, 1998, p. 7).

For this empirical investigation, it was decided to conduct an interview in the medium of a questionnaire (Table 2). The research site was set within the US as this chosen nation provided a sample from which most could be learned (Merriam, 1998); it is a large and heavily populated country, separate states have authority for education curriculum policy and as the literature review eludes there appears to be a number of terms used to represent the traditional nomenclature of "physical education". Interviewing is a popular method for collecting qualitative data (Merriam, 1998). "There are many variants of the standard face-to-face interview. Questionnaires are one, where the respondent is given written questions and asked to respond at his [or her] leisure" (Basse, 1999, p. 82).

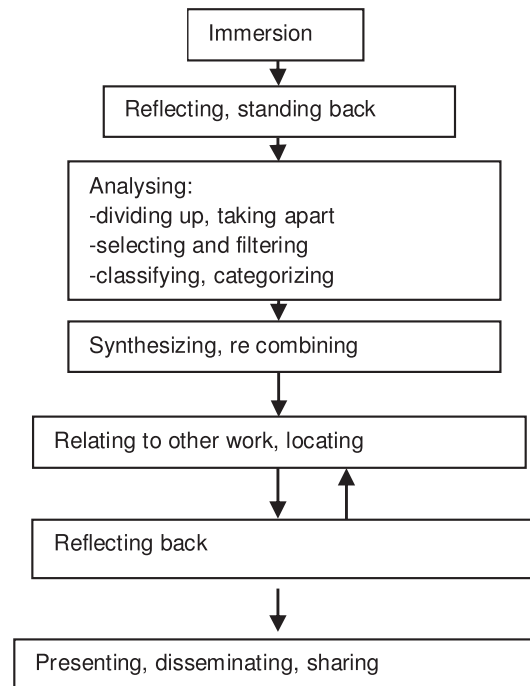
Hence, the most appropriate method for gathering data in this sample, considering the research question, was a questionnaire (Kumar, 2005). The informal interview structure of an open-ended question is regarded as flexible, exploratory and more like a conversation (Merriam, 1998), enabling a format where "individual respondents define the world in unique ways" (Merriam, 1998, p. 74). Participants were asked an open-ended question relating to PE nomenclatures, where the respondent recorded the answer in his/her words, expressing themselves freely (Kumar, 2005, p. 132).

Table 2. Research framework within which the specific methodology has been selected

Epistemology	Constructionism
Theoretical perspective	Interpretivism
Research methodology	Interview/questionnaire
Data generating methods	Open-ended question

Figure 1. General stages in making sense of qualitative data.

Source: Wellington (2000, p. 141).



Other benefits of asking an open-ended question were; participants answered the same question, thus increasing comparability of responses and reduced interviewer influence (Patton, 1990). Furthermore, this method was a favourable choice considering expense and time and that the population were “scattered over a wide geographical area” (Kumar, 2005, p. 127). It is axiomatic that PE practitioners are articulate in written expression and are also very busy people. The data gathered were analysed using Wellington’s (2000) simplified version of the “Constant Comparative Method for Analysing Qualitative Data” (Figure 1).

A question relating to this nomenclature concern was posted on SHAPE America’s Exchange on-line network as a discussion topic. Exchange is a modern online platform used by SHAPE America members for sharing ideas and insights; discussion topics, discussions and resources. The question posed was:

Can we promote HPE as a strong combination or will it be at the expense of either Health or Physical Education?

Table 3. Coding of data

Open question transcript	Coding
Q: Can we promote HPE as a strong combination or will it be at the expense of either health or physical education?	<ul style="list-style-type: none"> • Health & PE connection • Separate class for health • Separate class for PE • Influence of initial teacher education • Fitness priority • Healthism discourse • Healthism ideology
P: I feel like health and PE have and always will be connected in my mind. They should never truly be seen as separate content areas; even if they are taught in separate class periods. The university that I graduated from has engrained this belief into my mindset as a teacher. They only offer a health & fitness degree; they do not separate these subjects and neither do I.	

Figure 2. Description of themes generated and data analysis.

Process of Analysis

Research Question: Can we promote HPE as a strong combination or will it be at the expense of either Health or Physical Education?

STAGE 1 *Data Generation, display and reflection.*

Participants	Data Generating Strategies
SHAPE America members; five elementary/primary teachers, one middle school teacher, one secondary teacher and two educationalists.	Interview/ questionnaire – open-ended question.

STAGE 2 *Data coding and distillation.* Themes from data gathered.

- Health and Physical Education (HPE) as one learning area - Health Education - Physical Education (PE)
- Separation of subjects - Allocation of teaching time -National SHAPE America PE standards
- ‘Physical literate’ as choice of term in teaching standards - Teacher overload - Space limitations
- Whole child/ holistic HPE ideal -Connected curriculum/ integration - Mandated time requirement
- Financial restraints - Teacher qualifications - Teacher preparation -Leadership
- Collaboration/partnerships - Whole school - Community - Health dimensions
- Essential Academic Learning Requirements (EALR) - Job titles - Health & PE connection
- Separate class for Health - Separate class for PE - Influence of Initial Teacher Education (ITE)
- Fitness priority - Healthism discourse - Healthism ideology

STAGE 3 *Generation of key themes.* Data themes from stage 2 categorised.

- School structure for PE/ HPE implementation - Different PE related terminology
- Modern day PE discourses - Modern day ideologies - Curriculum policy - Whole child
- Body as object -Barriers to PE implementation - integration

STAGE 4 *Story report and conclusions*

Within the PE field in the US states it appears that time was the major barrier for teachers in relation to implementation of HPE. Some schools lacked either Health or PE curriculum policy guidelines and it was common practice for Health and PE to be segregated (and PE to be given priority). The main terms discussed were PE and HPE. The third term mentioned was Physical Literacy (PL) which was written into the standards for PE. This clarified that PL was a view of PE rather than a separate concept. PE was often discussed as though it represented only the physical dimension. HPE was referred to as the development of the whole child and all health dimensions. Some teachers shared integration as a key strategy to achieving holistic HPE child development. However, most practitioners demonstrated a concoction of paradoxical terms, discourses, ideologies and philosophies. There were cases where teachers indicated discourses and ideologies that were associated with the ‘body as object’ (dualism) philosophy rather than ‘holistic’ (monism) philosophy. Examples included scientific discourse, and elitist and healthist ideologies. In conclusion it is recommended that evolving PE discourses and ideologies continue to be identified and labelled within PE, rather than becoming a new concept. The premise for this is to limit practitioner confusion and enable global PE unity.

Underlying questions emerging from the literature review and offering guidance during analysis include:

- What is the structure for PE/HPE implementation?
- How do practitioners differentiate between PE terms?
- What discourses and ideologies exist in modern day PE?

For the purpose of participants’ comments not being identified with teachers/SHAPE America members, pseudonyms were assigned. Hence, anonymity was assured during this study as to protect the privacy of the participants and schools/institutions. While no dates are disclosed, regions are acknowledged to illustrate population representation. All nine teachers who answered the

question were selected as participants and represented a range of regions across the country; five elementary teachers, one middle school teacher, one secondary teacher and two educationalists. During the analysis process, key themes were generated by employing a coding system. Table 3 illustrates a copy of a participant's coded transcript. In an attempt to answer the research question, units of meaning were formed, coded and categorised with other similar units. The process of analysis forms an audit trail and is diagrammatically represented in Figure 2. A detailed description of findings from the analysis process is provided in "findings and discussion".

4. Findings and discussion

An elementary [primary] teacher from New Jersey on the eastern region of the US, who we will refer to as Robert, shared "I don't think they are separate now" and suggests that "If time is not a factor it would be smart to combine both because one is not independent of the other". This evidences the holistic HPE philosophy, but Robert adds; "The biggest problem is time. We barely have time to teach Physical education standards. How are we going to add health standards to an already overloaded program?" Revealing that the HPE ideal is not the case in practice where PE and health standards are implemented separately. Rebecca, also an elementary teacher in a school located in Washington in North West of the US comments; "I like the concept of HPE as one learning area. I am a big believer in educating the 'whole child' and try to include various aspects of health education in my teaching at the elementary level. My District does not have a PE curriculum, we all wing it on our own". Rebecca shares that she connects health but it would appear it is at PE's expense.

Another elementary teacher, Kate from the south-eastern state of Florida disagreed with combining Health and Physical Education into one learning area; again time being a key factor in practise:

If Health standards are added to existing Physical Education Standards most school systems will overlook the additional time needed to teach these standards and we will be doing a great injustice to both subject areas as well as reducing the actual time spent weekly being physically active.

In Alaska, it was shared by an elementary teacher Fiona that even with two qualified teachers', and 90 min of PE, time is a barrier:

My students get 90 min a week of PE, and I can barely squeeze in everything I want them to learn during the course of a year. *Standards 1 & 2* are primarily for PE, with the other standards fitting both PE and Health. I am thankful to have another well qualified teacher teach health with her own curriculum. Sometimes we overlap, but for the most part, we have our own separate curriculum allowing our students to get the best of both worlds.

Fiona, introduces "Physical Literacy" which is listed in Alaskan and National SHAPE America standards. However, PE and health are segregated.

Ruth from New York (east coast) explains her context; "In my public school district, our PE and Health teachers have separate job titles". Yet, Ruth evidences the holistic ideology in practice; "many PE teachers, like myself, incorporate many health topics into our lessons (i.e. nutrition, tobacco use, safety, how the body works, hygiene, etc.)". Ruth obviously believes in the HPE ideal as she states; "I agree with you on this holistic approach and am an advocate myself". Furthermore, she offers examples of curriculum connections; "These concepts, and many more, can be easily integrated into various games/activities. Many PE teachers are also using brain-compatible techniques (some are even being told to do so) particularly for ELA (English language arts) and Math skills". The policy in New York is "daily PE for students K-3 and a minimum of 3x per week for grades 4-6... You can count on one hand how many districts are in compliance... It is a conundrum due to financial restraints and space limitations". Time is again identified as a major barrier; "creating a HPE titled position, although a good idea perhaps, could be truly burdensome to the PE teacher who has limited time with their students. Proper training is a must since most PE majors don't really focus on health unless

they are striving for a separate certification”. There is no mandated health curriculum in New York and “At the elementary level, the burden is usually placed on the academic teachers who already have enough on their plates and with little or no health related training”.

An academic (associate professor), from Missouri (central US) championed for continued efforts towards the holistic HPE ideal and offered an example of the ideal in practice. Describing a model programme; “We are perfectly positioned to be the school leader/community leader in ‘healthy, active living’ and not only be the lead teacher for this coordinated curricular effort, but also as an ‘adviser’, ‘collaborator’, and ‘advocate/promoter’ of everything that contributes the lifestyle development”. The obvious question arising would be what the other teachers have raised, time. “Does it [take] time and effort and commitment to construct the frameworks that change the culture of families, schools, and communities? Yes, of course it does!”

During a three-year PEP grant program in the School District of St. Louis County the Coordinator of Health and Physical Education in the District designed a School District Wellness Council that actively supported and promoted all the elements of a program that any school district should strive to implement.

This example does necessitate a financial grant which is not available for all schools.

Lucy an educationalist from Illinois (central US) shared “Article findings substantiate the need for professional development and specialists in elementary schools in order for an effective physical education and health education curriculum to occur”. It appears that the scientific discourse exists in this state as; “Health Education may be taught by a classroom teacher in K-5. Health Education in grades 6–12 must be taught by a highly qualified Physical Education Teacher or Teacher in another field such as science who has an endorsement in Health Education”. However, while Health and PE are structured in schools as separate, Lucy does discuss the HPE ideal and integration, “the success of the curriculum will depend upon those willing to integrate the health concepts and skills within their teaching content. Physical education teachers in elementary schools can integrate health concepts when teaching the why of physical education”.

Barry, a middle school teacher from Washington on the north-west coast of the US supported holistic HPE; “I agree with your stance on holistic health. It is crucial for students to understand that being healthy is more than just being physically fit. Mental/Emotional Health and Social Health are a [sic] significant elements to the potential success that each of us will experience in life”. This view corresponds with Washington’s, “standards in these areas have been combined for several years”. However, Barry refers to standards [for PE and health]; “We call these standards’Health and Fitness EALRs’ (Essential Academic Learning Requirements)”. Confirming that he does not separate these subjects, Barry then advocates a university degree in Health and Fitness, to teach health and PE. “Fitness” is used here instead of PE, which does suggest that there is influence of a healthism ideology, often associated with fitness and fitness tests. Barry shares the structure; “Although we teach Health in a separate class, Health concepts are also integrated into our PE curriculum too. Our district currently utilizes the ‘Five for Life’ curriculum to accomplish this task”.

I feel like Health & PE have and always will be connected in my mind. They should never truly be seen as separate content areas; even if they are taught in separate class periods. The university that I graduated from has engrained this belief into my mindset as a teacher. They only offer a Health & Fitness Degree; they do not separate these subjects and neither do I.

A secondary specialist HPE teacher from Maryland (east US), Richard, offered a summarising comment to the thread “We need to make sure we are advocates of daily PE and 60 h of health education per year. We have one focus but it isn’t health or PE, it’s the whole child”.

4.1. What is the structure for PE/HPE implementation?

Within the PE field in the US states it appears that time was the major barrier for teachers. As Robert shared; “The biggest problem is time. We barely have time to teach Physical education standards. How are we going to add health standards to an already overloaded program?” Other barriers included a lack of either a health curriculum (Ruth) or physical education curriculum (Rebecca), and also professional development (Lucy). This often resulted in the prioritisation of PE but as Rebecca from Washington shared, health is at times taught at the expense of PE. Kate spoke of her disbelief in the HPE ideal because of the practical barriers. The overwhelming response was that the curriculum, classes and often teachers within various states were segregated when it comes to “health” and “PE”. Another barrier was teacher preparation, as Ruth shares; “creating a HPE titled position, although a good idea perhaps, could be truly burdensome to the PE teacher who has limited time with their students as it is in most instances. Proper training is a must since most PE majors don’t really focus on Health unless they are striving for a separate certification”. The school-based example promoted by a university academic was backed by a research grant which would often enable the necessary time. However, he did advocate HPE leadership, adopting clear communication and underpinned by a “whole school” approach (Lynch, 2015a).

4.2. How do practitioners differentiate between PE terms?

The main terms discussed were PE and HPE. The third term mentioned was PL which was written into the standards for PE. This clarified that PL was a view of PE rather than a separate concept. PE was often discussed as though it represented only the physical dimension. HPE was referred to as the development of the whole child and all health dimensions. Hence, PE and HPE were referred to as different concepts. As Richard summarised; “We only have one focus but it isn’t health or PE, it’s the whole child”. In this sense, PE does appear to have been contained only to represent the physical dimension, which may be related to “body as object” philosophy, consisting of problematic discourses and ideologies embedded within (Kirk, 1993).

The Athenians and Romans perceived PE within the “holistic” philosophy, as has organisations such as ICHPER-SD in the latter half of the twentieth century. Ruth and Lucy evidenced a strong understanding of the term holistic HPE and what it looked like in practice, despite having separate health teacher and PE teacher job titles. They both (along with Barry) spoke of connecting the curriculum or integrating which has been recommended for the sociocultural perspective (Cliff et al., 2009). However, most practitioners demonstrated a concoction of paradoxical terms, discourses, ideologies and philosophies.

4.3. What discourses and ideologies exist in modern day PE?

Replies from educationalists representing various states and regions in the US contributed to a similar understanding of the holistic approach to HPE. Despite the term PL (quality PE) being stated in the PE standards, there were cases where teachers indicated discourses and ideologies that were associated with the “body as object” (dualism) philosophy rather than “holistic” (monism) philosophy. Examples included scientific discourse (Lucy) when discussing that it was a requirement to be a highly qualified PE teacher or science teacher to take health classes. Barry asserted that “I feel like Health and PE have always and will always be connected in my mind. They should never truly be seen as separate content areas; even if they are taught in separate class periods”. However, Barry referred to a Health and Fitness degree at university which is associated with elitist and healthiest ideologies. This is concerning as these discourses and ideologies companion the “body as object” (dualism) philosophy, and like Borelli metaphorically refer to the human body as a machine. Evolving PE discourses and ideologies should continue to be identified and labelled within PE, rather than becoming a new concept. The premise for this is to limit practitioner confusion and enable global PE unity.

5. Conclusion

This study gathered empirical data from practitioners to investigate their thoughts on the various labels for PE and how they appear in practice. Data were analysed using Wellington’s (2000) simplified version of the “constant comparative method for analysing qualitative data” (Figure 1). The terms today, PE and HPE (and to a less degree “physical literacy” and “health literacy”) are often

used interchangeably. The data indicate that if the traditionally named term for the field, PE is used without reference to health, HPE or PL then it portrays a “body as object” philosophy, whether it does or not. Hence, while PE has traditionally represented physicality that enhances all dimensions of health, data and literature indicates that it no longer means this for practitioners. It only represents the physical dimension and even suggests that it has poor quality connotations. This appears to be a direct result of using a number of labels to represent PE.

The data suggest that practitioners are confused. This is significant for future practice and suggests that there is and will continue to be lost identity of what it means to be truly “physically educated” (International Council for Health, Physical Education, Recreation, Sport & Dance (ICHPER-SD), 2016). Kirk advised educationalists to “look to the past for lessons about the present and where we might be heading in the future” (Hickey et al., 2014, p. 184). This paper investigated the past and present and concludes that the traditional PE taxonomy has been affected by the introduction of new terms. This is alarming as in the future PE may become a term only associated with negative one-dimensional undertones unless a global effort for consistency of terms is adopted.

Historically, PE and HPE have represented different and at times paradoxical discourses and ideologies, and at other times have shared the same philosophy. The holistic HPE philosophy has existed and evolved since Athenians and Romans in ancient historical times, in the Middle Ages with key figures of the Church and by the Italian teacher, Vittorino da Feltre (1378–1446); who advocated the “whole ideal citizen”, encompassing body, mind and spirit. What is pertinent is that the holistic HPE philosophy was traditionally and consistently referred to as “physical education”. This is still occurring in the modern world, in countries such as Australia where the nomenclature has been officially HPE for over 20 years, yet some practitioners and authorities still use the term PE (Brooks & DinanThompson, 2015; Lynch, 2014, 2015a). The holistic philosophy has been professed by organisations such as ICHPER-SD; “health, physical education and recreation are allied and closely inter-related fields and should be coordinated in the best interests of the community” (The International Council for Health, Physical Education, & Recreation (ICHPER), 1971, p. 189). Such resolutions laid the seeds for future curriculum developments in countries such as Australia, which have been realised.

Time, preparation and infrastructure appear to be the greatest challenge for teachers in achieving the HPE ideal. The change from implicit holistic HPE (where “physical education” was nomenclature) to explicit HPE nomenclature, has presented confusion amongst educationalists. Confusion has been created due to the role (and content) of the learning area, which data suggest has been perceived as dramatically increasing. Subsequently, the role of the teacher has dramatically increased, to the degree that there is no clear boundary of what are and are not the PE/ HPE teacher and learning area key responsibilities. The comments from educationalists across various parts of the US illustrate that while the ideal is advocated by many, the people at the coal face of education, the teachers in schools find it difficult to understand, manage and enact holistic HPE in practice. Educating the whole child has traditionally been a whole school mission which is realistic when all dimensions of learning, learning areas, extra-curricular activities and community connections are taken into consideration.

The future direction is that there is clarity on what is realistic for PE/ HPE teachers to teach and teach well. Quality PE/HPE or “quality manner” has been recommended as the ideal pedagogical way to implement PE for enhancing all dimensions of health (Lynch, 2015c, p. 217). The United Kingdom offers a clear and achievable curriculum model, but explicitly states that one is physically educated during school hours only. This is not consistent with other regions of the world (International Council for Health, Physical Education, Recreation, Sport & Dance (ICHPER-SD), 2016) and subsequently has seen the re-introduction of the term “PL” (Whitehead, 2010). This term, PL completes a philosophical void that has existed in the UK since the mid-1900s and has been recently popular in the absence of certain health and well-being holistic dimensions. While Whitehead advocates the philosophical shift from “dualism” to “monism”, preceding literature refer to this concept as (1) body viewed as an object; and (2) the view of the whole person; body, mind, spirit and well-being.

This research has found that PL has contributed to the confusion amongst practitioners, internationally. While unintentional, there are two reasons why this has occurred: (1) Compared to HPE, PL by definition focuses on one-dimension, the physical, which blurs the proclaimed philosophical shift; dualism to monism (2) PL has not been positioned within the international field of PE, or body of knowledge within the discipline. Literature and research regarding PE is extremely limited within Whitehead's book. That is, there is no acknowledgement of quality PE (new PE), or academics such as Pangrazi, Alderman and Beighle. If PL is to continue, quality PE literature must be acknowledged, which again will further confuse practitioners.

While academics can provide theoretical answers to issues of nomenclature and implementation, the practical, realistic and achievable evidence is scarce. There is confusion surrounding the field and immediate clarity is necessary. When terms such as "physical literacy" and "health literacy" are added to education circles, which are not as self-explanatory as the previous concepts they are replacing, for example "Lifelong health promoting behaviours" and "quality physical education", confusion is exacerbated. The need for clarity is multiplied as many classroom teachers around the world are responsible for PE implementation. While context is vital as the sociocultural perspective advocates, in this day and age global considerations must also be considered when it comes to nomenclature and how the global PE family may be affected.

In summary, the future direction for PE, HPE (and Physical Literacy and Health Literacy) nomenclature needs to return to either the original PE, or HPE, but to universally clarify exactly what the term represents. If holistic HPE is to be achieved, students must firstly be "physically educated". That is, the learning area is "health and physical education", not "health and spiritual education", or "health and emotional education". PE therefore offers a clear starting point of reference for all physical and health educators and it is strongly recommended that "quality PE" be the term internationally adopted and used consistently. Organisations such as ICHPER-SD, SHAPE America, association for physical education (AfPE), ACHPER and physical education New Zealand (PENZ) play a large part in collaboratively advocating and enabling this globally.

Physical literacy and health literacy appear to be unsubstantiated by research or historic literature, and findings suggest that they may be counterproductive in their efforts. Besides the UK, where physical literacy appears to be filling an educational "wellbeing" gap, such terms are often donated by non-educationalists. Thorpe warns of governmentality and the "declining faith in the institutions responsible for governing education" (2003, p. 147), which reminds educationalists of working together globally to improve PE is more than simply relabelling. Furthermore, the words of warning offered by Corbin; and Lounsbery & McKenzie are to be strongly reiterated. If unpacking the terms is not difficult enough for teachers, when practitioners do understand what these represent, then they will be only made more confused by having a number of terms representing the same concept; "flooding the public with many different but related terms would seem to be confusing to the general public and to professionals" (Corbin, 2016, p. 19). Physical education will always be the core of achieving holistic health within HPE, and to achieve holistic HPE we need to do more with less and not less with more, as appears to be the present situation with nomenclature.

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