



THE UNIVERSITY *of* EDINBURGH

Edinburgh Research Explorer

Exploring physical education teachers' conceptualisations of health and wellbeing discourse across the four nations of the UK

Citation for published version:

Gray, S, Hardley, S, Bryant, A, Hooper, O, Stirrup, J, Sandford, R, Aldous, D & Carse, N 2023, 'Exploring physical education teachers' conceptualisations of health and wellbeing discourse across the four nations of the UK', *Curriculum Studies in Health and Physical Education*.
<https://doi.org/10.1080/25742981.2023.2176242>

Digital Object Identifier (DOI):

[10.1080/25742981.2023.2176242](https://doi.org/10.1080/25742981.2023.2176242)

Link:

[Link to publication record in Edinburgh Research Explorer](#)

Document Version:

Publisher's PDF, also known as Version of record

Published In:

Curriculum Studies in Health and Physical Education

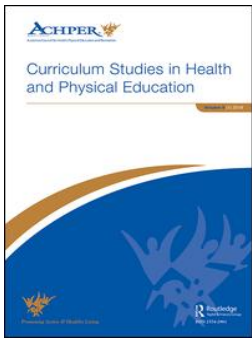
General rights

Copyright for the publications made accessible via the Edinburgh Research Explorer is retained by the author(s) and / or other copyright owners and it is a condition of accessing these publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy

The University of Edinburgh has made every reasonable effort to ensure that Edinburgh Research Explorer content complies with UK legislation. If you believe that the public display of this file breaches copyright please contact openaccess@ed.ac.uk providing details, and we will remove access to the work immediately and investigate your claim.





Exploring physical education teachers' conceptualisations of health and wellbeing discourse across the four nations of the UK

S. Gray, S. Hardley, A. S. Bryant, O. Hooper, J. Stirrup, R. Sandford, D. Aldous & N. Carse

To cite this article: S. Gray, S. Hardley, A. S. Bryant, O. Hooper, J. Stirrup, R. Sandford, D. Aldous & N. Carse (2023): Exploring physical education teachers' conceptualisations of health and wellbeing discourse across the four nations of the UK, Curriculum Studies in Health and Physical Education, DOI: [10.1080/25742981.2023.2176242](https://doi.org/10.1080/25742981.2023.2176242)

To link to this article: <https://doi.org/10.1080/25742981.2023.2176242>



© 2023 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group



Published online: 10 Feb 2023.



Submit your article to this journal [↗](#)



Article views: 249






View related articles [↗](#)



View Crossmark data [↗](#)

Exploring physical education teachers' conceptualisations of health and wellbeing discourse across the four nations of the UK

S. Gray ^a, S. Hardley^a, A. S. Bryant^b, O. Hooper ^c, J. Stirrup^c, R. Sandford^c,
D. Aldous ^b and N. Carse^a

^aMoray House School of Education and Sport, Institute for Sport, Physical Education and Health Sciences, University of Edinburgh, Edinburgh, UK; ^bCardiff School of Education and Social Policy and Cardiff School of Sport and Health Science, Cardiff School of Education and Social Policy, Cardiff Metropolitan University, Cardiff, UK; ^cSchool of Sport, Exercise and Health Sciences, Loughborough University, Leicestershire, UK



ABSTRACT

As a group of researchers representing England, Northern Ireland, Scotland and Wales, we previously carried out a comparative analysis of the health discourses evident within the physical education (PE) curriculum of each UK nation (Gray et al., 2022b). We uncovered complex 'health' landscapes, represented through different discourses of health across contexts and shifting discourses within contexts. The purpose of the present proof of concept study is to extend this cross-border work by exploring how UK PE teachers conceptualise health and wellbeing (HWB), and to identify the ways in which their conceptualisations align (or not) with their respective curricula. We found some alignment between the teachers' understanding of HWB and their respective curricular documentation, which was highlighted in the similarities and differences across contexts. Furthermore, all of the PE teachers had some understanding of HWB as a holistic and broad concept. We argue that understanding the various conceptualisations of HWB within and across contexts can serve as a useful foundation for cross-border dialogue, which may support the development of PE teachers' critical reading of curriculum and their capacity and authority to contribute to future curriculum developments.

KEYWORDS

Health and wellbeing; curriculum; discourse; physical education; cross-border learning

Since the devolution of the four nations of the UK in 1999, there have been several (and, at times, substantial) changes in the structure and content of national curricula (Wyse et al., 2012). This means that there are significant differences between education systems and curricula across the home nations of England, Northern Ireland (NI), Scotland and Wales. Such differences understandably manifest across the four physical education (PE) curricula within the UK¹ where, despite some areas of congruence, there are considerable variations in curricular documentation (Gray et al., 2021a). For example,

CONTACT S. Gray  shirley.gray@ed.ac.uk  Moray House School of Education and Sport, Institute for Sport, Physical Education and Health Sciences, University of Edinburgh, Edinburgh, EH8 8QA, UK

© 2023 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group
This is an Open Access article distributed under the terms of the Creative Commons Attribution-NonCommercial-NoDerivatives License (<http://creativecommons.org/licenses/by-nc-nd/4.0/>), which permits non-commercial re-use, distribution, and reproduction in any medium, provided the original work is properly cited, and is not altered, transformed, or built upon in any way.

there are differences in relation to how much agency or guidance teachers are afforded within each curriculum, as well as in relation to how the concept of health is articulated. It is this latter difference that is the focus of the present study, although we refer to the concept of health and wellbeing (HWB) rather than ‘health’ to create space for broader or multiple understandings.

More specifically, drawing from post-structuralism and influenced by Foucault’s (1974) conception of discourse as the ‘domain of subconscious knowledge’ (p. 25), this study aims to uncover the discourses that PE teachers from across the four nations of the UK ‘take up’ to conceptualise HWB. Importantly, several researchers have previously drawn attention to the ways in which PE teachers read curricula, demonstrating the role that beliefs, contexts *and* discourses play in shaping how curricula are variously enacted (Aldous et al., 2022; Penney, 2020; Penney & Alfrey, 2022). Thus, while we acknowledge that there can be differences between teachers within a single country context, our present study aims to contribute to and extend this research by offering a different and somewhat novel cross-border perspective. That is, in addition to uncovering the discourses that the PE teachers ‘take up’, we also aim to explore the extent to which their conceptualisations of HWB might be influenced by, and align with (or not), their respective curricula – an aim facilitated by our comparative approach.

Given the novelty of this work, and the potential scale of comparative work across four nations, this research forms part of an initial ‘proof of concept’ (POC) project to determine the feasibility, relevance to the field and possible benefits of cross-border learning. Overall, this POC study seeks to bring PE teachers from across the UK together to share their knowledge, conceptualisations and experiences across contexts. Long-term, the hope is that more cross-border research is carried out, supporting the development of PE teachers’ critical reading and enactment of curriculum, and their capacity and authority to contribute to future curriculum developments.

Curriculum ‘work’

The starting point for our POC project was a critical discourse analysis of the HWB discourses evidenced within the PE curricula of the four nations of the UK (Gray et al., 2022b). Within this, we uncovered different discourses of HWB across contexts and shifting discourses within contexts, for example, from:

supporting, providing opportunities and enabling pupil health and wellbeing, towards a more concrete (and measurable) concept of health-related learning, often associated with public health goals related to promoting physical activity for health (and, to a lesser extent, developing ‘healthy citizens’). (Gray et al., 2022b, p. 8)

This is important to note because, although teachers have some ‘freedom’ to enact curriculum within their own context, curriculum discourse also has the potential to shape how teachers think and act, which will ultimately have some influence over how they teach (Ball, 2015). As illustrated by Giroux (1982), curricula are not value free, they reflect the ideologies of those in power and function to maintain and reproduce dominant ideologies, and secure power relations. Similarly, Penney (2020) describes curriculum as a powerful mechanism through which knowledge comes to be valued, ‘... communicating the relative importance of particular skills, knowledge and understandings’ (p. 115). From this perspective,

curriculum is understood as an instrument of discourse (Ball, 2015); not something that teachers 'do', but that 'does' to teachers.

Importantly, many have also argued that schools and teachers have the capacity to challenge or resist dominant ideologies (Ball, 2015; Giroux, 1982; Penney, 2020) through the different discourses, subject positions and experiences that they bring to their reading of curriculum. Penney (2020) highlights the role of teachers, their context and their networks, in the construction and enactment of curriculum knowledge. Within this, she describes how a range of agencies/initiatives from beyond education permeate schooling, directly or indirectly influencing what teachers know and do. As a result, curriculum becomes 'characteristically contested, negotiated and ever fluid (Penney, 2013)' (Penney & Alfrey, 2022, p. 3).

However, in the context of HWB, it can be difficult for PE teachers to resist, challenge or deviate from dominant discourses, precisely because of the permeability of teachers and schooling to influences beyond education, and the omnipresence of these. Indeed, teachers are inundated with messages about HWB (for example, related to the benefits of engaging in regular physical activity and eating 'well') through a multitude of discursive processes, exercised both within and beyond the school. In this context, curriculum, through discourse, has capacity to influence (i.e. do 'work' on) the subjectivities and the practices of teachers.

To understand more about the influence of curriculum discourse on PE teachers' subjectivities, it is useful to refer to the work of French philosopher Michel Foucault and his concept of governmentality (Foucault, 1991). Underpinning governmentality is a conception of pastoral power that implies the consent and the willingness of individuals to be involved in their own governance (Powell & Pluim, 2020), which 'gives the subject responsibility for their own production' (Perryman et al., 2017, p.746). This self-governance emerges through the development of systems, or technologies, designed to (re)produce rationalities, an intrinsically moral process that defines and categorises (healthy) populations and individuals (Powell & Pluim, 2020). Power, therefore, is not singular; rather, it is exercised in a number of ways (technologies), for example, through work, families, schools, teachers and curricula, all underpinned by 'regimes of truth', reflected in and reproduced through discourse. As such, schools are part of a range of symbolic institutions (Giroux, 1982), an assemblage that subtly reproduces existing power relations through the production and distribution of the dominant culture and knowledge, confirming what it means to be educated, or in this case, what it means to be healthy. Furthermore, as schooling and curriculum also work to constitute the teacher (Ball, 2015), many will be complicit in the reproduction of these dominant discourses. Indeed, pastoral power works as a technology of government wherein dominant discursive messages can create normative categorisations of what constitutes a 'good' teacher and 'good practice', which in turn may compel teachers to self-regulate and monitor their conduct in particular ways (Perryman et al., 2017). However, it is important to note that teachers are not passive in this process, and they can exert agency and power to challenge, or to not engage with, dominant discourses, such as a healthism discourse.

Challenging a dominant healthism discourse

Researchers have previously highlighted the dominance of healthism discourse (Crawford, 1980) within PE curricula (Gray et al., 2015; Welch & Wright, 2011), a discourse

subtly aligned with public health objectives and ‘scientific truths’ related to the benefits of regular physical activity and maintaining a healthy diet (Johns & Tinning, 2006; Lupton, 1999). Healthism discourse works to normalise and privilege particular bodies and practices, where slim bodies (or ‘healthy’ bodies) are achieved unproblematically through individual effort and discipline. A healthism discourse is therefore underpinned by neo-liberal imperatives for individuals to take responsibility for their own health (as expressed through their slim bodies), based on the premise that they should be ‘rational’ subjects who value good health (Lupton, 1999). From this perspective, individuals should engage in and monitor the ‘right’ amount of physical activity, eat the ‘right food’ and thus be able to contribute effectively to society (Lupton, 1999; Powell & Plum, 2020).

Healthism discourse is particularly powerful, with messages about the risks associated with inactivity and obesity, coupled with the benefits of being fit and slim, circulating widely through all aspects of society. Because of this, healthism discourse becomes normalised, difficult to interrogate, disrupt or resist (Welch & Wright, 2011), meaning alternative discourses of health are diffused or obscured. Furthermore, teachers bring this healthism discourse to their reading of curriculum (Gray et al., 2015) which will, in many cases, reinforce their subject position and influence how they enact curriculum – ultimately making government possible (Powell & Plum, 2020). Previous research has highlighted the difficulties that PE teachers (including pre-service PE teachers) have in resisting dominant healthism discourse (Barker et al., 2021; Garrett & Wrench, 2012; Johnson et al., 2013). However, researchers have also identified teachers’ discomfort with this perspective (Alfrey & Gard, 2014), with some teachers able to consider alternative conceptualisations and identify a variety of factors that contribute to an individual’s health (Welch & Wright, 2011).

Alternative conceptualisations that look beyond bodily appearance as an indicator of health, have also been identified in curriculum research (Gray et al., 2022b; Lupton, 1999). For example, in relation to the health and PE curriculum in Victoria (Australia), Lupton (1999) uncovered a humanistic perspective focusing on the whole child through social and emotional development, and the notion of the ‘health promoting school’, where teachers work alongside families and communities to create a supportive environment for young people. These conceptualisations of health are similar to those identified in our previous analysis of the health discourses evident within the UK PE curricula landscape (Gray et al., 2022b). For example, in the curricula of Scotland and Wales, a holistic conceptualisation of health was prevalent, represented as ‘health and wellbeing’, and incorporating social, emotional, mental and physical health and wellbeing. We also identified ‘health as care’ where, in line with the concept of the ‘health promoting school’, schools and teachers take responsibility for nurturing and supporting their pupils’ HWB. Importantly, within the UK PE curricula, such references to a discourse of care and a holistic discourse of HWB are often associated with ‘developing skills and capacities to promote health and wellbeing (rather than avoiding risk to protect health and wellbeing)’ (Gray et al., 2022b, p. 13), a perspective reflective of a strengths-based approach to HWB.

This strength-based perspective derives from the work of Antonovsky (1979) and his concept of salutogenesis, where health is understood as a continuum, taking into account what creates health rather than only what causes ill-health. This perspective recognises that individuals draw from a range of personal and sociocultural resources to support their health – and that they understand their endeavours to lead a healthy life as

meaningful and manageable (Antonovsky, 1979). This position is significant because it draws our attention towards the social and cultural determinants of health, recognising that individuals are not solely responsible for the management and maintenance of their own health. This is important because even discourses of holistic HWB and care can be co-opted within the context of neoliberalism, where individuals actively engage in self-management to be the ‘ideal’ citizen (Lupton, 1999). Indeed, ‘health as citizenship’ was identified as one of the discourses in our analysis of the UK PE curricula, where connections were made between developing health and being a good citizen (Gray et al., 2022b). However, while ‘health as citizenship’ was an important feature of each PE curriculum, it did not dominate them. Rather it was used, particularly in Northern Ireland, Scotland and Wales, to connect PE to the overall aims of national curricula.

UK physical education cross-border learning

As alluded to above, our previous analysis of the UK PE curricula uncovered a complex and shifting ‘health’ landscape, with different discourses evident both across and within national contexts. Thus, while previous research suggests that PE curricula are dominated by a discourse of public health (underpinned by a healthism discourse) (Johns & Tinning, 2006), this is not the case in the UK, where the situation is more complex and nuanced. As a result, PE teachers from across the four nations of the UK potentially conceptualise HWB in different ways. We see value, therefore, in bringing together PE teachers from across these UK nations to discuss how they understand HWB within the context of their national curricula. In other words, we speculate that, if curricula ‘summon’ teachers to take up particular subject positions (Ball, 2015), then by bringing teachers together from different curriculum contexts – to share and debate different knowledge and experiences (discourses) – then opportunities may arise to support the development of PE teachers’ critical reading of curriculum and their capacity and authority to contribute to future curriculum developments. However, before this can be achieved, we firstly must uncover those discourses that teachers bring to their reading of curriculum. This present POC study is an important step towards these cross-border discussions, addressing the following research questions: What discourses do PE teachers from across the four nations of the UK ‘take up’ when conceptualising HWB? To what extent do their conceptualisations align with the discourses we previously uncovered within their respective curricula? What are the ‘truths’ that underpin their discourses and what are the implications of this for their PE practice?

Methodology

Participants

A combination of convenience and purposive sampling was used to recruit PE teachers for the study. All of the researchers involved in the study had an affiliation with, and a professional network within, at least one of the four home nations of the UK. Participants were selected by those members of the researcher team who had a pre-established connection to a particular country context. As this study formed part of a POC project, we aimed to recruit a small sample of teachers from each context ($n = 3$). This was to allow

an in-depth exploration of the teachers' discourses and determine the value (and practicalities) of conducting a similar study on a larger scale in the future. Despite the small-scale nature of the study, we aimed to recruit both male and female teachers, and teachers from both the primary and secondary sectors. Team members emailed teachers from their existing networks to explain the purpose of the research and invited them to respond if they were interested in taking part. Three teachers from each country context were invited to be interviewed. All teachers initially contacted agreed to take part in the project, though one from NI subsequently withdrew (total $n = 11$). Information about each teacher and the school in which they teach is provided in [Table 1](#). This information is intentionally limited to preserve the anonymity of each teacher.

Procedures

At the outset of the project, ethical approval was sought and granted from the first author's institution (ref: SG23042021). All participants were informed of the nature and purpose of the research and signed a consent form prior to commencing the study. Interviews were guided by a schedule which invited the teachers to respond to questions concerning: the nature and purpose of PE, their PE pedagogies, how they understood HWB, and the factors that influenced this understanding. Finally, teachers were asked to reflect on any changes they had made to their PE curriculum since the COVID-19 pandemic. As the focus of the present paper is on how teachers conceptualise HWB, only data from questions related to HWB were used for analysis and discussion. As alluded to earlier, the term 'HWB' was used to give all participants the opportunity to express broad or multiple conceptualisations of health. The interviews were one-to-one and semi-structured in nature and took place online using Microsoft Teams. The length of interviews ranged between 40 and 75 min and all interviews were recorded and subsequently transcribed verbatim.

Analysis

The ways in which teachers conceptualise HWB will be, in part, influenced by their access to and uptake of available discourses, as well as the opportunities they have to negotiate

Table 1. Summary of participants' information.

Scotland	Lisa	Female primary PE, 21 years teaching, large state primary school (school roll: 800–900).
	Lorraine	Female secondary PE, 4 years teaching, medium state secondary school (school roll: 800–900).
	Keith	Male secondary PE, 8 years teaching, small state secondary school (school roll: 400–500).
England	Hugh	Male secondary PE, 1 year teaching, large state secondary school (school roll: 1300–1400).
	Lilly	Female secondary PE, 3 years teaching, large state secondary school (school roll: 1500–1600).
	Carron	Female primary PE (Head of Preparatory School), 6 years teaching, small private primary school (school roll: 250–300).
NI	Ciaran	Male generalist teacher (with an interest in PE), 7 years teaching, state primary school (school roll: 250–300).
	Jacob	Male secondary PE (Principal Teacher), 21 years teaching, large state secondary school (school roll: 1800–2000).
Wales	Alasdair	Male generalist teacher (Deputy Head Teacher with an interest in PE), 13 years teaching, small state primary (school roll: 230–250).
	Nicola	Female secondary PE teacher, 6 years teaching, large state secondary school (school roll: 1500–1600).
	Shereen	Female (former PE teacher, now part of the school Senior Leadership Team), 26 years teaching, medium secondary school (school roll: 1000–1500).

with and/or against them. Consequently, we adopted a post-structural approach to interrogate the discourses ‘taken up’ by the teachers, thereby uncovering the assumptions that underpin them and the power relations that construct them (Garrett & Wrench, 2007). In addition, we examined the teachers’ discourses in relation to the findings from our previous critical analysis of the health discourses found within each UK PE curriculum (see Table 2, Gray et al., 2022b). As previously mentioned, this might say something about what the ‘curriculum as discourse’ has ‘done’ to the teachers as a technology of government (Ball, 2015), and provide useful context for our future cross-border discussions.

In the first phase of the analysis process, members of the research team read a sample of the transcripts (one from each country) to become familiar with the teachers’ responses and engaged in discussion to develop a shared understanding of preliminary themes. Subsequently, the first author read all the transcripts to identify the text that provided insight into how the teachers understood the concept of HWB. This also enabled them to begin to identify and understand the different ways in which discourses from the discourse framework (Table 2) were represented in the teachers’ ‘talk’. Interestingly, this uncovered a discourse that was not evident in our previous analysis of the curriculum documentation – ‘sport for health’. This discourse was subsequently added to a revised discourse framework (see Table 3: Addition to discourse framework).

Following this, an inductive coding procedure was carried out for each country, where texts were considered as units of meanings and assigned phrases that reflected those meanings (Braun & Clarke, 2006). Similar units of meaning were then grouped and phrases, or themes, refined to ensure that they reflected the coded data. This was a recursive process that also involved checking that the codes ‘worked’ in relation to the original transcriptions (Braun & Clarke, 2006). Once the themes were developed, they were then mapped against our revised discourse framework (Fereday & Muir-Cochrane, 2006) (see Appendix 1).

A case study for each country was then developed, which highlighted the main discourses, described the key themes and provided a selection of quotations from each participant (for a summary of each case study, see Appendix 2). Each case study, along with the revised discourse framework and themes, was then shared with authors two, three and four. After reading each case study, the first four authors came together to critically

Table 2. Initial discourse framework (Gray et al., 2022b).

Discourse	Description	Example
Public health	Health conceptualised as physical health promotion with physical activity understood as a means of risk reduction/prevention (exercise as medicine)	Investigates heart rate zones and how these zones relate to fitness and health and wellbeing (Scottish Government, 2017, p. 37)
Health and wellbeing	Health conceptualised as physical activity for enjoyment and holistic wellbeing (involving the physical, mental, social and emotional)	I can make meaningful connections with others, valuing safe, healthy and equitable relationships in a range of contexts (Welsh Government, 2020, p. 84)
Health as citizenship	Health conceptualised as a process for imparting values and ethics, teaching skills for life, and encouraging inclusivity and responsibility for self and others	I can interact pro-socially in different groups and situations, and actively advocate for other individuals and groups (Welsh Government, 2020, p. 83)
Care	Health conceptualised as schools’ and teachers’ responsibility to protect, support and nurture HWB	The overarching curriculum framework requires that teachers should help pupils to: respect themselves, understand their rights and responsibilities (Council for the Curriculum, Examinations and Assessment [CCEA], 2007, p. 5)

Table 3. Addition to discourse framework.

Discourse	Description	Teacher example
Sport for health	Health promoted/improved through participation in sport (in PE and extra-curricular sport)	'I think there's a small amount of cricket and football and tennis that try and address healthy active lifestyles because we want to increase their love of it. And like we'll maybe contribute to the healthy active lifestyle 'cause we want them to just do more or netball/ basketball shooting ... morning club contributes to that' (Carron, England).

analyse each country individually, and then comparatively. Discussions revolved around the 'truths' embedded within the teachers' responses, examining them in relation to their respective curricula and attempting to understand the ways in which they work to shape teacher knowledge and practice. A comparative approach also enabled us to explore both similarities and differences across countries, highlighting those contexts where discourses persist and those where alternative discourses have emerged.

Discussion of results: a comparative perspective

In the section that follows, we present our results according to the themes that were generated from our comparative analysis, namely:

- i Public health discourse: similarities between NI and England,
- ii Health and wellbeing discourse: similarities between Scotland and Wales,
- iii Sport for physical activity and health (and wellbeing): a Northern Irish, English, and Welsh perspective,
- iv A discourse of care: a Scottish perspective

Public health discourse: similarities between Northern Ireland and England

The Key Stage 4 PE curriculum in NI (ages 14–16) and the PE curriculum in England both highlight the importance of engaging in physical activity to promote physical health and to develop a healthy lifestyle (Gray et al., 2022b). While a discourse of public health was evident in all of the teachers' responses, it was, perhaps unsurprisingly, more evident in the ways in which the teachers from NI and England spoke about HWB. In their discussions, they often made reference to exercise, physical activity and developing 'healthy, active lifestyles' (the latter of which is also associated with a discourse of 'health as citizenship'). For example:

And so, yeah, just again, just trying to encourage the kids to be active and to be healthy and eat well. (Ciaran, NI)

But in terms of health, I think PE certainly has a way of setting people up for how they are active throughout their life and establishing those healthy knowledge and behaviours. (Hugh, England)

This suggests that curriculum may have some influence over how teachers understand HWB which, in turn, may influence both what and how they teach. In this case, it

appears that ‘health’ is achieved through physical activity participation. As Lilly (England) states:

PE definitely plays a part. I mean they get two, two hours a week to be moving. And for some students that’s the only two hours they get to improve their health.

While we do not dispute that physical activity is an important component of health-related teaching and learning, this (curriculum) perspective works to position PE as a convenient form of public health investment to address unhealthy lifestyles (Cale et al., 2020). In doing so, it both contributes to, and reinforces, a prevailing healthism discourse (Crawford, 1980), encouraging individuals to believe that it is their moral responsibility to be active and to be healthy – where health is narrowly defined through the body (Johnson et al., 2013). This discourse is particularly powerful, not only embedded within (some) PE curricula, but also circulating widely in and through all aspects of life (Foucault, 1973; Garrett & Wrench, 2012). It works to shape teachers’ subjectivities, health knowledge and health practices in schools and makes it difficult for them to challenge, disrupt and seek alternative discourses and practices. That said, it is both interesting and important to note that the teachers from England and NI did not focus their HWB responses solely on promoting ‘physical activity’ or ‘healthy, active lifestyles’, and they also recognised the mental and social benefits of engaging in physical activity for health, for example:

While it is P [from PE] and physical, you can’t ignore the whole person because I don’t think there’s any other subject that has that holistic development like PE does. (Hugh, England)

I think [physical activity] it’s gotta be at the core of it [PE]. I mean there’s so much research about how the benefits a’ physical activity to your, to social, mental and physical health. (Jacob, NI)

While evidently, physical activity remains important for these teachers, they clearly allude to a broader, more holistic understanding of HWB, suggesting that they have some access to an alternative discourse and, we argue, the potential to enact health-related learning differently. Interestingly, this alternative discourse was more clearly evidenced in the responses of the teachers from Scotland and Wales.

Health and wellbeing discourse: similarities between Scotland and Wales

In our previous analysis of the health discourses evident within the four curricula of the UK (Gray et al., 2022b), we found that a discourse of holistic HWB was prevalent in the Scottish and Welsh curricula. While this discourse was evident in all the teachers’ responses, interestingly, it was more common in the responses from the teachers from Scotland and Wales. This, again, points to the likely influence of curriculum discourse on how teachers think about and teach HWB. Keith (Scotland) said:

We as a physical education department will take care of the physical wellbeing. But also, we strive to ensure that the emotional and the mental and the social wellbeing of our young people are also looked at and developed throughout the years as well. But for me, health and wellbeing is kind of that full child development ...

And Shereen (Wales) explained:

But it's certainly that holistic concept, isn't it? And how they [the different dimensions of health] all really affect each other, and OK, you can have imbalances in some that might not affect the others, but usually it's you know the whole thing together gives them that better lifestyle.

Implicit within curriculum discourses are knowledges and assumptions that reflect political issues and ideologies. The responses from the teachers from Scotland and Wales not only reflect their respective curricula, but also wider political priorities to support the social, emotional and, in particular, the mental wellbeing of young people (see: Scottish Government, 2010; Welsh Assembly Government, 2010). In many countries worldwide, including Scotland and Wales, schools are seen as central to improving and supporting pupils' social, emotional and mental wellbeing, and as such, 'Health and Wellbeing' has become a core feature of those curricula (Scottish Government, 2009; Welsh Government, 2020). For teachers, therefore, supporting young people's health and wellbeing becomes a moral endeavour, defining what it means to be – indeed, *how* to be – a PE teacher. Thus, by extension, to work against this position could be seen to contravene what it means to be a 'good' teacher (Ball, 2015). Consequently, teachers 'take up' this discourse and become complicit in the governance of themselves and their pupils. Certainly, this seems to be the case in Scotland and Wales, where the curricula have created space for the possibilities of an alternative discourse, moving beyond a conceptualisation of health that is largely associated with physical activity engagement and the body. Instead, the teachers from Scotland and Wales have taken up a HWB discourse related to developing 'self-esteem and confidence' (Lisa, Scotland), having 'mental awareness' (Alasdair, Wales) and showing 'self-worth' (Shereen, Wales).

Interestingly, and perhaps indicative of the strength of discourses currently circulating within the UK (and beyond) related to young people's social, emotional and mental wellbeing, the teachers from England and NI also referred to, for example, developing the 'whole body' (Jacob, NI) and feeling 'happy' (Carron, England), as well as promoting physical activity participation. This alternative discourse is important because, as mentioned above, it has the potential to open up new ways of understanding, and perhaps new ways of teaching, HWB which may in time, and with support, encourage teachers to be more critical of health-related teaching that focuses on physical activity as a means of managing the body (Welch & Wright, 2011).

It is important to note, however, that a HWB discourse can also be assimilated within the context of neoliberalism (Gray et al., 2022b). Lupton (1999), for example, suggests that some positive psychological traits such as 'mental awareness' and 'self-esteem' are highly individualistic and draw attention away from the social and cultural determinants of health. Thus, they become more than a process of self-actualisation and instead function as a neoliberal mode of self-governance creating the 'good citizen'. That said, although a discourse of citizenship was evident in the responses of all the teachers in this study, this was not exclusively aligned to individualistic concepts such as self-esteem. For example, in recounting a discussion with his pupils about role models, Alasdair (Wales) points to the ways in which individuals can affect and be affected by social situations:

they've [his pupils] got that awareness then of it's not just about themselves, it's about, you know, that global and those around them. So it's certainly an education about yourself,

understanding yourself but understanding how the actions and what they say and what they do influences and impacts on those around us.

To some extent, this reflects an ‘alternative’ discourse that broadens conceptualisations of health beyond individualistic notions of ‘exercise = fitness = health’ (Lupton, 1999, p. 293) to take on a more socially-oriented notion of holistic health promotion.

The prevalence of a discourse of HWB among teachers from Scotland and Wales highlights the role that curriculum can play in shaping teachers’ subjectivities. That said, there is some evidence to suggest that this discourse is not fully embedded in the thinking and practices of the teachers from Wales. This perhaps reflects the ‘newness’ of the curriculum in Wales, where teachers are currently working through curriculum reform, with the new Curriculum for Wales (Welsh Government, 2020) only recently and partially being enacted in schools in 2022 (Aldous et al., 2022). Curriculum understanding, interpretation and enactment takes time and can be subject to reluctance and slippage (Ball, 2015) as PE teachers bring their prior experiences, discourses, and subject positions to the process. Both Alasdair and Shereen recognised this and were concerned that PE teachers in Wales may see their role predominantly related to the first Statement of What Matters² – ‘Developing Physical HWB has Lifelong Benefits’. Shereen said:

And it’s, you know, with the What Matters Statements ... so many just said ... that it was only the one What Matters Statements that is physical, and the rest is like PSE [Personal and Social Education]. And I’m thinking, ‘No,’ you know? It’s just, you know, they couldn’t get out of it being, you know, in silos, and that’s not what it’s about, is it? It’s about all, bringing it all together. (Shereen, Wales)

This reluctance to engage with different ways of thinking about and ‘doing’ curriculum was also evident in the connections the teachers made between HWB and engagement in sport, a conceptualisation that is explored further in the section that follows.

Sport for physical activity and health (and wellbeing): a Northern Irish, English and Welsh perspective

Given that PE curricula and pedagogy have traditionally been dominated by sport and a discourse of performance (Kirk, 2010), it was perhaps unsurprising that sport should be seen to play a key role in promoting HWB, particularly for the teachers in NI, England and Wales. For example:

It obviously, P1-P2, nursery, like if you’re not getting kids involved in sport and things at that age, then the less likely to follow on further up the school and then even less likely, probably than the ones that [did], post primary schools to be involved in sport. (Ciaran, NI)

And like we’ll maybe contribute to the healthy, active lifestyle ‘cause we want them to just do more or netball/basketball shooting morning club contributes to that. (Carron, England)

You know, I’ve had brilliant experiences of physical activity and physical understanding through my secondary school experience, then outside of school as well ... I’ve been lucky enough to play rugby at a very high level ... (which has perhaps) given an added extra to my teaching capacity that maybe others haven’t. (Alasdair, Wales)

Engaging in sport (both curricular and extracurricular) was viewed as a means to increase participation in physical activity to improve health, perhaps as a corollary of public health

discourse. Interestingly, 'sport for health' was not a discourse that we specifically identified in our analysis of the health discourses evident within the UK PE curricula landscape (Gray et al., 2022b). However, a dominant discourse of performance has been previously identified in UK PE curricula (Gray et al., 2022a). Moreover, McEvilly et al. (2014) uncovered a relationship between developing performance and achieving (public) health outcomes in their analysis of the Experiences and Outcomes in the PE curriculum in Scotland. They highlighted, and were critical of, the simplistic assumption that competency in sport skills leads to increased participation in sport, which in turn leads to improved (physical) health.

Relatedly, Markula and Pringle (2006) apply the work of Foucault (1991) to explain the way in which sport is used to discipline the body, controlling individuals through the manipulation of space, time and movement. Teachers are complicit in this control through practices such as monitoring, measuring and evaluating performances (Markula & Pringle, 2006). From this perspective, sport becomes a way to constitute moving, disciplined and 'healthy' bodies. Providing pupils with extra-curricular opportunities might also be seen as a disciplinary technique through, for example, discourses of continued and lifelong engagement, which implicitly shift the responsibility to the learner to make their own decisions about participation and health. Indeed, one of the participants noted the importance of '*getting kids into their extra-curricular where they're turning up in their own time*' (Jacob, NI).

As mentioned above, it is not surprising that the participants should talk so extensively about sport and the role that this can play in promoting physical activity and achieving health outcomes. Not only is a discourse of performance traditionally associated with the aims of PE (Kirk, 2010), but the teachers themselves also have experience of engaging in competitive sport. Thus, they value the learning that can take place through sport and understand the benefits in relation to their own physical health. As Lilly (England) confirms:

I think I've always understood that to be healthy you need to take part in sport, and you need to be active and exercising.

Alfrey et al. (2012) highlight the role of teachers' prior knowledge and experience in shaping how they understand and teach PE. Through these experiences, teachers build a commonsense notion of sport, recognising it as a site to develop certain skills and abilities (Garrett & Wrench, 2007). They bring this understanding (subjectivities) to their reading of curriculum, constraining and/or enabling curriculum interpretation and enactment, making decisions about what is regarded as legitimate and what is (not) possible (Penney, 2020).

Interestingly, we found that the teachers not only referred to sport as a site to develop skills and abilities related to improving physical health, but also for supporting and enhancing, for example, mental health. As Nicola (Wales) explains:

So we definitely try and link wellbeing as much as we can into the curriculum as it stands because... it's more of an approach where there's discussion involved. And it's not just netball but we're using parts of netball to draw in the physical wellbeing side, the mental and then obviously the social.

This suggests a discourse of HWB, where curriculum and wider messages related to young people's HWB (mental, social and emotional) influence how PE teachers think

and talk about health. From this perspective, sport becomes less about ‘controlling bodies’ and more about how young people learn to ‘deal with pressure’ (Jacob, NI), experience ‘fun’ and ‘enjoyment’ (Alasdair, Wales) and develop ‘self-esteem’ and ‘confidence’ (Lilly, England). However, teaching HWB through sport has previously been criticised because health messages can be lost as young people focus on learning *how* to play (Cale et al., 2020). Indeed, Alfrey et al. (2012) suggest that this approach stifles educational thinking and simply reinforces existing methods at the expense of the development of more innovative approaches to health-related teaching and learning.

A discourse of care: a Scottish perspective

In our previous analysis of the health discourses within the UK PE curricula (Gray et al., 2022b), we found evidence of a discourse of care in Scotland, Wales and NI. This discourse of care was particularly evident in the texts that described the overall aims of the curriculum. Many have argued that one of the main jobs of schools is to care for their pupils, and through this care, schools and teachers have the potential to shape young people’s lives (Barber, 2002). Much of this thinking is inspired by the work of Noddings (2005), who describes a caring relationship as one where the carer and the cared-for are equals; where pupils have a say in their education and teachers encourage and support pupil autonomy (Hardley et al., 2020). Interestingly, while this discourse was evident in the curricula of Scotland, NI and Wales (Gray et al., 2022b), it was particularly dominant in the discourses taken up by the teachers in Scotland. They talked about HWB in terms of, for example, showing empathy, developing positive relationships, nurturing (Lisa), considering the rights of the pupil, understanding how they feel and ensuring that they feel safe (Lorraine), and understanding what is happening at home and offering support (Keith). Primary PE teacher Lisa also said:

I’d like to think I’m very aware of ... a child’s wellbeing can change from time of day, day-to-day, month-to-month, so it’s having that sensitivity to where they’re at. And again, I think trying where possible, and I do, I’ll ask teachers ‘why is this little guy behaving in this way at the moment?’.

An important consideration with a discourse of care is that, in schools, teachers are in a position of power, which can influence how care is understood and enacted. Teachers can adopt a dominant role, which can limit the autonomy that young people have over their own lives. This was evident, at times, in some of the teachers’ responses, where, although they discussed the importance of having conversations with pupils, listening and responding to their needs, they also alluded to giving information about how to be healthy:

So, one of the main objectives is that they have the correct information to then go on and leave us. (Nicola, Wales)

All of those, you know, your sleep and your friendship groups and, and all those and, trying to where you can impart those values to the pupils. (Jacob, NI)

This reflects the somewhat contradictory position faced by teachers (McCuaig, 2012), where they are tasked with developing agentic individuals, who also must conform to the expectations and rules of the school and the state, under the guise of developing

responsible and autonomous learners and citizens. Relatedly, Hunter (1994) applies a Foucauldian lens using the concept of pastoral power to reveal the ways in which schools represent the ‘state caring for its citizens as a means of looking after itself’ (p. 62). From this perspective, teachers become ‘pastoral officials’ (McCuaig, 2012), doing moral and ethical work on their pupils to ensure the construction of healthy citizens ‘to secure prosperity and stability’ (McCuaig, 2012, p. 865).

Teachers are therefore in a very challenging position. On the one hand, they seek to care for their learners by listening, respecting, and protecting their right to autonomy (Hardley et al., 2020). Yet, on the other hand, they are positioned as agents of pastoral power whose role it is to know and understand their pupils and apply ‘technologies’ to construct healthy, responsible (and governable) citizens. This challenging, and somewhat contradictory, position is also evident when the teachers from Scotland describe HWB as a prerequisite for learning. For example:

And I think that without wellbeing, they can't learn. So ... how I've kinda come about that is if, yeah, we don't have wellbeing we're not gonna be effective in what we do. (Lorraine, Scotland)

From this perspective, HWB becomes part of a neoliberal agenda, entwined with school accountability, as a means of contributing to the success of the school and thus society more broadly (Gray et al., 2022b). However, the extent to which this constitutes ‘care’ – as defined by Noddings (2005) – then becomes questionable. Delaune (2017) suggests that it is not a caring relationship when promoting specific knowledge is prioritised over direct and reciprocal engagement with the learners. Nonetheless, while the teachers from Scotland did allude to HWB as a prerequisite for learning, their discourse of care was dominated by references to developing relationships, having conversations and respecting the rights of their learners, suggesting greater alignment with Noddings’ conceptualisation of care, where both parties contribute to the caring relationship (Delaune, 2017).

Conclusion

The research presented here forms part of a POC study that aims to bring PE teachers from the four nations of the UK together to engage in cross-border discussions and learning. One of the priorities of these discussions will be to focus on how PE teachers understand the concept of HWB and why. However, in preparation for these cross-border discussions, we firstly needed to uncover how teachers conceptualise HWB and consider this in relation to their respective curricula to identify the ways in which their understandings might be similar or different across curriculum contexts.

Our findings revealed some alignment between curriculum discourses and the teachers’ responses – both within and across curricula. For example, the teachers from England and NI referred more to a public health discourse, particularly in relation to the importance of engaging in physical activity for health, which we argue is underpinned by a healthism discourse. Similarly, reflecting their respective curricula – and, we argue, in places partially aligned with a strengths-based perspective and holistic health promotion – the teachers from Wales and Scotland understood HWB more broadly, referring to social, emotional, mental as well as physical health and well-being. That said, it is also important to highlight that all teachers made reference to this broader conceptualisation of HWB; albeit, at times,

connected to neoliberal ideas about taking action to improve your own mental health, often through engagement in physical activity and sport. This is perhaps indicative of the current and widespread discourses circulating related to young people's (poor) mental HWB, as well as PE teachers' experiences of, and identities constructed around, sport.

Teachers do not read curriculum from a neutral position. They bring with them subjectivities and associated discourses, which ultimately enable (or constrain) creative reading and enactment of curriculum (Ball, 2015; Penney, 2020). Previous research suggests that this freedom to read creatively is often influenced by a healthism discourse (Johns & Tinning, 2006), resulting in the prevalence (and persistence) of a narrow range of health-related practices in PE that focus on monitoring and increasing physical activity. However, similar to Penney and Alfrey (2022), we see the potential that alternative discourses offer in enabling a form of creative reading that is more productive, opening up opportunities for new conceptualisations and practices to emerge.

The range of discourses that the teachers drew from to express their understanding of HWB creates a useful platform from which to begin cross-border discussions. By adopting a collaborative and dialogic approach, we argue that the various cross-border perspectives might facilitate critical discussions, for example, around the risks of aligning HWB discourses with neoliberal ideals of individualism and accountability. As our analysis revealed, even discourses of HWB and care can be positioned within the context of neoliberalism, where individual teachers become accountable for the health and health learning of their pupils, seeking to produce responsible and 'healthy' learners that can contribute positively to society. However, this is problematic as it draws attention away from the social and cultural determinants of health, placing the blame for a perceived lack of health firmly on the individual. We see value, therefore, in using cross-border discussions to bring this to the surface, to problematise and uncover alternative discourses, such as a strengths-based HWB discourse. From this perspective, HWB is understood as situated, where individuals draw from a range of personal and socio-cultural resources to build meaningful and coherent experiences to support their health and wellbeing (McCuaig & Quennerstedt, 2018). A cross-border approach will also be helpful in this respect because, similar to the collaborative work conducted by Aldous et al. (2022), teachers will be able to articulate what this approach looks like in practice. For example, the teachers from Scotland could share their understanding of health as care *and* their enactment of health as care. This sharing, discussing, and learning, we hope, might lead to the generation of new ideas about how HWB is enacted in PE in the future. Furthermore, this POC study may demonstrate the value of cross-border learning more broadly, inspiring others to carry out similar research, across different contexts and with more teachers. This, in turn, may increase the collective capacity of teachers to contribute to future debates and PE policy developments (Evans, 2014), strengthening teacher voice and ensuring that they have a say in the HWB learning of their pupils – rather than merely acting as an instrument of government in the production of healthy, self-regulating and productive citizens.

Notes

1. In this article, there are several occasions where we refer to the 'four PE curricula within the UK'. It is important to acknowledge that PE does not have its own curriculum in Wales,

rather it has been integrated into the Health and Wellbeing Area of Learning and Experience (see Gray et al., 2022a).

2. Statement of What Matters are statements within the Curriculum for Wales that describe mandatory areas of learning for all learners.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Notes on contributors

(Welsh translation provided for Dr Aldous and Dr Bryant)

S. Gray is a Senior Lecturer in Physical Education at the University of Edinburgh, UK. Her research explores how teachers understand and enact curriculum policy, and how they might be supported in their learning to provide students with positive and inclusive learning experiences in physical education.

S. Hardley is a PhD candidate within the School of Education at the University of Edinburgh, UK. Her research interests include health and wellbeing, public health, and social psychology.

A. S. Bryant is Director of Teacher Education and Professional Learning at the Cardiff School of Education and Social Policy (CSESP), Cardiff Metropolitan University. After a period as a secondary physical education teacher at Ysgol Bro Morgannwg, Anna's has made a significant contribution to Health Physical Education. Her main research areas are broadly in the area of physical literacy and 'Health and Well-being'. Mae Dr Anna Bryant yn Gyfarwyddwr Addysg Athrawon a Dysgu Proffesiynol yn Ysgol Addysg a Pholisi Cymdeithasol Caerdydd (CSESP), Prifysgol Fetropolitan Caerdydd. Ar ôl cyfnod fel athro addysg gorfforol uwchradd yn Ysgol Bro Morgannwg, mae Anna wedi gwneud cyfraniad sylweddol i Iechyd Addysg Gorfforol. Mae ei phrif feysydd ymchwil ym maes llythrennedd corfforol ac 'Iechyd a Lles'.

O. Hooper is a Lecturer in Physical Education and Sport Coaching in the School of Sport, Exercise and Health Sciences at Loughborough University, UK. His research explores young people's experiences within physical education, health and youth sport contexts, with a particular focus on the use of participatory methods to facilitate young people's meaningful involvement in research through youth voice.

J. Stirrup is a Lecturer in Physical Education and Sport Pedagogy at Loughborough University, UK. Broadly, her research centres on PE and its role within the curriculum and young people lives from the early years through to secondary education.

R. Sandford is a Senior Lecturer in Young People and Sport at Loughborough University, UK. Her research centres on young people's attitudes towards, experiences of and development in/through sport and physical activity. She has a particular interest in issues of popular culture, embodied identity and positive youth development

D. Aldous is a Senior Lecturer at Cardiff Metropolitan University, Wales, UK. He is currently lead for the Physical Health Education for Lifelong Learning (PHELL) research group at Cardiff Metropolitan University. David's research focuses on the transformation and enactment of policies and professional practice in physical education and health. Mae Dr David Aldous yn Uwch Ddarlithydd ym Mhrifysgol Metropolitan Caerdydd, Cymru, DU. Ar hyn o bryd mae'n arwain grŵp ymchwil Addysg Iechyd Corfforol ar gyfer Dysgu Gydol Oes ym Mhrifysgol Metropolitan Caerdydd. Mae ymchwil David yn canolbwyntio ar drawsnewid a deddfu polisiau ac ymarfer proffesiynol mewn addysg gorfforol ac iechyd.

Dr N. Carse a Lecturer in Physical Education at the University of Edinburgh, UK. In general, her research interests are around primary physical education, physical education curriculum and pedagogy, teacher education and practitioner enquiry.

ORCID

S. Gray  <http://orcid.org/0000-0002-7742-2629>

O. Hooper  <http://orcid.org/0000-0001-6303-6017>

D. Aldous  <http://orcid.org/0000-0002-1328-7245>

References

- Aldous, D., Evans, V., Lloyd, R., Heath-Diffey, F., & Chambers, F. (2022). Realising curriculum possibilities in Wales: Teachers' initial experiences of reimagining secondary physical education. *Curriculum Studies in Health and Physical Education*, 13(3), 253–269. <https://doi.org/10.1080/25742981.2022.2125816>
- Alfrey, L., & Gard, M. (2014). A crack where the light gets in: A study of Health and Physical Education teachers' perspectives on fitness testing as a context for learning about health. *Asia-Pacific Journal of Health, Sport and Physical Education*, 5(1), 3–18. <https://doi.org/10.1080/18377122.2014.867790>
- Alfrey, L., Webb, L., & Cale, L. (2012). Physical education teachers' continuing professional development in health-related exercise: A figurational analysis. *European Physical Education Review*, 18(3), 361–379. <https://doi.org/10.1177/1356336X12450797>
- Antonovsky, A. (1979). *Health, stress, and coping*. Jossey-Bass.
- Ball, S. J. (2015). What is policy? 21 years later: Reflections on the possibilities of policy research. *Discourse: Studies in the Cultural Politics of Education*, 36(3), 306–313. <https://doi.org/10.1080/01596306.2015.1015279>
- Barber, T. (2002). A special duty of care: Exploring the narration and experience of teacher caring. *British Journal of Sociology of Education*, 23(3), 383–395. <https://doi.org/10.1080/0142569022000015427>
- Barker, D., Quennerstedt, M., Johansson, A., & Korp, P. (2021). Fit for the job? How corporeal expectations shape physical education teachers' understandings of content, pedagogy, and the purposes of physical education. *Physical Education and Sport Pedagogy*, 28(1), 29–42. <https://doi.org/10.1080/17408989.2021.1934664>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp0630a>
- Cale, L., Harris, J., & Hooper, O. (2020). Debating health knowledge and health pedagogies in physical education. In S. Capel, & R. Blair (Eds.), *Debates in physical education* (pp. 256–277). Routledge.
- Council for Curriculum, Examinations and Assessment. (2007). *The statutory curriculum at key stage 3, rational and detail*. <https://ccea.org.uk/downloads/docs/ccea-asset/Curriculum/The%20Statutory%20Curriculum%20at%20Key%20Stage%203.pdf>
- Crawford, R. (1980). Healthism and the medicalization of everyday life. *International Journal of Health Services*, 10(3), 365–388. <https://doi.org/10.2190/3H2H-3XJN-3KAY-G9NY>
- Delaune, A. (2017). 'Investing' in early childhood education and care in Aotearoa New Zealand: Noddings' ethics of care and the politics of care within the social investment approach to governance. *Global Studies of Childhood*, 7(4), 335–345. <https://doi.org/10.1177/2043610617747980>
- Evans, J. (2014). Neoliberalism and the future for a socio-educative physical education. *Physical Education and Sport Pedagogy*, 19(5), 545–558. <https://doi.org/10.1080/17408989.2013.817010>
- Fereday, J., & Muir-Cochrane, E. (2006). Demonstrating rigor using thematic analysis: A hybrid approach of inductive and deductive coding and theme development. *International Journal of Qualitative Methods*, 5(1), 80–92. <https://doi.org/10.1177/160940690600500107>
- Foucault, M. (1973). *The birth of the clinic: Archaeology of medical perception*. Routledge.

- Foucault, M. (1974). *The archaeology of knowledge*. Tavistock.
- Foucault, M. (1991). Governmentality. In G. Burchell, C. Gordon, & P. Miller (Eds.), *The Foucault effect: Studies in governmentality with two lectures by and an interview with Michel Foucault* (pp. 87–104). Harvester.
- Garrett, R., & Wrench, A. (2007). Physical experiences: Primary student teachers' conceptions of sport and physical education. *Physical Education & Sport Pedagogy*, 12(1), 23–42. <https://doi.org/10.1080/17408980601060234>
- Garrett, R., & Wrench, A. (2012). 'Society has taught us to judge': Cultures of the body in teacher education. *Asia-Pacific Journal of Teacher Education*, 40(2), 111–126. <https://doi.org/10.1080/1359866X.2012.669826>
- Giroux, H. A. (1982). The politics of educational theory. *Social Text*, 5(5), 87–107. <https://doi.org/10.2307/466337>
- Gray, S., MacIsaac, S., & Jess, M. (2015). Teaching 'health' in physical education in a 'healthy' way. *RETOS. Nuevas Tendencias en Educación Física Deporte y Recreación*, 28, 165–172. <https://www.redalyc.org/articulo.oa?id=345741428030>
- Gray, S., Sandford, R., Stirrup, J., Aldous, D., Hardley, S., Carse, N. R., Hooper, O., & Bryant, A. S. (2022a). A comparative analysis of discourses shaping physical education provision within and across the UK. *European Physical Education Review*, 28(3), 575–593. <https://doi.org/10.1177/1356336X211059440>
- Gray, S., Hooper, O., Hardley, S., Sandford, R., Aldous, D., Stirrup, J., Carse, N. & Bryant, A. S. (2022b). A health(y) subject? Examining discourses of health in physical education curricula across the UK. *British Educational Research Journal*, 48, 1161–1182. <https://doi.org/10.1002/berj.3820>
- Hardley, S., Gray, S., & McQuillan, R. (2020). A critical discourse analysis of curriculum for excellence implementation in four Scottish secondary school case studies. *Discourse: Studies in the Cultural Politics of Education*, 42(2), 513–527. <https://doi.org/10.1080/01596306.2019.171046>
- Hunter, I. (1994). *Rethinking the school: Subjectivity, bureaucracy, subjectivity*. Allen & Unwin.
- Johns, D. P., & Tinning, R. (2006). Risk reduction: Recontextualizing health as a physical education curriculum. *Quest (grand Rapids, Mich)*, 58(4), 395–409. <https://doi.org/10.1080/00336297.2006.10491890>
- Johnson, S., Gray, S., & Horrell, A. (2013). 'I want to look like that': Healthism, the ideal body and physical education in a Scottish secondary school. *Discourse: Studies in the Cultural Politics of Education*, 34(3), 457–473. <https://doi.org/10.1080/01596306.2012.717196>
- Kirk, D. (2010). *Physical education futures*. Routledge.
- Lupton, D. (1999). 'Developing the "whole me"': Citizenship, neoliberalism and the contemporary health and physical education curriculum. *Critical Public Health*, 9(4), 287–300. <https://doi.org/10.1080/09581599908402941>
- Markula, P., & Pringle, R. (2006). *Foucault, sport and exercise: Power, knowledge and transforming the self*. Routledge.
- McCuaig, L., & Quennerstedt, M. (2018). Health by stealth – exploring the sociocultural dimensions of salutogenesis for sport, health and physical education research. *Sport, Education and Society*, 23(2), 111–122. <https://doi.org/10.1080/13573322.2016.1151779>
- McCuaig, L. A. (2012). Dangerous Carers: Pastoral power and the caring teacher of contemporary Australian schooling. *Educational Philosophy and Theory*, 44(8), 862–877. <https://doi.org/10.1111/j.1469-5812.2011.00760.x>
- McEvelly, N., Verheul, M., Atencio, M., & Jess, M. (2014). Physical education for health and well-being: A discourse analysis of Scottish physical education curricular documentation. *Discourse: Studies in the Cultural Politics of Education*, 35(2), 278–293. <https://doi.org/10.1080/01596306.2012.745736>
- Noddings, N. (2005). *The challenge to care in schools* (2nd ed.). Teachers College Press.
- Penney, D. (2013). From policy to pedagogy: Prudence and precariousness; actors and artefacts. *Asia-Pacific Journal of Health, Sport and Physical Education*, 4(2), 189–197. <https://doi.org/10.1080/18377122.2013.808154>

- Penney, D. (2020). Health education policy and curriculum: Bernsteinian perspectives and the whole new Ball game. In D. Leahy, K. Fitzpatrick, & J. Wright (Eds.), *Social theory and health education: Forging new insights in research* (pp. 114–124). Routledge.
- Penney, D., & Alfrey, L. (2022). Reading curriculum policy and (re)shaping practices: The possibilities and limits of enactment. *Curriculum Studies in Health and Physical Education*, 13(3), 214–222. <https://doi.org/10.1080/25742981.2022.2126793>
- Perryman, J., Ball, S. J., Braun, A., & Maguire, M. (2017). Translating policy: Governmentality and the reflective teacher. *Journal of Education Policy*, 32(6), 745–756. <https://doi.org/10.1080/02680939.2017.1309072>
- Powell, D., & Plum, C. (2020). Governmentality, school nutrition and the international practice of governing health behaviours. In D. Leahy, K. Fitzpatrick, & J. Wright (Eds.), *Social theory and health education: Forging new insights in research* (pp. 137–147). Routledge.
- Scottish Government. (2009). *Curriculum for excellence: Health and wellbeing, principles and practice*.
- Scottish Government. (2010). *Growing up in Scotland: Children's social, emotional and behavioural characteristics at entry to primary school*.
- Scottish Government. (2017). *Benchmarks: Physical education*.
- Welch, R., & Wright, J. (2011). Tracing discourses of health and the body: Exploring pre-service primary teachers' constructions of 'healthy' bodies. *Asia-Pacific Journal of Teacher Education*, 39(3), 199–210. <https://doi.org/10.1080/1359866X.2011.588310>
- Welsh Assembly Government. (2010). *Thinking positively: Emotional health and well-being in schools and early years settings*.
- Welsh Government. (2020). *Introduction to Curriculum for Wales guidance*. <https://hwb.gov.wales/curriculum-for-wales/introduction/>
- Wyse, D., Baumfield, V., Egan, D., Gallagher, C., Hayward, L., Hulme, M., Leitch, R., Livingston, K., Menter, I., & Lingard, B. (2012). *Creating the curriculum*. Routledge.

Appendices

Appendix 1. Revised discourse framework and summary of findings.

Discourse	Initial description	Country	Themes	Example
Public health	Health conceptualised as physical health promotion with physical activity understood as a means of risk reduction/prevention (exercise as medicine)	England	<ul style="list-style-type: none"> • Being physically active • Knowledge of how to be physically active • Healthy diet • Related to the body (weight) • Healthy and active lifestyle • Fitness 	<i>'But me personally I couldn't class myself as healthy if I wasn't exercising three, four times a week' (Lilly, England).</i>
		Northern Ireland	<ul style="list-style-type: none"> • Related to the body (diet, sleep) • Being physically active 	<i>'And so, yeah, just again, just trying to encourage the kids to be active and to be healthy and eat well' (Ciaran, Northern Ireland).</i>
		Wales	<ul style="list-style-type: none"> • Related to the body (weight) • Being active • Active lifestyle • Fitness 	<i>'And then at the end when they've done the bleep and they've done the Cooper they can compare then and see what benefits that cross country has had on them physically and how they feel during the tests' (Nicola, Wales).</i>
		Scotland	<ul style="list-style-type: none"> • Related to the body (healthy eating and sleep) • Being physically active 	<i>'So like making sure that students can understand about healthy eating habits and the importance of drinking of water, which I think a lot of students forget about, and the importance of eating healthy and also the importance of getting enough sleep' (Keith, Scotland).</i>
Health and wellbeing	Health conceptualised as PA for enjoyment and holistic wellbeing (involving the physical, mental, social and emotional)	England	<ul style="list-style-type: none"> • Being happy • Developing social, emotional and mental skills and competencies (confidence and self-esteem). • Self-care • Feeling good 	<i>'While it is P [from PE] and physical, you can't ignore the whole person because I don't think there's any other subject that has that holistic development like PE does' (Hugh, England).</i>
		Northern Ireland	<ul style="list-style-type: none"> • Developing social, emotional and mental skills and competencies • Social, emotional, mental and physical as inter-connected/whole body 	<i>'So just kind of the whole health of you as a person or whatever else, and sort of the life you lead' (Ciaran, Northern Ireland).</i>
		Wales	<ul style="list-style-type: none"> • Developing social, emotional and mental skills and competencies (coping, social awareness, empathy) • Social, emotional, mental and physical as inter-connected/whole body • Being happy • Whole school approach 	<i>'I understand holistic wellbeing and I think I practice it myself. I think the emotional, social is just as important as the physical, although I understand also that the physical can affect the others' (Shereen, Wales).</i>

(Continued)

Appendix 1. Continued.

Discourse	Initial description	Country	Themes	Example
		Scotland	<ul style="list-style-type: none"> Developing social, emotional and mental skills and competencies (confidence, resilience) Social, emotional, mental and physical as inter-connected/whole body Enjoyment 	<i>'We as a physical education department will take care of the physical wellbeing. But also, we strive to ensure that the emotional and the mental and the social wellbeing of our young people are also looked at and developed throughout the years as well. But for me, health and wellbeing is kind of that full child development ...'</i> (Keith, Scotland)
Health as	Citizenship <ul style="list-style-type: none"> Developing healthy and active lifestyles Connecting health learning to 'life' 	Health	conceptualised as a process for imparting values and ethics, teaching skills for life, and encouraging inclusivity and responsibility for self and others <i>'So why, why are you making us, you know, run, run around and do this?'. And, you know, relate, relating it to everyday life most, with those type of groups, you know' (Lilly, England) .</i>	England
Northern Ireland	<ul style="list-style-type: none"> Developing healthy and active lifestyles Developing values 	<i>That it [physical activity] is</i>	<i>something that they shouldn't be afraid of. Something that they can do at their own level and something that we want them to continue into later life ... And I genuinely believe in those values and I'm pretty sure, you know, most people will say that' (Jacob, Northern Ireland).</i>	
Wales	<ul style="list-style-type: none"> Understanding self and impact on others. Developing healthy and active lifestyles Skills for life Making decisions and choices (when leave school) Connecting to 'real life' 	<i>' ...</i>	<i>understanding yourself, but understanding how the actions and what they say and what they do influences and impacts on those around us' (Alasdair, Wales).</i>	
Scotland	<ul style="list-style-type: none"> Skills for learning (HWB as foundational for learning) Skills for life (after school) Connecting to 'real life' Making decisions Transfer skills to other context 	<i>'And I think that without</i>	<i>wellbeing, they can't learn. So ... how I've kinda come about that is if, yeah, we don't have wellbeing we're not gonnae be effective in what we do' (Lorraine, Scotland).</i>	
		England	<ul style="list-style-type: none"> Building relationships Having conversations (listening) 	<i>'I think those discussions that you have and, you know, talking to the pupils on the way down to the, the lessons, it's like, 'oh what did you get up to at the weekend?' 'Oh how did you get ...', like knowing the students, 'oh how did you get on? What did you do?'</i> (Lilly, England)
Care	Health conceptualised as schools' and teachers' responsibility to protect, support and nurture health and wellbeing.	Northern Ireland	<ul style="list-style-type: none"> Developing relationships Having conversations Listening to pupils 	<i>'If you've, you know, the, the pupil teacher relationship and how it affects outcomes, educational outcomes is, is massive. And that's particularly true in PE. And if you, if we're able to deliver that, I think you've got you building blocks. If you had on top of that then those constant little conversations about health because it's, I mean ... I think I, the way, the only way to go about it' (Jacob, Northern Ireland).</i>

(Continued)



Appendix 1. Continued.

Discourse	Initial description	Country	Themes	Example
		Wales	<ul style="list-style-type: none"> Showing and developing empathy Inclusive 	<p><i>'You know, they need to be shown empathy. Some will be empathetic pupils because they've seen it modeled at home. A lot of people, pupils won't. They won't know. You know, if I'm in a team and, you know, so and so shouted at me, 'cause I couldn't catch the ball. You know, you would hope that doesn't happen, but it does happen. So you know, I think it's important for them to see the value of being, showing empathy to others' (Shereen, Wales).</i></p>
		Scotland	<ul style="list-style-type: none"> Building a sense of belonging Getting to know the individuals – including home life Building trusting and positive relationships Nurture, empathy, being sensitive. Valuing and respecting individuals Listening and responding to pupils' feelings and needs (having conversations) 	<p><i>'I feel privileged to be part of education in this time and space because I love the stuff about education being about relationships. I love the fact that we're moving away from a punitive system to a much more nurturing system and that all behaviour is communication' (Lisa, Scotland).</i></p>
Sport for Health	Health promoted/improved through participation in sport (in PE and extra-curricular sport)	England	<ul style="list-style-type: none"> Engaging in sport as a means of being physically active for health (develop a love for sport) Engaging in sport to support/improve social, emotional and mental health and wellbeing (confidence and self-esteem) Learning sport skills to be physically active for health Sport for enjoyment 	<p><i>'I think there's a small amount of cricket and football and tennis that try and address healthy active lifestyles because we want to increase their love of it. And like we'll maybe contribute to the healthy active lifestyle cause we want them to just do more or netball/basketball shooting morning club contributes to that' (Carron, England).</i></p>
		Northern Ireland	<ul style="list-style-type: none"> Engaging in sport as a means of being physically active for health Engaging in sport to support/improve social, emotional and mental health and wellbeing (dealing with pressure) Sport for enjoyment 	<p><i>'But obviously, you know, it's really up to, you need to push it. It obviously, P1–P2, nursery, like if you're not getting kids involved in sport and things of that age, then the less likely to follow on further up the school and then even less likely probably than the ones that [did] post primary schools to be involved in sport' (Ciaran, Northern Ireland).</i></p>
		Wales	<ul style="list-style-type: none"> Engaging in sport to develop social and emotional skills (dealing with failure) Engaging in sport as a means of being physically active for health Engaging in sport to support/improve social, emotional and mental health and wellbeing Sport for enjoyment 	<p><i>'So we definitely try and link wellbeing as much as we can into the curriculum as it stands because ... it's more of an approach where there's discussion involved. And it's not just netball but we're using parts of netball to draw in the physical wellbeing side, the mental and then obviously the social' (Nicola, Wales).</i></p>
		Scotland	<ul style="list-style-type: none"> Engaging in sport to develop social and emotional skills (using sport education) Sport for enjoyment 	<p><i>'I teach it through sport education, so the emphasis isn't on so much the physical skills of hockey, although that's the context for learning, it's more the social/emotional and how they interact with one another' (Lisa, Scotland).</i></p>

Appendix 2. Summary of each case study.

England: All of the teachers from the schools in England focused their health and wellbeing discussions on engaging in physical activity and, at times, having a healthy diet (a public health discourse). While for all of the teachers engaging in physical activity was an important feature of how they understood the concept of health and wellbeing, they also all had a holistic understanding, highlighting the mental and emotional benefits associated with engagement in physical activity. It was evident that sport played a role in how they understood health and wellbeing, in other words, sport provides opportunities to engage in physical activity for health. Hugh talked about the role of developing healthy habits for life, linking their understanding of health and wellbeing to a discourse of health as citizenship.

Northern Ireland: Both teachers from Northern Ireland talked about health in a holistic way, often emphasising the relationship between engaging in physical activity and, for example, feeling good (increasing endorphins), sleeping well and reducing stress. There was also evidence of a discourse of public health in discussions around physical activity engagement, having a healthy diet and looking after your body. Both teachers highlighted the role of PE and (extracurricular) sport as a way to increase physical activity for health. A discourse of care was evident when Jacob talked about the importance of having conversations with pupils, listening and responding to their needs. There was at times a sense that conversations took place so that the pupils could listen to the teacher, so that the teacher could 'impart' their knowledge and values related to improving the pupils' health.

Scotland: All of the teachers referred to a discourse of care when explaining how they understood the concept of health and wellbeing. However, understanding health and wellbeing as a holistic concept was also frequently highlighted by all the teachers, although this was perhaps a more prevalent discourse for Keith. There was some reference to the physical component of health and wellbeing (more aligned with a public health discourse), but all three teachers explicitly stated that this was not a focus for them. Interestingly, Lorraine and Lisa also viewed the promotion of health and wellbeing as a prerequisite for learning and success in other areas of PE and the curriculum more broadly. These connections between health and wellbeing, learning and success, hint at the role of promoting health and wellbeing as citizenship, where health and wellbeing learning becomes necessary to develop skills that enable individuals to take responsibility for self and others, and lead a healthy life out of school and into adulthood.

Wales: All of the teachers from Wales understood health and wellbeing as a holistic concept. They highlighted the interconnected nature of the various components of health and wellbeing, and this was especially the case with Shereen. She stressed that pupils need to understand social, emotional, mental and physical wellbeing, how they affect each other, and that they are all equally important. While Alasdair and Nicola emphasized the holistic nature of health and wellbeing, often their discourse would gravitate towards the role of physical activity and sport in promoting health. The role of sport in promoting health and wellbeing was especially significant for Nicola. Alasdair referred to health and wellbeing as a 'whole school agenda' and made discursive links to citizenship by suggesting that health and wellbeing relates to understanding how the decisions and actions you make influence those around you.
