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'THE MEASURE OF THE MAN...?'

**MEN AGED 18-24: HEALTH, FOOD, LIFESTYLE
PRACTICES AND CONSTRUCTIONS OF
MASCULINITY**

LYNNE HAYCOCK

A thesis submitted to the University of Huddersfield in partial fulfilment of the
requirements for the degree of Doctor of Philosophy

The University of Huddersfield

June, 2014

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Abstract

This thesis aims to critically explore how young men aged 18-24 construct 'health' in terms of their knowledge, beliefs and behaviours and to examine what influence these factors may have on their own lifestyle practices, particularly, but not exclusively, in relation to food and how this informs their masculine identity. Statistics suggest that as a group young men are the worst at 'following' health promotion guidelines and as such are 'positioning' themselves as being at risk of developing certain illnesses and diseases such as cancer and diabetes as a result of this non-conformance. Men's diets are often portrayed as being unhealthy; high in meat content and low in consumption of fruit and vegetables. Furthermore men's health is often viewed in opposition to women's and inequalities in health between men and women are often put down to man's pursuit of hegemonic masculinity.

This thesis will argue that statistics alone do not tell the whole picture as men are not a homogenous group, with differences in sexual orientation, class and age, to name but a few. Therefore to help understand the health behaviours of young men better their voices need to be listen to. This thesis will seek to understand the impact health promotion messages as well as other 'educational' sources such as the media, have upon the knowledge, health beliefs and behaviours of young men and if these 'messages' help or hinder their participation in such. This thesis draws upon qualitative data to investigate how food and health are understood and negotiated by young men as part of their lived experiences and will take a thematic approach to data analysis.

The key findings suggest that the young men involved in this research had a good knowledge of what are considered healthy behaviours however these were not necessarily the ones they followed. The men were interested in their health albeit in a way of bodily appearance, particularly in respect of fatness, and presentation of an acceptable masculine physique rather than in reducing their susceptibility to illness and disease. Food for the participants was not something to be consumed in order to sustain a 'healthy' blood pressure for example but was something which they used as part of their physical activity regime to help build muscle and 'keep in shape'. This was particularly important when the body was considered to be under the judgemental 'gaze' of others therefore being on holiday and having a 'holiday body' was where the display of an acceptable masculine physique was considered essential.

Chapter 1: Introduction

Rationale

I became interested in this topic in the first instance after reading reports from among others the National Diet and Nutrition Survey (NDNS): Young people aged 4 to 18 (2000) and the Health Survey for England (2007). Using quantitative data, the NDNS (2000) in the 15 to 18 age group reports only one in ten boys meet nutritional guidelines. Furthermore, the Health Survey for England carried out seven years later states that just 18% of men aged 16-24 succeed in meeting the dietary recommendations as outlined by the Department of Health. These dietary recommendations are that a healthy diet should consist of at least five portions of fruit and vegetables per day; an adequate amount of fibre and be low in salt, sugars and fats (also see for example World Health Organisation Global Strategy on Diet, Physical Activity and Health, 2004).

According to the World Health Organisation (WHO, 2004) three of the 10 main risk factors for death world-wide are obesity, high cholesterol and low fruit and vegetable intake. All are considered risk factors for cardiovascular disease and cancer, and are linked to the food we do or do not consume. It is argued the 'lack' of consuming a 'healthy' diet comes at a cost not only to individual health, quality of life and mortality but to the country as a whole. Rayner and Scarborough (2005: 1054) report that 'food related ill-health is responsible for about 10% of morbidity and mortality in the United Kingdom (UK) and costs the National Health Service (NHS) about £6billion annually.

It is estimated that 70,000 premature deaths occur in the UK each year which could be avoided if diets matched nutritional guidelines on fruit and vegetable consumption and saturated fat, added sugar and salt intake (The Strategy Unit, 2008: vi).

It is reported that in the UK, the Government has spent approximately £50million funding the Change4Life¹ health promotion campaign, part of which is to encourage the consumption of a 'healthy' diet (Triggle, 2010). A 'healthy' diet consists of eating at least five portions of fruit and vegetables per day and reducing fat, sugar and salt intake, but still it seems that for younger people in particular, this is not the case. This raises the question that if a 'healthy' diet could have so many benefits to one's health, then why should it be that for certain sections of the population, it is not considered 'important' enough to make dietary changes. We all have food likes and dislikes and memories of overcooked vegetables, etc., which may play a part in 'establishing' foods we will and will not eat even into adulthood.

In contemporary western society, the premise of public health policy is that of illness prevention in terms of the individual rather than the population (Lupton, 1996, Moore, 2010). In the UK, public health policy is disseminated via health

¹ In the UK there are two major health promotion campaigns; the 5-a-day programme which began in 2002 to encourage consumption of at least five pieces of fruit and vegetables per day and the Change4Life programme which was launched in 2011 and combines the 5-a-day message along with increased physical activity levels.

promotion campaigns, funded by the Government and advocated primarily by the NHS. Campaigns such as the 5-a-Day and Change4Life (NHS, 2013), promote both physical activity participation and the consumption of a healthy diet as paramount behaviours in achieving a 'healthy' lifestyle; thus improving health and quality of life. Most health promotion campaigns however, are based upon models of behaviour change health psychology. Simply put this works on the premise that if people are given the information regarding what is healthy and in their best interests, then they will adopt this behaviour. Still, as is evident in the statistics mentioned earlier in the rationale this is not always the case. As Naidoo and Wills (2009) argue, over and above knowing what is considered 'good or 'bad' behaviours, there are multiple factors which will facilitate or impede lifestyle choices

It is well documented in the UK that there are significant health inequalities between men and women (Thom, 2003). In richer western nations the life expectancy for women is greater than that of men and the reasons given for this are men's lack of concern with their health coupled with their reticence in seeking health care (Thom, 2003). Reasons for health inequalities are complex (Sambler, 2012) but culturally dominant notions of masculinity are often cited as the reasons for this and are used to 'explain away' these inequalities (Courtenay, 2000). Typical gender stereotyping of acceptable roles position men as being strong and resilient whereas women are more often than not pictured as soft and delicate (Courtenay, 2000).

Young people it seems are the demographic who on the surface 'ignore' the 'advice' for a healthy lifestyle particularly in respect of a 'healthy' diet with young men fairing worse (but not by much) than young women (Health Survey for

England, 2007). It could be argued that as such, this may position young men as the section of society at risk, albeit a future risk, of developing illnesses associated with an unhealthy diet (Courtenay, 2000). Vis a vie the ones that are viewed as going against the 'active citizen' role and as such setting themselves up to be the future burden on society. Following on from this, within contemporary society young people are typically portrayed in a negative light (although this is nothing new, young people have always been seen as 'challenging' to authority for example punk and other such subcultures) and associated with adverse features of society such as unemployment, drug and alcohol abuse and other so called 'risk' taking behaviours (Miles, 2000). Coupled with this, a general representation within the contemporary British media is that the majority of men are not interested in their own health (Gough, 2007).

However, I felt that the statistics, though interesting on the surface, were only telling a fraction of a story and as such that something was missing from the data, and those were the voices and opinions of young men. According to Keleher (2004), the importance of the experiences of men and women in relation to health promotion programmes and interventions is becoming increasingly central to improve health outcomes for both. Further, she goes on to say 'much needs to be done to improve the evidence base in health promotion with respect to gender' (Keleher, 2004: 277). Moreover, as Clarke (2001) highlights, studies of the health beliefs of young people are essential in providing important information in guiding health education and promotion programmes. Miles (2000) contends that not all young people are involved in 'antisocial' behaviours and moreover, young people should be looked at as an

'index of social norms' or what is 'going on' within youth culture at the present time. In other words young people should be viewed as representative of normative behaviours rather than extremes. In addition to this 'men' are not a homogenous group and as such can vary by social class, ethnicity, sexuality, age, etc.

Throughout the thesis the perspective of intersectionality has to be considered. Intersectionality is concerned with the understanding of multiple and intersecting social identities. Historically, intersectionality is a feminist concept which rejects the notion that gender is the only aspect of identity of a women and others such as sexuality, race and class are all part and parcel of it (Crenshaw, 1995 cited in Block and Corona, 2014). Shields (2008: 302) argues that although the definition of intersectionality may vary, a common thread is the 'social identities which serve as organising features of social relations, mutually constitute, reinforce, and naturalize one another'. Further, Block and Corona (2014: 31) suggest that the basic tenants of Intersectionality include; 'the framing of identity as multi-layered and complex; the notion that different dimensions cannot be dealt with in isolation; the belief that the most interesting issues, and those worthy of research, often arise as intracategorical phenomena'.

In light of the previous discussion this thesis sets out to 'fill in' this 'missing' part of the story or at least go some way to filling in part of it by giving voice to young men in regard to their subjective experiences of diet and other health promoting behaviours and the influences upon them. It aims to look at how young men negotiate health behaviours, particularly in relation to food, how they view their bodies and how this influences their masculinity. It will do this by exploring in depth the lifestyle practices of young men and looking at socioeconomic and

political influences. It will consider how dominant health promotion discourses shape men's behaviours, beliefs and how this informs their masculine identity. Following this it will deconstruct the perceptions of health in relation to body shape and size and investigate how men interpret 'health' in the context of their lifestyle and masculine embodiment. Therefore, the aim and objectives of this research are as follows:

Research aim and objectives

Aim

The aim of this study is to critically explore how young men aged 18-24 construct 'health' in terms of their knowledge, beliefs and behaviours. It will examine what influence these factors may have on their own lifestyle practices, particularly, but not exclusively, in relation to food and how this informs their masculine identity.

Objectives:

- To explore young men's understandings of health and to what extent they are influenced by public health discourses pertaining to healthy lifestyle practices.
- To examine young men's lived experiences of health behaviours and lifestyle practices
- To examine to what extent social constructions of masculinity affect young men's perceptions of health, body shape and size.

- To explore young men's experiences of their bodies and identities and how these are influenced by societal constructions of masculinity.

In the next section I will begin by giving the definitions of both health and wellbeing which will be drawn upon in this research. Subsequently, it will outline the theoretical framework of the study followed by the research design, finally ending with an outline of the thesis.

Defining health and wellbeing

'Health' means different things to different people as it is a subjective experience open to varying interpretations (Naidoo and Wills, 2009). The World Health Organisation (1948) defines health as '(...) a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity'. This definition has not been altered since 1948 and as Bellieni and Buonocore (2009) argue, is misleading inasmuch as it confuses health with happiness in its use of the term 'complete wellbeing'. Their key argument being that because no one is completely happy no one can be completely healthy. Robertson's (2006: 177) research investigating men's lay perspectives of health and wellbeing suggests that narratives in respect of 'absence of illness, as the ability to function, as fitness and as 'looking good' or 'feeling good'" were all recurrent themes, but that the men's accounts were often more complex and nuanced.

Wellbeing itself is another contentious issue with debates on-going about how this can be measured within populations (Forgeard et al., 2011). As wellbeing is a subjective construction, it must vary from person to person and as Bellieni and Buonocore (2009:8) suggest 'health and happiness are distinct experiences but the relationship is neither fixed nor constant'. In other words, just because a

person may have an illness or a disability, it does not mean that they view themselves as 'unhealthy' or 'unhappy' and vice versa. Furthermore, as Forgeard et al. (2011) debate in their article *Doing the right thing: Measuring wellbeing for public policy*, wellbeing is multifaceted and the meaning of and the measurability of wellbeing is something which is disputed. Various scales exist with which to 'measure' wellbeing consisting of both subjective and objective markers. However, how people judge and responded to these is questionable therefore what contributes towards wellbeing for one person may not for another. However, both health and wellbeing are constructs pertinent to this research. Therefore, in this thesis the WHO (1948) definition of health will be utilised of which wellbeing is a part. Wellbeing will be theorised as a subjective feeling of achievement, for example, in sports participation and the role social networks such as family and friends play in the research participants lives.

Theoretical framework for this study

This research will work within a masculinities framework drawing on the concept of hegemonic masculinity as put forward by Connell (1995) and further developed by Connell and Messerschmitt (2005). According to Courtenay (2000) in western societies the social practices of everyday life and the beliefs and behaviours undertaken by all are practices of demonstrating femininities and masculinities. To help unpack this it will draw on the work of Foucault (1980; 1988) in respect of his concept of governmentality; particularly the power of the medicalized discourses of public health and health promotion campaigns. Foucault suggests that the power of these discourses which is based upon so called 'expert knowledge' is such that they come to prescribe 'normative'

behaviours. The discursive practice of which then opens the body up to the disciplinary 'gaze' not just of the medical community but society in general which results in the surveillance and control of the individual (Foucault, 1980). However, Foucault (1982) also suggests that power is only effective if people are free to react to it in a range of ways. People are not passive; they are active citizens and as such can resist power and question it (Foucault, 1982).

In this study I will also consider the notion of the '*habitus*' which is a term used by Bourdieu (1984) to describe the social world in which an individual 'lives' where commonalities between individuals lead to the formation of groups with shared identities. This is structured through habits, environment, appearance and sense of style. It is expressed, for example, through the dress, language, taste, preferences and behaviours of the individuals and leads to the formation of social groups who identify with each other through these shared identities. Bourdieu (1984) uses the term 'capital' to describe the commodities which form the structure of the *habitus*. Capital is not just considered as 'wealth' in monetary terms but can also be a 'measure' of 'wealth' in terms of culture and social networks, for example. Bridges (2009) in his work *Gender Capital and the Male Body Builder* brings together the concept of hegemonic masculinity and that of 'capital'. He uses the term 'gender capital' and defines this as 'the value afforded contextually relevant presentations of the gendered selves' (Bridges, 2009: 84). In other words, 'gender capital' is in respect of men, the value that is afforded to typical masculine behaviours such as sporting prowess, and embodiment such as having a strong and muscular physique. Others such as De Visser and McDonnell, (2013) use the term 'masculine capital' to describe the same concept. Therefore, this study is going to investigate the concept of

'gender' or 'masculine capital' and how this influences the identity of the participants.

Research design

For this study I was interested in exploring the meanings, interactions and the subjective or 'lived' experiences of young men. Therefore, my ontological approach is set within an interpretative paradigm with a subjectivist approach to epistemology. From this standpoint, it followed that talking interactively with young men would be the best way of generating the empirical data (Mason, 2004). Subsequently, the data was collected from 13 interviews with young men aged 18-24 which in the first instance were informed by data collected from a focus group which formed the pilot study. This research was inspired by both constructivist and feminist theory inasmuch as it took a reflexive approach to the research and, as part of the Methodology (Chapter 3), I will give a reflexive account of my position and biography and what influence this may have had upon this study. I took a thematic approach to data analysis and identified seven core themes: Food choices; social relationships; health promotion messages; body image; health behaviours; health / illness knowledge; physical activity. How these core themes were developed by utilising thematic analysis will be discussed in more depth in the Methodology (Chapter 4).

Outline of the thesis

This thesis is organised into seven chapters. I have dedicated two chapters to the literature review. The focus of chapter two is on the literature pertaining to the emergence of 'surveillance medicine' and how this has influenced public

health policy and health promotion campaigns in the UK. Drawing on Foucault's Governmentality concept it examines the influence these may have had on lifestyle choices and how this may further have impacted upon and emphasised the focus upon the body image of men. Chapter three begins by discussing the concept of hegemonic masculinity put forward by Connell (1995) and Connell and Messerschmitt (2005) as well as other theories of masculinity. It then looks at how this may influence or inform food choice and eating habits. In Chapter four, I consider the philosophical basis of the study and explain in more detail the rationale behind it as well as the methods used. This chapter takes a narrative approach to methodology and tells the story of the 'journey' of the research discussing difficulties encountered and how these were overcome. It also provides an account of the ethical considerations and the data analysis procedure. Chapters five and six are both given over to the findings from the data analysis based upon the empirical evidence. Finally, chapter seven will draw this research study to a close by offering a concluding discussion written under the heading of the four objectives and how each contributes to the overall aim of the study. Subsequently, it will discuss the theoretical implications of this study followed by the contribution it makes both to knowledge and policy and practice. A section considering thoughts for future research will be offered finally ending with a succinct concluding summary to this research project.

Chapter 2: Public Health, Risk and 'Normative' Behaviours

Introduction

This chapter is going to begin by discussing the emergence in the 20th century of 'surveillance medicine' and how overtime this has come to change the remit and focus of public health and how this change has come to play a significant part in the discourses associated with 'healthy' lifestyle choices. Moving on from this it is then going to look at how the discursive practices associated with public health rhetoric have led to the development of 'normative' lifestyle practices such as consuming a healthy diet and partaking in physical activity. This is also discussed in relation to the development of the 'active citizen' (Clarke, 2005) and the moral obligation put upon individuals to conform to these practices. Drawing on Foucault's (1980) notion of governmentality it will then discuss how the 'power' of these discourses have labelled avoidance of certain behaviours as 'risky' and how this has been brought about by the creation of 'fact' based upon 'expert knowledge'. Expert knowledge is created through epidemiological research, which in basic terms uses data collected through the surveillance of populations. This is then considered to be the major contributor to the 'knowledge' used by health agencies in their development of policies and health care initiatives. It will then consider how, once this 'knowledge' has entered the public psyche; it influences what have become the 'normative practices' of society in relation to lifestyle choices. In doing so, it has thus brought the body under the scrutiny of society opening it up to the judgemental 'gaze' of the self and others. Subsequently, it will discuss how this is particularly pertinent to the

obese body which has become problematized due in part to its association with poor diet and lack of physical activity.

Public health and health promotion

From the middle of the 1970s, there has been a plethora of new medical knowledge in the public health domain focusing attention on the health status of the population. Armstrong (1995) writes that within the western world, western medicine and biomedicine are still the most dominant model of medical theory and practice. However, an alternative model has been appearing during the 20th century which Armstrong terms surveillance medicine. Surveillance medicine has at its core the identification of risk factors for chronic illness and disease based upon population health. Health screening and public health campaigns are used to implement and facilitate this, working on the premise that by altering the beliefs and behaviours of people and identifying any potential 'risk' of illness or disease at an early stage their future health outcomes will be improved (Armstrong, 1995).

Following on from this Wheatley (2005) argues that surveillance medicine has blurred the boundaries between health and illness and as such has turned all elements of human behaviour into medical issues; for example what a person eats, drinks, where they live, etc. have all become potential causes for the development of risk factors for illness and disease. Wheatley (2005) uses cardiac rehabilitation as an example of this because heart disease is multifactorial. Each element of it, such as hypertension, high blood cholesterol and body weight, can all be screened for risk potential and all can be brought into 'normal' parameters with the use of drugs alongside changing lifestyle

practices such as improving diet and taking more exercise. Wheatley (2005: 202) goes on to argue that surveillance medicine constructs all bodies as 'at risk' thus altering the body into an object of 'medical discipline, surveillance and control'.

Within the field of public health, the emergence of surveillance medicine has resulted in a move away from the reactive nature of the 'old public health' concerns to a proactive focus. The term invoked to describe these developments is the 'new public health' (Petersen and Lupton, 1996). Petersen and Lupton go on to suggest that while the main remit of the 'old public health' was to ensure a conducive environment existed to improve population health by providing proper sanitation and access to clean water, etc., within the 'new public health' the emphasis has shifted towards individual behaviours with a focus on lifestyle practices. This has resulted in the promotion of what can be described as 'healthy' lifestyle choices such as increasing fruit and vegetable consumption and physical activity levels alongside the eradication of harmful behaviours such as smoking, becoming a major part of public health policy and practice. Nowhere is the emergence of surveillance medicine more evident than in the realm of public health. For within this realm, the notion of the medicalization and objectification of the body and its associated risk factors are brought via health promotion campaigns into the psyche of the population (Lupton, 1995).

Baggott and Jones (2011) point out that within UK health policy, public health has steadily built-up momentum with an emphasis on illness prevention and health promotion. The beginnings of health promotion can be traced back to 1986 when the World Health Organisation held its first international conference

on health promotion. This resulted in the *Ottawa Charter*, the aim of which was to achieve 'health for all by 2000 and beyond', thus beginning the changing emphasis of public health from curative to preventative measures (WHO, 1986). The *Ottawa Charter* outlines health promotion as: 'the process of enabling people to increase control over, and to improve, their health' and suggests this should be done by; 'building healthy public policy, creating supportive environments, strengthening community actions, developing personal skills and reorientating health services' (WHO: 1986: 1). This has been an on-going process and more recently the WHO (2004) have emphasised that in order to achieve these goals and to sustain lasting change within public health and thus the health of the population, government has a vital role to play. One of the factors to influence this emphasis is that according to the World Health Organisation's *Global Strategy on Diet, Physical Activity and Health* (2004), physical inactivity and an unhealthy diet are among the leading causes of risk factors such as hypertension, high cholesterol levels and overweight or obesity for non-communicable diseases such as heart disease, certain cancers and Type 2 diabetes.

In 2001 it was reported that non-communicable diseases were responsible for 60% of global deaths (WHO, 2004). Therefore, the remit of the strategy is for populations and individuals to achieve a healthy weight, limit salt, sugar and fat intake, move away from saturated to unsaturated fat and increase consumption of fruit, vegetables, legumes, whole grains and nuts. Within the United Kingdom, this has resulted in various governmental health promotion campaigns run in conjunction with the National Health Services to change or at least encourage 'healthy' individual lifestyle behaviours. For example, the 5-a-Day programme

launched in 2002, with the aim of increasing consumption of fruit and vegetables to meet recommended nutritional guidelines and the Change4Life programme launched in 2011, which encompasses the 5-a-Day message and increasing levels of physical activity (Triggle, 2010).

However, the success of these campaigns must be brought into question for as the Health Survey for England (2007) reports only 18% of men in 16-24 age-group meets the recommended nutritional guidelines. A reason for this lack of success could be as Crossley (2001) notes that health promotion campaigns are based on traditional psychological models of behaviour change such as, Health Belief Model and Theory of Reasoned Action. Although these models all vary in complexity, a fundamental commonality is an assumption that an individual's perceptions, beliefs and knowledge through a rational process of weighing up the pros and cons of the benefits to health, will, when the pros outweigh the cons, result in a positive behaviour change (Crossley, 2001). Lomas (1998) argues that within public health policy 'lip service' is paid to social systems such as environmental and housing issues, but health promotion messages still act to target individual behaviours.

However, a major weakness of these models is that they fail to take into consideration other influential factors such as gender, ethnicity and socioeconomic status and the complexity of psychosocial determinants of health such as self-esteem and social networks (Ansari et al., 2003). As mentioned earlier (see page 12) the intersectionality of men has to be considered as they are not an homogenous group. As Shields (2008) pertains social identities can and are created by, most significantly, age, sexual orientation, ethnicity, class and gender. Drawing on the work of Bourdieu (1984), Lomas, (1998) argues

that a person's social capital plays a significant role and can impact upon their health. Social capital is not measured in terms of monetary wealth but is the 'wealth' of their social milieu; good supportive networks, social cohesion, etc., all of which go to create an environment conducive to reducing health inequalities between social classes. However, as Lomas (1998) points out health inequalities still tend to be explained by individual behaviours, particularly 'risky' behaviours such as smoking, drinking and consuming an unhealthy diet.

Within the UK, one area where health inequality is evident is between men and women. Even though life expectancy is increasing and the gap between men and women is narrowing, according to the Office of National Statistics (2013) in the period 2010-12, life expectancy for men was 79.1 years compared to 82.9 years for women. White and Witty (2009) point out that in 2007, 21% of men of working age died compared to 12% of women, so even with on-going developments in the field of medicine and the increase in life expectancy, it could perhaps be suggested that health promotion campaigns are not influencing or changing the lifestyle choices of men as much as they could. Nettleton (1996) argues further that the focus of health promotion discourse are indeed the health needs of men and children, but the discourses are specifically aimed at women because within western society the woman has direct responsibility for the health of both men and children. Following this premise, it could be argued therefore, that if a man's social milieu falls outside the boundaries of the 'family' be it as son, boyfriend or husband, then they develop a certain amount of autonomy in choosing whether or not they follow health promoting behaviours.

As Moore (2010) points out this 'new paradigm' of health promotes what have traditionally been considered as feminine attributes such as avoiding 'risky' behaviours and taking care of one's self, the antithesis of hegemonic masculinity and the portrayal of the male body as strong and resilient. Therefore, the need for men to engage with health promoting behaviours is somewhat negligible. However, White and Witty (2010) suggest that one reason men may not engage with health promotion programmes is because of how and where they are delivered. Therefore, they endeavoured to deliver a health promotion programme to engage with men within a rugby stadium setting. Although the evaluation of this project is complex (see White and Witty, 2010 for an in-depth evaluation report) however, to succinctly draw on a relevant point, overall the majority of the men at the stadium still did not openly engage with the project (Witty and White, 2011).

In her book *Unbearable Weight: Feminism, Western Culture and the Body*, Susan Bordo (1993) uses the phrase 'double-bind' to describe how women are caught between their struggle to be equal to men by displaying 'qualities' which put them on an 'equal' footing such as being strong and aggressive whilst having to maintain their feminine qualities such as being caring and nurturing. Further, in her book *The Male Body: A new look at men in public and private* (1999) she furthers this argument to describe how this 'double-bind' can apply to men who are also caught in this quandary. Robertson (2008) suggests that men have a dilemma when it comes to partaking in health behaviours, what he terms the 'don't care/should care' dichotomy. Firstly, men position themselves outside of the health promotion discourse due to these behaviours being 'feminised'

however, men have a responsibility to society to be health-conscience as a moral obligation of the 'active citizen' (Clarke, 2005).

The 'active citizen' and health

Joyce (2001) states that government bodies such as the Health Protection Agency have as their remit an emphasis on quality of life and as such public health policy use health promotion programmes to focus attention on the individual body. A reason given for this shift in public health policy can be explained by Rustin (2008) who argues that the election of New Labour in 1997 resulted in the emergence of globalization as its central ideology. Globalization is described by Rustin as a system not only of expanding economic wealth but also as a system of communication by which old collective identities such as class disappear and the new individual identity of the 'active citizen' or citizens as consumers appear; that is citizens who have choice 'in as many spheres of life as possible' (Rustin, 2008: 275). However, Lupton (1995: 131) argues that public health discourses aim to construct a 'certain type of subject'; one's who are 'self-regulated, health conscious, middle class, rational and civilized, those who possess the economic, cultural and social capital'. Furthermore, Lupton (1995) suggests that if a person does not identify themselves within the discourse, consequently, they will not act upon it.

Clarke (2005) suggests that New Labour were committed to creating the 'active citizen' as a way of engendering the self-sustaining individual who takes responsibility for managing their own life. Clarke further argues that within the NHS one of the benefits of the creation of the 'active citizen' was that by taking on the responsibility of their own wellbeing this would reduce the financial

burden as well as the use of resources upon the NHS. Indeed stories on the BBC News website with which to highlight how these 'irresponsible' individuals can be portrayed as a burden on the NHS budget above and beyond any medical intervention was that specialist equipment for ambulances such as stretchers, are having to be 'revamped' to accommodate obese and overweight individuals, the cost of which is up to £90,000 per ambulance (Triggle, 2011, Robb, 2011). However, as Clarke (2005) goes on to argue, within the role of the 'active citizen' there is a moral obligation put upon the citizen to make the 'correct' choices, for example making the correct lifestyle choices such as not smoking. In other words, the 'active citizen' has a moral responsibility to society to make the 'correct' choices, as 'bad' choices can be viewed as irresponsible and anti-social; working against the harmony and civility of society (Clarke, 2005).

With the election of the Conservative-led Coalition Government in 2010, a 'new' approach to public health was outlined as part of what David Cameron termed the 'Big Society' (Jones, et al., 2010). Being part of the 'Big Society' means that citizens are 'active, responsible and responsive' taking action for themselves rather than waiting for state intervention (Pattie and Johnstone, 2011: 403). Although not wanting to enter into a political debate as this is not the intention of this study, the point to be made is that although the language used between the Labour and Coalition Governments has changed, fundamentally the health promoting behaviours undertaken by the 'active citizen' are the same in regards as to what would be expected from a citizen of the 'Big Society'.

Nettleton (1997) contends that within the biomedical model of health promotion, the focus has been put on health outcomes as a result of certain behaviours,

things which an individual can work to prevent by 'choosing' to follow a 'healthy lifestyle'. In this discursive practice, awareness is put upon the individual to partake in behaviours likely to negate the risk of ill-health (Joyce, 2001). This is supported further by Dyson and Brown (2006: 69) who state 'in the field of health emphasis has shifted from those who are ill to those who might become ill if we do not implement preventative measures'. However, as Moore (2010: 101) points out 'curing illness is expensive; making health the responsibility of individual citizens is not only cost effective, it is politically expedient' because it is estimated that overweight or obesity alone cost the National Health Services (NHS) £4.2 billion in 2007 set to rise to £6.3 billion by 2015. Therefore, the shift in the paradigm of public health and health promotion is as much to do with the economics of the NHS as epidemiology. One of the ways of cutting this cost to the NHS as pointed out in the Department of Health's commissioned Wanless Report (2004) *Securing good health for the whole population*, is by implementing public health initiatives aimed at promoting 'healthy' lifestyle changes as a means of improving population health.

In contemporary society government is concerned at its core with the economy, but alongside this has as its objective 'the population'. Government involves the 'health, welfare, prosperity and happiness of the population' (Dean, 1999: 19). Jones (2003: 596) describes Foucault's notion of governmentality as 'governmentality links the techniques of discipline and control of individual living bodies directly to state policies'. Medical knowledge is given the power in western societies to 'control' the bodies of individuals. Western medical knowledge or 'biomedicine', together with governmentality, is a form of power which dictates certain behaviours and regulates bodies' en-masse (Rose, 1999).

One of the main reasons in western societies for the regulation of the body is to meet the demands of industrial capitalism. In other words, having a fit and healthy work force is paramount to the on-going demands of industry as well as reducing the financial burden on the welfare state in respect of unemployment and sickness benefits. Thus as Jones (2003: 131) points out 'It is therefore, unsurprising that modern capitalist societies have the discursive promotion of bodily health as a strong and central cultural feature'.

Gard and Wright (2005) suggest that 'risk' in a public health context is based upon epidemiology and biomedical research and the quantification of a 'risk' through population studies. The result of this is the 'identification of 'risk factors' that affect populations as well as identifying 'populations at risk'' (Gard and Wright, 2005: 170). Therefore, once these populations have been identified as at 'risk' then they can be apportioned blame for not acting on the information given (Lupton, 1995). Walklate and Mythen (2010: 50) who critically looked at the concept of 'risk' in the field of sociology suggest that although Foucault in his governmentality perspective did not talk about risk per se, other theorists such as Dean (1999) have used the governmentality framework to 'expound the role of neoliberal institutions in constructing understandings of risk that categorise and order human behaviour'.

At the core of governmentality is the notion of discourse. Foucault (1980) describes the ways of giving meaning to and acquiring knowledge about the social world as a form of 'language' known as discourses. Walklate and Mythen (2010: 50) suggest that 'through the operation of discourse, sets of interlocking ideas and knowledge used by experts gain credence while others are excluded, determining what is knowable and thinkable about social issues'. Discourses as

forms of power are given the label of discursive practices, 'discursive practices are at the root of social life; the exercise of power through discourse is everywhere' (Foucault cited in Jones, 2003: 145). Foucault (1980) argues that the culture of society focuses certain discourses on the body. These discourses define what normal and abnormal behaviour is and influence society on what they should or should not do with their bodies. Foucault (1986) argues that individuals have subjective power which enables the challenging of the norms of institutional power to control the population. Power can only be effective if people are free to react to it; individuals are active citizens not passive recipients and as such can resist power and question it.

Lupton (1995: 5) argues that 'power does not exist independently of the body, is not external to the self, but acts to construct the body in certain ways'. Therefore, the body becomes inscribed or written upon by the discursive practices of society, which then opens the body up to the disciplinary 'gaze' not just of the medical profession but society overall (Foucault, 1980). Jutel and Buetow (2007) contend that the 'gaze' of the self and that of others constantly judges the health status and therefore, the moral worth of an individual. Consequently, when this judgemental 'gaze' is put upon on the corporeal body the result is to put it under constant 'surveillance'. This leaves the individual open to the judgemental 'gaze' of others, and they can then come to be regarded as a 'bad' citizen as well as an economic liability, relying on the taxes of the good, hard-working citizens to pay for their healthcare (Thompson and Kumar, 2011).

The creation of 'expert' knowledge

Foucault (1980) suggests that discourses which become representative of 'normative' behaviours are based upon so called 'expert knowledge'. The construction of so called 'expert knowledge' is a disputed one as the discipline of epidemiology is the major contributor to the 'knowledge' used by health agencies in their development of policies and health care initiatives to improve the health of the populace (Petersen and Lupton, 1996). Epidemiology gathers its 'knowledge' through the constant surveillance and monitoring of populations and is based upon the 'web of causation' principle whereby illness is caused by the interaction of several risk and protective factors, but failing to take the social context of illness into account (Petersen and Lupton, 1996, Gard and Wright, 2005). Ansari et al., (2003) argue that in the field of epidemiology, other factors such as socioeconomic status are in the main ignored or viewed as a confounding variable in the analysis of disease in individuals. They also state that epidemiology can be erroneous in as much as it assumes that risk factors for disease in individuals can be applied to the risk of disease in the population. Fleck (1979: xiii) contends that in the scientific community, 'fact' is created through a 'complex process of social consolidation' which he describes in the following way; He argues that groups of experts share what he describes as 'collective thought' and as such they become the 'creators' of 'expert knowledge'; the chosen few who are part of what Fleck calls the 'esoteric circle'. Following on from this, the 'expert knowledge' then moves out of the esoteric circle through influential channels such as the government and media into the wider population and acts upon individuals to create the 'exoteric circle'. Fleck (1979) goes on to suggest that the exoteric circle 'members' then come to share

'collective thought' based upon the 'facts' created by the esoteric circle and promoted in the wider domain through 'official' channels. Indeed as Reilly (2006) points out governmental departments such as the Department of Health have employees whose specific job is to deal with the media, and these departments are responsible for disseminating large amounts of information underpinned with 'expert knowledge'.

This notion is supported by Chamberlain (2004) who emphasises that in relation to food and health, agencies such as the WHO draw on these 'expert facts' and use them as the basis for nutritional and dietary requirements of populations. These are then used by governments as an underpinning rationale for their health policies. Chamberlain (2004) points out that nutrition has become a science, resulting in foods becoming labelled as 'healthy' for their specific nutritional content and fruit and vegetables becoming regarded as an essential part of a 'healthy' diet. This has led to governments developing nutritional guidelines for the health of the population based upon what Chamberlain (2004) describes as knowledge acquired from 'scientific nutrition' rather than individual nutritive requirements per se and as such has 'opened the way for the state to intervene in the regulation and surveillance of food and diet' (Chamberlain, 2004: 469). Chamberlain contends that one of the reasons for this surveillance is the so called 'obesity epidemic' within western societies. Using data from the 2002 report by Kumanyika et al. entitled *Obesity Prevention: the case for action*, the prediction is that from 1990 to 2020, global deaths from communicable disease will drop from 17.2 million to 10.3 million per year; whilst at the same time deaths from non-communicable diseases (such as those associated with obesity) will increase from 28.1 million to 49.7 million per year. Evans et al.

(2004) suggest this is misleading data, as it is to be expected that if deaths from communicable diseases decreases then deaths from non-communicable diseases is bound to rise as people have to die from something. Evans et al. argue that the 'speculations' of the medical and scientific communities have become 'fact' in academic literature and the media.

Subsequently, this type of 'speculative' data is one of the reasons Gard and Wright (2005) suggest that the current 'obesity epidemic' exists in the first place. Their argument is that the 'scientific' knowledge in regards of what is considered overweight and obesity are flawed and the assumptions somewhat misleading. Therefore, how is it that those who talk about obesity such as persons in the medical, exercise science and public health spheres can do so with absolute certainty. LeBesco (2011) suggests that fatness has become pathologised resulting in the fat body being linked to illness and death rather than as a marker of human diversity. Thus, it can be argued that the creation of 'expert knowledge', particularly in relation to the 'obesity epidemic' combined with the role of the 'active citizen', has resulted in the development of a 'risk' in which 'bodily weight, size and shape is reduced to a moral issue of personal responsibility to 'protect' oneself from the discursive practice of the 'obesity epidemic' rhetoric' (Rich, 2011: 7). Gard and Wright (2005: 7) suggest that the 'blame' for obesity is usually put at the door of unhealthy eating and lack of exercise. Consequently, 'obesity' has become associated with a lack of morality due to individual failing and weakness. Therefore, the most obvious way to 'protect' oneself from the discursive practice is to show oneself as a 'good citizen' conforming to what would be considered as an acceptable body in terms

of weight, size and shape by following 'normative' lifestyle practices (Rich, 2011).

'Normative' lifestyle practices

Foucault (1980) suggests that within society, the creation of 'expert knowledge' acts as a form of power by controlling thought and action. Health promotion campaigns underpinned by this 'expert knowledge' are used to warn the public of risks to health and the rhetoric of public health discourses is such that they have the power to control the individual, even if they are unaware they are being controlled (Lupton, 2005). Moreover, Green (2010) although talking about sexual orientation suggests that 'expert knowledge', particularly that disseminated through medical channels, is used to create categories to which individuals are then 'assigned' and this is then used as part of their 'objectified' identity.

To illustrate this point further, Abernathy and Black (1996: 448) argue that, what they describe as 'statistically desirable weights and body fat', although not indicative of health, are used by health agencies to predict the health status of individuals. Although contested due to its inability to actually measure body fat (Monaghan, et al., 2010), the most popular method of categorising a person's weight status is the Body Mass Index (BMI). A BMI is calculated by dividing a person's weight (kg) by height (m²). Depending upon the BMI outcome, this leads to the body being put into categories labelled as 'underweight', 'normal', 'overweight' or 'obese'. Bacon and Aphramore (2011) contend that individuals who fall into the latter two categories, regardless of their actual health status, are encouraged by health professionals and others to change lifestyle factors

such as diet in order to lose weight, just so their BMI can sit within the 'normal' range. Cohen et al. (2005) suggest that meanings associated with the word 'obese' act upon individual bodies to infer certain behaviours and lifestyle choices and that the word is permeated with 'value judgements'. In other words, to be labelled as obese or overweight has become a social stigma and a public display of an individual's moral worth (Monaghan, 2007). However, as Lupton (1995) points out because the goal of public health and health promotion campaigns is to maintain and achieve certain standards of health, it is difficult to challenge their rationale.

When behaviour is not changed or modified to achieve 'optimum' health, the discursive practice is to 'blame' the citizen for exposing themselves to the health risks and positioning themselves to ultimately become a burden on society (Monaghan, 2007). The 'risk' discourse of public health rhetoric which puts the emphasis on lifestyle choices, serves as an effective instrument in the surveillance and control of citizens. Lupton (1995) suggests that within the public health domain, the state, as the owners of knowledge, wield power over the bodies of citizens. Foucault uses the phrase 'bio-power' to refer to the workings of discourses to control populations and to discipline individuals at the same time (Gastaldo, 1997). Public health policy has become an important area for the disciplinary power on the social body as well as the individual body. As Freund and McGuire (2003) explain the individual body is part of the society in which it functions and as such it is shaped by the norms and practices of that society. In other words, the social body is the body shaped by its social experiences. The term 'clinical gaze' is used by Foucault (1976), to describe the way the body has been brought into the field of medicine. McNay (1996)

describes the clinical gaze as something which is used upon the human body to judge illness and disease through an interpretation of symptoms. The gaze is not always based on truth but upon what 'expert knowledge' has created as its 'truth' and as such the clinical gaze is a powerful tool in the discipline of the human body (McNay, 1996).

Consequently, Petersen and Lupton (1996), state that this 'gaze' has now been extended into the realm of public health with its focus on the social body. The clinical gaze is always around creating and promoting what has come to be considered the 'normative' lifestyle choices of contemporary society such as consuming a healthy diet, undertaking regular physical activity and not smoking (Gastaldo, 1997). The focus of this biomedical surveillance of populations has moved the emphasis of health policy away from illness per se, towards the negating of illness and disease through the avoidance of risk (Gastaldo, 1997). Moreover, as Petersen (1997) points out scientific experts cannot always agree on the 'facts' and this can lead to conflicting advice regarding the 'risk' or 'level of risk' afforded to certain lifestyle practices, leaving the individual uncertain as to which advice to follow to ensure a 'healthy' future.

Thompson and Kumar (2011) conducted qualitative research with nine men and fifteen women between the ages of 16 and 60 to discuss their response to two health promotion campaigns; '5 +A Day' and 'Push Play' in New Zealand (similar to the 5-a-day and Change4Life campaigns in the UK). What they found was that both campaigns were recognised by the participants and all had knowledge of what their aims were. However, they found that the healthy lifestyle advice was often rejected because of the 'being told what to do' nature of the rules and regulations of the public health discourse. Paradoxically,

participants also highlighted a 'moral' attitude in their judgement of others in regards to 'healthy' and unhealthy' behaviours, positioning those who did not follow the advice as 'irresponsible' individuals who are stigmatised in society. This raises the question of why some individuals have the 'right' not to be told what to do while others do not. All the participants within this research were in employment and considered to be middle class. Although not mentioned directly by the participants, it seems pertinent to suggest that it can be read in the participants' quotes that people who did not take the responsibility for their own health, when they developed health problems, they then had to be 'paid for' by the responsible tax-paying citizens.

Thompson and Kumar (2011) assert that this is reminiscent of the arguments of the deserving and undeserving poor, common at the turn of the century. Appelbaum (2001: 422) contends that this notion of the deserving and undeserving poor still exists within society and thus describes the 'undeserving poor' as 'poor people who believe in and practice bad values, violate social norms and do not abide by middle-class values'. Therefore, people who do not take responsibility for their own health, among other things, are not fulfilling their obligation to society as a whole. This can lead to 'intolerance, exclusion or persecution of others who appear unwilling to engage in those activities deemed health enhancing' (Thomson and Kumar, 2011: 114). Thus as Thompson and Kumar (2011) conclude, health promotion campaigns rather than reducing inequalities in society can act to reinforce further inequalities by making certain groups or individuals such as those considered as obese, problematic.

Obesity, food and ill health

Fullagar (2002) argues that contemporary public health discourses act in such a way as to position the individual as the responsible citizen whose job it is to avoid the risk of ill health, including obesity, thus saving the country money with 'avoidable' health care costs. One way in which the individual can meet this moral obligation is by consuming what would be considered a 'healthy' balanced diet in order to 'avoid' being considered 'fat' or 'obese'. Within contemporary western society, 'obesity' has become a 'category' of the physical self and to be seen to be obese or fat has become a 'deviant' behaviour (Gard and Wright, 2005). The so-called obesity epidemic has created 'cultural hysteria' and 'the net of deviance and its gaze is being cast so that it is impossible to continue to deny or downplay the impact of the war on fat for both men and women' (Gilman, 2004 cited in Bell and McNaughton, 2007: 126). Furthermore, Campos (2004) highlights the power and profitability of the 'obesity industry' which has invented the 'obesity myth' that 'reproduces typically white middle class cultural anxieties'.

The World Health Organization (2004) defines 'overweight' as a BMI equal to or more than 25, and 'obesity' as a BMI equal to or more than 30. These cut-off points provide a benchmark for individual assessment in relation to body weight, but there is evidence that risk of chronic disease in populations' increases progressively from a BMI of 21. However, Abernathy and Black (1996), although they do not dispute that health problems can occur in 'obese' individuals, suggest that 'weight' per se is not the real issue. 'Weight-associated health problems result from a cascade of events associated with abnormal blood

concentrations of insulin, glucose or lipids that occur when fat cells become full and insulin-sensitive and lose their protective function' (Abernathy and Black, 1996: 448S). Accordingly, Abernathy and Black (1996) go on to argue emphasis is put upon individuals to achieve a weight within a 'normal' range. This, they say, alienates people as their efforts to achieve an 'ideal' weight have often failed. However, by improving their physical activity and eating practice, individuals would improve and maintain fat cell function, thus lowering their risk of health problems. As Abernathy and Black, (1996: 450) conclude 'a focus on good health practices is likely to yield better health results for most than would an emphasis on weight'.

Gard and Wright (2005) contend that fatness has become medicalized and as such has become viewed as something which can be 'cured' through interventions such as physical activity and weight reduction. Bacon and Aphramore (2011) suggest that within public health policy and health care practice dieting and weight-loss behaviours are positively encouraged as a 'solution' to the so-called 'obesity epidemic'. They challenge this view and argue that the current weight-focused paradigm is based on spurious assumptions and suggest that there is widespread concern regarding this misrepresentation of the evidence. Therefore, the importance of promoting weight-loss as a public health outcome is questionable (Bacon and Aphramore, 2011).

Within contemporary society, food and diet are exorbitantly linked to fatness and obesity in as much as to eat the 'wrong' types of food is synonymous with obesity, and obesity is synonymous with the risk of disease. A recent study by Burgoine et al. (2014) looking at the associations between exposure to take-away food outlets, consumption of such and body weight, found a positive

association between the three. They suggest that the number of fast food / take-away food outlets has increased dramatically in the past decade and as such can be considered a contributory factor to the obesity 'epidemic'. Monaghan (2008) in his sociological critique of men and the 'obesity epidemic' suggests that fast food is often seen as one of the causes of obesity. Moreover, Germov and Williams (1999) argue that food has become a 'product' with which to prevent or treat disease, and within the health promotion paradigm, food is considered a prerequisite for health. It could be argued therefore, that within health promotion discourse as part of governmental strategy, food is used as a 'tool' with which to manage and regulate the human body.

Casazza and Thomas (2009) argue that there are multifactorial causes of chronic disease but suggest food consumption is an easily modifiable behaviour in relation to health outcomes. Arguably, food has become the prescribed prophylactic medicine with which to prevent the development of the disease; in other words, food in western society has become something not to be enjoyed but something with which to 'ward off' the risk of illness and disease. However, Chamberlain (2004: 472) suggests that food, within a health context, should be regarded as more than just a 'fuel' for the body, but as something that is 'constructed, negotiated, socialized and contextualized'. This means that food, like anything else such as clothing or music, has different meanings to individuals and can be used as a form of identity or as something with which to align yourself or 'fit in' with a specific culture within different social settings. Therefore, food and eating should not be regarded as something objective but rather something which is subjectively constructed.

Gastaldo argues that bio-power (Foucault, 1990) is a fundamental part of health education because it promotes 'normative' behaviours which the population are then expected to undertake to achieve and maintain good health. Foucault's (1990) notion of bio-power is defined by Gastaldo (1997: 113) as 'the mechanisms employed to manage the population and discipline individuals'. Wright (2009: 7) uses the term 'biopedagogies', combining Foucault's notion of bio-power with pedagogy, to help understand 'the body as a political space'. That is, how the body is constituted within numerous pedagogical sites which have the power to 'educate' populations, thus influencing how individuals understand their world and construct themselves and others within it. Wright (2009) argues that contemporary obesity discourses, and the subsequent discursive practices associated with it are enacted within a variety of both social and institutional sites, such as government policy, public health initiatives, the media and education. These sites then act upon individuals to increase their knowledge pertaining to obesity and its associated risks and then give 'instructions' on how to avoid it such as being physically active and consuming a healthy diet (Wright, 2009).

This is supported by Rich (2011) who observes that over recent years, a dominant theme within the mass media has been that of the so-called 'obesity crisis' affecting society. She goes on to say that the media has become a source of knowledge for society and as such has become a significant pedagogical site, particularly in the health arena. Keane (2003) contends that healthy eating is a political issue and that most of the information available to the public in regard to healthy eating is strongly linked to commercial considerations. This can be seen by the joint workings of public and private sector organisations,

with the endorsement of public sector organisations. For example, most major supermarkets promote the 5-a-Day message both in-store and on their websites and often have tips and ideas of ways to increase your fruit and vegetable intake.

Another area for the dissemination of this 'knowledge' is in the home environment. Bassett et al. (2008) used semi-structured interviews and participant observation around family meal times and grocery shopping to explore the dynamics between adolescents and parents as to adolescent food choices when given more autonomy and control. What they found was that even though the adolescents sometimes 'rejected' the 'healthy' food available within the household and resisted the attempts of coercion from the parents to consume such foods, they did in other circumstance draw upon this knowledge. For example, as the adolescents were given more autonomy in their food choice, this 'knowledge' supplied by the parents (particularly the mother) as to what constitutes 'healthy' eating, was used as a 'benchmark' against which to judge their food choices. To highlight this point, one male participant aged 14 suggested that even though he knew all about healthy food choices, he did not always put this into practice and would choose in a restaurant 'whatever tastes good and probably with the highest fat content on the menu'. However, this choice was then reflected on within the context of his 'healthy' eating knowledge, leaving the participant with feelings of guilt about his perceived 'bad' behaviour, as he puts it 'later that night, I'd think, well, I shouldn't have eaten that' (Bassett, et al. 2008: 329). Inthorn and Boyce (2010) conducted research into discourses on UK television of obesity, health and morality. Current health policy in the UK draws on a 'participative model of health' in which the individual

has to become knowledgeable in regards of health and weight and then actively participate in controlling it (Inthorn and Boyce, 2010: 83). However, what they concluded was television discourses rather than providing knowledge use shame tactics such as portraying an obese person as greedy and lazy, to 'encourage' participation.

Meah and Watson (2011) argue that the alleged diminishing of cookery skills has become a common area of concern. Short (2006: 116) contends that 'cooking means different things to different people and different things on different occasions' and argues that cooking skills are more complex than 'real food versus processed food'. Short suggests that the development of convenience foods has not necessarily removed the 'skill' from food preparation but has added a dimension where cooking can include fresh and raw ingredients and convenience foods as part of contemporary cooking practice. However, this so-called lack of traditional cookery skills is attributed in the main to the rise in convenience foods and takeaways and as mentioned earlier, fast food consumption is considered to be one of the contributory factors for obesity (Monaghan, 2008). This notion of the increased availability of convenience foods linked with a lack of cookery know-how and vis-à-vis obesity, is further evidenced by TV chefs such as Jamie Oliver. Hollows and Jones (2010) write that in his TV show '*Jamie's Ministry of Food*' much like his previous programmes, he is on an anti-obesity mission aimed particularly at working-class families. The programme (set in a working-class area of Rotherham, South Yorkshire) positions a lack of cookery skills as a working class problem. This programme draws on the misguided notion that home cooking is always 'healthy' cooking and as such teaching people how to cook will inevitably result

in healthier, slimmer people (Jones and Hollows, 2010). Schee and Kline (2013:567) argue that neoliberalism uses reality television (of which they cite Jamie Oliver's shows as being one) as a stage on which to show the 'market deification, governmentality and the lifestyle-citizenship relation'. In other words, these shows (supported by celebrities and funded by commercial organisations) can be used as arenas for the promotion of normalizing constructions of healthy bodies and lifestyles. This is because neoliberalism positions health as the responsibility of the individual, where ill-health, of which obesity is a physical reminder, is an unacceptable state (Schee and Kline, 2013).

Summary

This chapter has discussed the emergence of surveillance medicine and how this has come to play a major part in public health policy and the field of health promotion. It has discussed how the discourses associated with health promotion have come to play an influential role in the promoting of 'healthy lifestyle' practices within society. Following on from this it has outlined how the rhetoric of health promotion has come to create what has become the 'normative' practice for leading a 'healthy' life such as consuming a diet high in fruit and vegetables and low in fat and partaking of physical activity. The antithesis of this has led to certain behaviours being viewed as 'risky' and deviant as this goes against what is expected of the moral and responsible 'active citizen'. Drawing on the work of Fleck (1979) in conjunction with the science of epidemiology, this chapter explored how the creation and dissemination of 'expert' knowledge has been used to influence the development of 'surveillance medicine' and how this has brought 'expert'

knowledge regarding what have come to be considered as 'normative' behaviours into the public realm for society to act upon. This has led to what Foucault (1976) describes as the 'gaze' of the medicalized body being brought under the scrutiny of society to be judged by self and others. Finally, it has discussed the 'obesity epidemic' and how this has resulted in the fat body becoming medicalized thus problematized within society, particularly in its association with 'bad' diet and lack of physical activity.

Chapter 3: Masculinities, Health and Food

Introduction

This chapter begins by discussing gender and masculinity and how both can be constructed and understood within contemporary society. It will particularly focus on the concept of hegemonic masculinity put forward by Connell (1995) and then further developed by Connell and Messerschmidt in 2005. It will then consider the extent to which the pursuit of hegemonic masculinity and being part of a specific group, or what Bourdieu (1984) describes as the 'habitus', may result in 'risk' taking behaviours that are used to construct masculine identities. The external appearance of the body has become a vital part of an assessment of a person's health for both professional and lay people alike (Jutel and Buetow, 2007). It will discuss this in relation to masculine embodiment leading into male health beliefs and identity and how this may have led to an inequality in health status between men and women. Following on from this it is going to focus on the health behaviours of men, particularly in conjunction with food and eating habits, the discursive practices associated with these and how, in particular, within the media, men are portrayed as 'not interested' in their health as 'care of the self' is depicted as a feminine behaviour. Consequently, it is going to look at the 'gendering' of certain foods and how this can impact upon the diets and health behaviours of men, specifically in its association with body image and obesity in particular.

Constructions of gender and masculinities

West and Zimmerman (1987) talk about sex, sex category and gender and the distinctions between them. They suggest that 'sex' is based upon agreed biological criteria to label a person as either male or female. Sex category is based upon the biological criteria to afford membership of the appropriate 'group' and is maintained by the socially constructed displays appropriate to it. Gender is the 'activity of managing situated conduct in light of normative conceptions of attitudes and activities appropriate for one's sex category' (West and Zimmerman, 1987: 127). Butler (1990) takes this argument further. She suggests that both sex and gender are social constructions because both are affected and labelled with meanings so that the 'biological sex' of the body is as much to do with the cultural norms of society as is the construction of a person's gender identity. She argues that both sex and gender are set in a binary framework of opposites (male – female, masculine – feminine) and the female/feminine only exists in opposition to the masculine. Therefore, this framework, which Butler (1990) terms the 'heterosexual matrix', gives power to the masculine and a heterosexual identity. Butler (1990) suggests that gender is performative and can be enacted differently in different situations, taking the steps necessary to establish a heterosexual identity; heterosexuality has become the 'norm' around which all gender identities are negotiated.

Courtenay (2000) argues that gender is constructed from cultural and subjective meanings which alter in differing situations. He goes on to suggest that beliefs are formulated within society and men and women take on certain behaviours typical to each gender. These then develop into what are commonly known as

'gender stereotypes', for example, women as homemakers and carers and men as breadwinners. People are then encouraged by the media, education and religious institutes among others, to conform to these stereotypes as to be seen to step outside of these roles can be positioned as going against the 'norms' of society (Adams and Coltrane, 2003). Although other institutions such as the ones mentioned above play a part in gender socialization, Adams and Coltrane (2003) argue that the main area for learning appropriate role behaviour is within the family. Children are socialized into their gender roles and learn from a young age to behave in a socially acceptable gendered manner (Adams and Coltrane, 2003). This process of socialisation has led to the creation of shared norms by which a socially acceptable form of femininity and masculinity is judged (Courtenay, 2000).

Connell (2000) argues that there is no one pattern or type of masculinity and that masculinity is not a singular identity but is constructed differently among cultures, social structures and periods of history. Therefore, it should be referred to in its plural; masculinities. She goes on to suggest that different constructions of masculinities do not just sit alongside each other but that there are significant social relations between them. In western societies the social practices of everyday life and the beliefs and behaviours undertaken by all are practices of demonstrating femininities and masculinities (Courtenay, 2000). Within western culture, certain masculinities are given more power than others, for example, those associated with sport such as being strong, competitive and muscular in contrast to the 'feminine' associations of homosexuality (Connell and Messerschmidt, 2005). This leads to what can be described as a hierarchy of masculinities with some masculinities becoming dominant whilst others are

subordinated or marginalised. Connell (2000), labels the most dominant form of masculinity within western society 'hegemonic', this is not necessarily the most common but is essentially the most coveted and honoured form of masculinity.

According to Connell and Messerschmidt (2005), the concept of hegemonic masculinity is such that it can be used to help understand the relational issues among men as well as between men and women. They go on to say that hegemonic masculinity epitomises the most recent and privilege way of being a man and as such requires all other men to position themselves in relation to it. Furthermore, Courtenay (2000:1388) argues this dominant form of masculinity 'subordinates femininities as well as other forms of masculinity and reflects and shapes men's social relationships with women and other men; it represents power and authority'. This then acts to legitimise the subordination of women to men. In other words, men support hegemonic masculinity, whether or not they aspire to it in order to defend patriarchy and their dominant position in society so they can continue to benefit from what Connell (1995) terms the 'patriarchal dividend'.

Connell (2000) argues that within multicultural societies there are multiple definitions and a diversity of masculinities. This diversity exists not only between communities but within a given setting, for example, the workplace. Toerien and Durrheim (2001) suggest that masculinity entails a variety of choices, for example, how to dress or behave in a particular setting or situation. Within society, discourses produce a range of subject positions for men to 'take up' within a particular context. As Connell (2000: 10) goes on to say 'there will be different ways of enacting manhood, different ways of learning to be a man, different conceptions of the self and different ways of using a male body'.

Seidler (2007: 13) writes that for young men 'masculinities can become performative often as a way of concealing inner emotional turmoil from others'. He goes on to suggest that for some young men, their masculinity can be all they have to draw upon for their self-esteem.

De Visser and McDonnell (2013) suggest that the pursuit of hegemonic masculinity is conveyed through typical masculine behaviours, for example, having a muscular physique and sporting ability (White et al., 1995). The partaking in these typical masculine behaviours then realises masculine capital or approval from other men (De Visser and McDonnell, 2013). Kimmel (1994) suggests that men seek the approval of other men by competing against but also identifying with them. He suggests that they use what he describes as 'markers of manhood' one of which is physical ability, in order to do this. (Kimmel, 1994: 129). In the research by Diedrichs et al. (2011) looking at body image with 17-25 year olds in Australia, participants did suggest that men as opposed to women could get away with not fitting what they perceived to be the body ideal, as long as they had other qualities considered to be masculine such as being good at sport, funny or witty.

Another 'marker of manhood' is sexual achievement (Kimmel, 1994). Flood (2008) argues that heterosexual relations are proof of manhood and afford masculine status. Schilt and Westbrook (2009) suggest that 'compulsory' heterosexuality (Rich, 1980) which focuses on the male female binary together with conventional gender identities creates an expectation of what it is to be male or female. For example, positioning women as wives and mothers thus subordinating them to men (Seidman, 2009). As mentioned earlier this is what Butler (1990) calls the heterosexual matrix, within which 'heteronormativity'

which 'presumes' that there are only two genders, then acts to privilege masculinity and heterosexuality and devalues femininity and homosexuality (Schilt and Westbrook, 2009). Drawing on Flood's (2008) research however, it is suggested that homosocial relationships or heterosexual male to male friendships can take precedence over male to female friendships and these male to male bonds can be used between groups of men to exclude women and thus further the patriarchal dividend.

Men and risk-taking behaviours as part of a masculine identity

It is a commonly held notion that in contemporary westernised society men's health is in crisis (see Kimmel, 1995; Sabo and Gordon, 1995). Life expectancy in the UK is the highest it has ever been, however, men have a shorter life expectancy than women; 79.1 years compared to 82.9 years for females (Office for National Statistics, 2013). It is also well publicised that men do not go to their GP as much as women. According to White and Witty (2009) drawing on data from the Office for National Statistics, men in the UK visit their doctor on average four times per year compared to women who visit six times. Moreover, in the 16-44 year age group, taking into account pregnancy and contraception-related issues, women are still twice as likely to visit their doctor as men.

One reason given for this is the relationship between masculinity and men's health where vulnerability needs to be concealed as this is associated with weakness (Courtenay, 2000). It is argued that health in respect of care of the self and others is viewed as a female attribute, as caring about one's health and participating in 'protective behaviours' can be linked to femininity. Therefore, looking after one's health can be viewed as effeminate or homosexual (Oakley,

2005). Courtenay (2000) suggests that men are more likely to undertake behaviours and beliefs related to health which increase risk, such as smoking and drinking alcohol, and that this in itself is reinforcing a masculine stereotype. This is supported by Connell and Messerschmidt (2005) who contend that it is through this pursuit of hegemonic masculinity that 'risk' taking behaviours are undertaken as part of the construction of the hegemonic male identity. Courtenay (2000) argues that men espouse risk as part of their construction of masculinity; therefore, their masculinity is defined in opposition to positive health beliefs and behaviours. In other words, 'rejecting what is constructed as feminine is essential for demonstrating hegemonic masculinity' (Courtenay, 2000: 1389).

Lupton (1999: 159) argues that the notion of 'risk' strongly emphasises moralism and personal responsibility and that 'young men as a subculture are mostly likely to engage in activities which can be deemed as 'risky' as a means of performing dominant masculinities'. Sylwester and Pawloski (2011) explored 'risk' in relation to evolutionary psychology arguing that 'risk' taking behaviours play a part in attracting a sexual partner, primarily of the opposite sex. By participating in risky behaviours, individuals are exhibiting their desirable traits such as physical fitness and health to their potential partners and 'risk' taking behaviours are used as a 'signal' to prospective partners of strong genes, thus resulting in the chance of successful mating (Sylwester and Pawloski, 2011: 696). In other words, men use 'risky' behaviours as part of their gender identity to attract members predominantly of the opposite sex. They undertake 'risky' behaviours in order to procure sex, which underpins their masculinity emphasising their heterosexuality. Therefore, constructing their identity as that

of the hegemonic male not into a subordinate category such as the virgin or homosexual.

Similarly, as the findings of Adams et al. (2005) highlight when looking at the experiences of men aged 18-35 in respect of body dissatisfaction, appearance is a major factor of masculine identity, especially in relation to sexual prowess and genetic viability. This is supported in the research by Talbot and Quayle (2010) who interviewed female college students about their 'ideal' male characteristics in a romantic, work, social and family context. What they found was that hegemonic male characteristics such as being strong and dominant were considered essential in a romantic and family context whereas such characteristics were marginalized in a work and social setting. In other words, when the male / female relationship was constructed within a sexual context, 'typical' masculine traits were a necessary part of that relationship, probably because that relationship could involve procreation. In a non-sexual role other characteristics such as being 'nice' were considered to be more important because that relationship was constructed as platonic (Talbot and Quayle, 2010).

Richardson (2010) argues that heterosexuality is compulsory in the construction of a hegemonic male identity and part of this is to be continually recognised as being masculine. When exploring the heterosexual practices and relationships of young men, one of the common reasons for them having sex was to be accepted by their peers. Richardson (2010) argues that the social group of which they are part is the main arena where this identity is produced and conforming to the 'cultural norms' is crucial to being accepted and remaining part of this network. Bourdieu (1984) uses the word '*habitus*' to describe the

social world pertinent to individual lives. The habitus is structured through the shared norms of a specific group around such components as habits, environment, appearance and sense of style. This is then expressed through the shared expression of dress, language, commodities, taste and preferences of the individuals and leads to the formation of social groups who identify with each other through these commonalities.

Aesthetics of health and embodiment

Regardless of actual health status, the body has come to be considered a 'representation' of health (Jutel and Buetow, 2007). The commonly used 'markers' of health are those of body weight and shape, and these have come to represent a 'normalized and idealized' 'healthy' body (Jutel and Buetow, 2007: 430). Therefore, the body which then does not conform to these 'norms' becomes marginalised. Monaghan (2008) argues that the 'fat' male body has become feminised due in part to its softness and lack of muscularity; therefore, it may be considered representative of a marginalised masculinity. Norman (2011) argues that men are caught in a 'double-bind' of masculinity. On the one hand, men want to be in possession of a 'healthy' body or at least one which represents such, but on the other they do not want to appear narcissistic or concerned with their health. In the research by Norman, (2011) the participants position their 'health' behaviours in terms of 'normalcy, healthy active living, heterosexuality and individualism' rather than health per se (Norman, 2011: 436). For both men and women alike being overweight or underweight is considered as being unhealthy as well as being unattractive, 'appearance was a measure not only of a person's beauty but also of their health' (Diedrichs et al.,

2011: 263). Although writing in respect of women, Carole Spitzack (1990) in her book *Confessing Excess: Women and the Politics of Body Reduction* coined the term 'aesthetics of health' as a way to describe the culturally constructed 'ideals' which have come to represent a 'healthy body'. Freund et al. (2003) argue that in society today physical appearance still plays a big role in achieving success in certain areas such as work and sexual relations. Indeed, as Gard and Wright (2005) emphasise the shape and size of a person's body can predict their accomplishments as bodily appearance is visual evidence of the care taken and the time, money, and effort that has been invested in it.

The body has taken on major importance in the way people judge their own worth and that of others (Gard and Wright, 2005). Alexander (2003) sought to explore how masculinity is constructed within *Men's Health* magazine as part of a postmodern consumer society, arguing that contemporary male identity is built upon consumption rather than production. Alexander (2003) coined the term 'branded masculinity' because by preying on male body insecurities certain industries such as fitness and leisure stand to profit from this. Within *Men's Health* magazine the most promoted 'ideal' of the male body is one which is muscular, fashionably attired and has the appearance of being financially successful. This is supported by Nayak (2006) who explains that historically the male body was a 'marker' of 'industrial potential' However, within contemporary society and the lack of employment opportunities, particularly in manual labour roles, young men have to 'prove their worth' in other ways in order to get 'respect within their peer group' (Nayak, 2006: 826). Gill et al. (2005) argue that men's bodies are on display more and more within western society. They suggest that not only has the number of images of men's bodies increased and

been made more available by the advertising and media industries, but the way men's bodies are portrayed has changed with the male body becoming more idealized and sexualized allowing it to be more looked upon and desired. The male body has gone from 'near invisibility to hypervisability' resulting in bodily anxieties becoming more pertinent for men who may now find themselves defining their identity through their body rather than other channels such as employment (Gill et al., 2005: 39).

McNeill and Douglas (2011) in their research with men in New Zealand found that consumption of products, particularly grooming products, was becoming a pertinent issue as men were beginning to recognise that 'appearance could contribute to one's personal and professional success' (McNeill and Douglas, 2011: 453). In order to justify their partaking in what could be considered a 'feminised behaviour' the men in their study drew on images of strong sporting personalities as 'role models' for this behaviour, thereby positioning this behaviour as 'manly' rather than narcissistic. Ricciardelli et al. (2010) looked at the portrayal of masculinity in men's lifestyle magazines. They found that certain magazines promoted 'metrosexuality', focusing on a masculine identity based more upon money and status. Mark Simpson (1994), a cultural critic, coined the phrase metrosexuality to describe heterosexual men who engage in behaviours more aligned to women such as shopping and grooming and who are (or at least appear to be) sophisticated and successful (Shugart, 2008). Buerkle (2013: 78) describes the concept of metrosexuality as 'emphasising the narcissism of culture industry obsession mixed with the heteromale assets of desire from straight women and admiration from straight men'. One of the

ways that this identity can be projected is by wearing the 'correct' clothes on the 'ideal' body and using the 'correct' products to achieve the desirable look.

As Gard and Wright (2005) point out the body has become the prime focus of the judgement of worth of oneself and of others. Ricciardelli and Clow (2013) in their research looked at the representations of elements associated with masculine and feminine domains in certain men's lifestyle magazines. This involved magazines that promoted a more metrosexual masculine identity, as well as those which represented a more laddist stereotypical identity. They suggest that across all publications analysed, the majority of men pictured were 'attractive, lean and muscular', concluding that appearance was an important component of male embodiment (Ricciardelli and Clow, 2013: 128). Rysst (2010) explored judgements and attitudes in both men and women towards body ideals and practices in Norwegian magazines. One outcome from this study was that for both men and women alike body dissatisfaction was governed by the media representations. Therefore, when the media actively promotes the 'ideal' body of both men and women alike, this results in these 'ideals' being brought under the 'gaze' of society.

For men, appearance can be representative of masculinity in as much it can communicate strength, prowess and virility (Adams et al., 2005). Grogran and Richards (2002) contend that men who felt that they look good suggested that this led to feelings of power and gave them self-confidence. Drawing on the research by McArdle and Hill (2009) looking at body dissatisfaction between gay and heterosexual men, one of the findings was that the relationship between self-esteem and body dissatisfaction was not significantly different between those that identified as gay or heterosexual.

Pope et al. (2000) argue that men can suffer from body dysmorphia (a psychiatric disorder characterized by excessive preoccupation with imagined defects in physical appearance) particularly in their perception of their muscle size and coined the phrase 'The Adonis Complex' to describe it. 'The Adonis Complex' describes a man with concerns in regard to his body image with the emphasis on building muscle, eliminating fat, which can involve the use of steroids and binge eating. One of the reasons they suggest that this exists is because of media images of what they describe as the 'supermale', supplemented with other commercial factions such as the health and fitness industries looking to profit by exploiting male concerns (Pope et al., 2000).

This is supported in the research by Diedrichs et al. (2011: 263) which explored how body image was portrayed in the mass media and the potential for using 'average' sized models who were described as 'not too fat' and 'not too skinny'. Participants could see the advantages to certain companies of using 'average' sized models to promote their brands. However, they did suggest that companies with a vested interest in promoting 'body dissatisfaction' such as the health, fitness and slimming industries, then the use of 'average' size models would not be part of their marketing strategy. Keane (2003) argues that the weight-loss industry alone uses the current discourses of public health alongside how to achieve an 'ideal' and thus desirable body to promote itself and related products and that the market for slimming 'products' alone is approximately 20million per annum. Furthermore, although it has been well documented over time that weight and weight issues are more a female concern (see Wolf, 1990, Bordo, 1993) it can be a pertinent issue for men and women alike. As Monaghan (2008) in his research with male members of a slimming

club points out, the men considered maintaining a degree of attractiveness and a reduction in career opportunities to be reasons to try to lose weight.

Diedrichs et al. (2011) conducted qualitative research with men and women between the ages of 17-25 to discuss their opinions of body image, the mass media and models. The rationale behind this research is that the mass media has progressively promoted a 'beauty ideal' of being thin for women and muscular for men. They draw on data from *Mission Australia* (2008) that the most significant concern for Australians between 15-23 years was that of body image. Governments in westernised countries have called for there to be greater body size diversity in the media in the hope that this will promote positive body image. Conducting same-sex focus groups, they found that a man's success could be measured by his body image; having a muscular physique showed a man who was successful in life, drives a desirable car and perhaps has sporting prowess, as well as being able to obtain the woman of his choice, supporting the ideals of hegemonic masculinity. When asked to describe what they considered to be an 'average' model, the consensus of opinion was not too fat and not too skinny. There were some diverse views on the use of average sized models in the media, with some participants suggesting this would reduce pressure to achieve an unrealistic look, whilst others felt that using the 'beauty ideal' models set the standard of something positive to aim for and 'average size' models may promote unhealthy practices such as lack of physical activity and unhealthy diet. (Diedrichs et al., 2011).

Van Amsterdam et al. (2011) contend that discourses regarding health and appearance overlap particularly in the context of physical activity and sport. In western society, physical activity and sports participation are regarded as ways

and means of controlling weight and body size, both of which have come to be regarded as signs of a 'healthy' body. Furthermore, they go on to suggest that the discursive practices associated with health and physical activity create the knowledge of normalcy, i.e. how a 'normal' and 'desirable' body should be constructed for both men and women (Van Amsterdam et al., 2011). In their research, Dutch secondary school children were interviewed using photo elicitation to explore the concept of what is considered to be bodily norms in relation to sport and physical activity. Participants were both male and female between 16-18 years and provided the photographs of what they would consider to be an athletic person and a non-athletic person. They found that the 'visible' body had a strong and central role in how the participants treated their own bodies and how they judged the bodies of others. They constructed 'athletic' bodies as 'healthy, happy and desirable' in antithesis to non-athletic bodies, which were constructed as 'unhealthy, unhappy and undesirable' (Van Amsterdam et al., 2011: 307).

Men's health: beliefs and identity

Courtenay (2000) looking at gender from a social constructionist perspective, argues that part of the gender construction process is through its relationship with power. He goes on to say that men use health behaviours and beliefs as a way to demonstrate hegemonic masculinity. These include not being seen as weak or vulnerable, having emotional as well as physical strength and not being in need of help, to name but a few. Furthermore, he argues that it is the pursuit of the hegemonic that underpins the strongly held beliefs that men's bodies are more powerful and superior to women's and that taking care of one's health is a

feminine attribute. Men suppress pain and to be viewed as weak and vulnerable goes against the strong and robust associations of hegemonic masculinity (Courtenay, 2000). However, in antithesis to this, in contemporary society a popular phrase to describe a man suffering illness is that of 'man flu'. This is a pejorative term used to imply that men tend to over emphasise the gravity of their illness thus when they are suffering from what would be considered a 'common cold' they have to exaggerate the severity of their symptoms to that of flu. On the surface, this term stands in opposition to the hegemonic ideals of the male body of being big, strong and robust, and positions the male body as being frail and vulnerable to illness.

However, another way to look at this is by drawing on the work of Talcott Parsons (1951) and in particular the concept of the 'sick role' and the 'social role of the sick person'. In broad terms, the 'sick role' is the 'behaviour' undertaken by individuals as part of their understanding of their illness. Parsons (1951) describes illness as deviance, in as much as being ill does not allow the person to fulfil their obligation to a capitalist society because health is seen as a major commodity for economic attainment. However, the 'sick role' itself comes with its own 'rights,' one of which is the ability to be able to remove one's self, for a limited time, from the world of the 'healthy' with a commitment to recovery by following medical advice. Therefore, taking on the 'sick role' legitimises their illness and behaviour, allowing the person to step away from the usual roles and responsibilities afforded to them such as family provider and breadwinner.

Furthermore, the more serious the illness the more allowance they are granted. Therefore, having 'flu' which is much more severe than a common cold, gives men more freedom to escape from their everyday roles and responsibilities and

to revert to what could be described as 'childlike' beings needing to be looked after and cared for usually by the wife and/ or mother (Varul, 2010). Paradoxically, this is in opposition to women who in respect of illness are viewed as martyrs having to carry on in their role of wife and mother regardless of the severity of their symptoms. Freund et al. (2003) argue that women are, more often than not, the care givers at home as well as in a healthcare setting. This subject positioning of women as 'care givers' further emphasises gender roles which helps maintain hegemonic masculinity and further subordinates women in society. This supports Petersen (1996) whose argument is that women are socialised into the role of being the 'caregiver' in society, particular towards husbands and other family members, therefore, it is a woman's 'duty' to maintain the 'healthy' citizen.

De Visser and Smith (2007) when looking at alcohol consumption and masculine identity, suggest that whether or not men partake of particular health-related behaviours has insinuations for masculine identity. What they found was that men can and do reject certain masculine behaviours, in this case alcohol consumption, as long as they are able to demonstrate competence or gain credit in other areas of a perceived masculine domain such as sporting prowess. Brooks (2006) in his research looking at the social construction of masculinity in a male to male friendship suggests that traditional masculinities such as homeowner and provider, are for some men unattainable due in part to their poor financial position. Therefore, for Jack, the participant in Brooks research, having what he considered a good physique was what he aspired to in order to be seen as more masculine.

Sloan et al. (2010) who, in their study, looked at how men who identified themselves as following a 'health promoting' lifestyle accounted for this behaviour. What they found was that the men constructed their 'health promoting' behaviours in such a way as to maintain hegemonic masculinity. For instance, by linking body image to hegemonic masculine representations such as power and strength, men validate their concerns with appearance by 'defeminising' it and moving body image away from perceived 'feminised' concerns such as weight loss and dieting (Sloan et al., 2010). However, an interesting point to note from this research, as pointed out by Sloan et al. themselves, is that in order to recruit participants to fit their defined parameters on healthy behaviours, they had to revise their criterion on 'healthy diet' from consuming the recommended five pieces of fruit and vegetables per day down to three. Although no other aspect of their dietary intake was measured, this highlights how men who perceive themselves as pursuing 'healthy lifestyles' still fail to meet the recommended dietary guidelines of 'five-a-day'.

Moore (2010) argues that in contemporary health promotion rhetoric, the 'healthy body' is more likely to be described in a way which implies femininity. For example, undertaking risk reducing behaviours, constant bodily awareness, an openness regarding symptoms and a willingness to seek advice and attend for medical screening are all aspects of health promotion and policy. Within the media, much of the dominant discourses purporting to healthy eating are nearly always linked to bodily representations of dieting and weight control and are almost always associated with women. Murray (2008: 32) argues 'when we perceive a body we constitute it in accordance with knowledge that provides a framework for our perceptions'. For example, within contemporary society the

discursive practice is to portray the 'thin' body as the good and the 'fat' body as the bad.

If a thin body is considered to be a 'health' body, then the antithesis of this must apply to the 'fat' body. To illustrate this point, Rail et al. (2010) looked at contemporary obesity discourses and their effects on students' perceptions of health. What they reported was that for all participants, body shape was a key determinant in their construction of what it means to be healthy; 'fat' people were considered to be 'unhealthy' while 'slim' people were considered 'healthy' so long as they were not too 'skinny' which was associated with ill-health and anorexia in particular. Additionally, Rail et al. (2010: 271) highlight the fact that the majority of the young women as opposed to men had concerns regarding their weight and 'subjected themselves to bodily disciplines to meet the requirements of conventional femininity'. However, Monaghan (2007) argues that although the 'gaze' upon the 'fat' body is still more of an issue for women and children, the fat male body is becoming noticed more within the public realm. This he argues is down to statistics from organisations such as the National Audit Office (2001) who state when using the body mass index (BMI) scale (calculated by a person's weight (kg) divided by height (m²) this calculation results in the body being put into categories labelled as 'underweight', 'normal', 'overweight' or 'obese') nearly two-thirds of men in the UK are considered to be overweight or obese. This brings the 'fat' male body into the limelight as a body in need of intervention and as such opens it up to the judgement of others in a 'fatophobic' society (Bell and McNaughton, 2007; Monaghan, 2007).

It was argued previously that men's health-related behaviours can be constructed in such a way as to uphold and support hegemonic masculinity. Grogan and Richards (2002) conducted separate focus groups with boys and men aged 8, 13, 16 and 19-25 years discussing body image. What they found was that in all age groups muscularity as well as not being fat was an important component of an acceptable body image. In all age groups, the discourses around being fat or overweight were negative; being fat was associated with not being in control of one's body and lifestyle and weakness of will to conform to the slender ideal. However, some of the participants justified being, what they considered to be fat, by laughing at themselves. By not taking themselves too seriously thus positioning themselves as not being 'obsessed' with their body image, as this was something which they identified as being a 'feminine' characteristic (Grogan and Richards, 2002). This fits with what Monaghan and Hardey (2009) suggest, that men who become stigmatized by their weight then need to validate their social suitability, these men may not want to necessarily be slim or slimmer, so they construct an acceptable 'fat' identity to 'fit in' with their social situation, for example, referring to themselves as 'fat bastard' upholding a strong working class male identity of the 'hard' man.

Bourdieu (1984) argues that the body is the most indisputable materialization of 'class taste' and this manifests itself in several ways, particularly in its appearance. This bodily representation is then indicative of how we treat, feed, care and maintain it revealing the 'deepest dispositions of the habitus' (Bourdieu, 1984: 190). He further argues that in respect of class, preferred tastes in food are dependent upon the ideas that each class has of the body, for example, he argues that the working class are more attentive to strength,

particularly in relation to the male body, whereas others prefer health-giving, light and non-fattening foods. West and Zimmerman (1987: 127) coined the phrase 'doing gender' as they argue that 'participants in interaction organize their various and manifold activities to reflect or express gender, and they are disposed to perceive the behaviours of others in a similar light' In other words, gender is not what a person 'is', it is more essentially what a person 'does' and does in interaction with others. Sobal (2005: 135) writes that food has many meanings associated with ethnicity, religion, region, class and gender and that men and women 'do gender' by consuming gender appropriate foods.

Food and eating habits

In western society men's diets are perceived as being low in the consumption of fruit and vegetables and high in fat, with meat and potatoes being the foods of choice (Sobal, 2005). Sellaeg and Chapman (2008) suggest that studies such as the one by Sobal (2005) highlight a constant link between gender and particular foods highlighting that what are regarded as 'healthy' foods such as fruit, vegetables and fish all have strong feminine associations. This they argue promotes 'feminine' foods as healthy, and foods associated with masculinity such as red meat as unhealthy. As mentioned earlier, in contemporary western society diet is considered a significant 'risk factor' in relation to longevity and the cost to health of related diseases. Wiggins (2004) argues that healthy eating advice is taken on board by people, but this knowledge is then reconstructed by them to suit their particular circumstances and then used to justify their food choices. A reason put forward for this is that healthy eating discourses are generic in nature suggesting all people have the same bodily requirements and

do not consider the specific needs of the gendered, aged or differently constituted body. Therefore, this advice can be readily rejected as it does not apply to their personal circumstances (Wiggins, 2004). Another argument put forward by Finkelstein (2003) is that food is suggestive of social values and as such is used as a means of conveying cultural messages. 'Eating is never a simple matter of fuelling the physical body; eating habits are reflective of interpersonal conduct, the pursuit of pleasure and a variety of social expectations' (Finkelstein, 2003: 198).

Wardle et al. (2004) investigated the gender differences in food choice with men and women between 18 and 30 years of age and the contribution health beliefs and dieting play in this. What they found was that even though men did believe that healthy eating was important, they were not as likely to state they were adhering to healthy eating guidelines as women and were less enthusiastic about consuming a healthy diet. Men's diets are perceived as being high in fat and meat but low in the consumption of fruit and vegetables, which is supported by O' Doherty Jensen and Holm (1999). They state that in Northern Europe, men acquire the majority of their calorific intake from meat, animal products and alcohol whereas women acquire their calories more from vegetable products and fruit. Gough (2007) argues that this notion supports hegemonic masculinity with man being labelled as the 'hunter-gatherer' who requires 'real food' to fulfil his role. Meat is associated with killing and the eating of it is attributed with power and aggression, both of which are regarded as masculine traits; the ideal masculine body is powerful, big and strong (Lupton, 1996).

Fiddes (1992: 183) suggests that meat is linked with animal strength, which is as much to do with the metaphorical as the nutritional association. He further

argues that certain scientific discourses portray meat as being indispensable in the diet whilst suggesting followers of what could be described as 'non-conventional' diets such as veganism and vegetarianism are 'feeble and pallid in contrast to the supposedly healthy, ruddy constitutions of their carnivorous counterparts'. Bourdieu, (1984) argues that meat as 'the nourishing food par excellence' is the food for men whereas raw vegetables and salad are for the women. However, he further argues that for men, food is more than embodiment alone and that the actual physical act of eating itself can dictate the choice of certain foods. He gives the example of fish, the reasons being, that it is considered as a 'lightweight' food which is not filling, it is associated with health and illness, it is considered 'fiddly' and as such a man's hands cannot cope with it, but he states that the main reason is that it has to be chewed gently because of the bones. Nibbling and picking are not associated with masculinity like a 'whole-hearted male gulp and mouthful' (Bourdieu, 1984: 191).

The research by Ruby and Heine (2011) looked at people's perceptions of others who followed either omnivorous or vegetarian diets. What they concluded was men who followed a vegetarian diet even though they were perceived as being more virtuous were considered to be less masculine than their meat-eating counterparts. In the study by Nath (2011) with both vegans and vegetarians, meat eating was still considered as a social 'norm' The men interviewed who followed a vegetarian diet suggested that their resistance to this 'norm' caused them to be the subject of 'banter' among their meat-eating male friends. Similar to the research by Brooks (2006), the men in Nath's study had to display their masculinity in other ways such as alcohol consumption. This is further emphasized in the research by Stibbe (2004) who examined the social

constructs of masculinity in *Men's Health* magazine. The discourses within this magazine portrayed the ideal man as a meat eater whilst vegetables are portrayed as dull and effeminate as the following quote taken from the magazine illustrates:

'Vegetables are for girls – if your instincts tell you a vegetarian diet isn't manly, you're right. One British study found that vegetarian women give birth to girls more often than meat-eating women (*Men's Health* cited in Stibbe, 2004: 40)

The media, particularly through advertising further acts in positioning foods as gendered and in doing so supports hegemonic masculinity. Sixsmith and Furnham (2009) undertook a content analysis of televised British food advertisements and what they found was that 'unhealthy' and fast-food adverts used predominantly male voice-overs. Furthering this argument, Buerkle (2013) argues that advertising of fast food restaurants in particular, typically promoted masculinity by positioning burgers (or other meats) as the food for men by setting them against the representation of a healthy diet as a feminised lifestyle choice. This he contends positions meat consumption, predominantly beef, as a heteromale behaviour. Another example of television advertising underpinning heteronormative behaviours is Fosters Gold. Fosters is an Australian brand lager and as such uses the stereotypical image of an Australian man associated with powerful cultural perceptions of masculine identity, i.e. a 'real' man; one who drinks beer, eats meat, plays sport, etc. Fosters Gold (their bottled product) runs a series of adverts featuring two 'stereotypical' Australian men offering 'advice' to people. In one advert, Brad is

in the UK and attending a 'posh' garden party, all there is on offer food-wise is cucumber sandwiches. He has to ring Dan in Australia for 'advice' regarding whether or not to eat the 'green stuff' or 'rabbit food' on the basis that a) he is Australian and b) a man. Such terms are exchanged between them as 'where's the meat?' and 'there's not a sausage in sight' reinforcing the strong link between meat consumption and masculinity. The advertisement acts in such a way as to position the eating of the 'green stuff' as a threat to a masculine image, therefore, reinforcing the strong link between food consumption and gender identity.

The good, the bad and the perceived as 'ugly'

Stevenson et al. (2007) suggest that the classifications of foods as 'good' and 'bad' adds negativity to food choices. For example, both fats and cholesterol carry the label of 'good' and 'bad' as well as 'fast' foods and 'healthy' foods. Within the UK as well as other westernised societies food is generally set within the public health rhetoric as something which can either promote 'good' or 'bad' health (Caraher and Coveney, 2003). Therefore, choosing 'good' food for the body is paramount as the western understanding of food is usually positioned within this health rhetoric (Lupton, 1996). This Crossley (2002) observes can then be linked to 'good' and 'bad' behaviours. Bad behaviours such as drug and alcohol abuse, for example, are the ones linked with risk, which are then constructed as deviant behaviours which go against the normative and socially acceptable behaviours of society. He suggests that the knowledge of certain behaviours being harmful may actually motivate people to participate in them. Courtenay (2000) argues that social constructions of gender portray men as

strong and tough and likely to engage in risk behaviours. To support this argument, Courtenay undertook a meta-analysis study of behaviours which influence health by increasing the risk of death, disease and injury. It was found that men of any age are more likely to engage in these behaviours than women.

In the dominant discourses surrounding medicine and illness, the male body is viewed as one of strength and vitality, therefore, there is no need for the male to participate in self-care practices (Sloan, et al., 2010). In other words, consuming what would be considered a 'healthy diet' is not necessary as the male body by nature is not as vulnerable to the threat of illness and disease as a woman's and can therefore afford to 'run the risk' of not undertaking 'healthy' lifestyle practices. This argument is upheld by Smalley, et al. (2004) who undertook attitude assessments with 13-18 year olds. What they found was that even though the participants possessed the knowledge of the perceived health risks of an 'unhealthy' diet their actual lifestyle choices contradicted this. Moreover, Mooney and Walbourn (2000) in their questionnaire-based research with male and female college students found that the rejection of certain foods was not a matter of simple dislike. The female students avoided high-fat foods, mainly for reasons of weight control and body image. Male students however, tended to avoid what would be considered the 'healthy' foods such as vegetables because they perceived themselves as having significantly lower concerns regarding health and weight.

When discussing food choices with school children, Ludvigsen and Sharma (2004) put forward the argument that 'fitting in' is a strong factor to consider. They argue that although 'taste' came out as the top reason for selecting certain foods, there was, in fact, a strict criterion as to what food was acceptable,

particularly in relation to the packed lunch. A white-bread sandwich was considered the 'norm' and anything that strayed from that was not always acceptable for a child to consume and could result in the child being bullied and ostracised. Therefore, the need to conform to this socially acceptable 'lunchbox' and to 'fit in' with other children was a strong decider in their food preferences. It can be argued that the children belong to their own *habitus* at school and as Miles (1998) suggests lifestyle choices play a pivotal role in the construction of this. Ritzer (2001: 215) argues that social groups want to 'distinguish themselves from others but at the same time demonstrate commonality and so become distinguishable to others of similar type', for as Lupton (1996), highlights food habits are core practices of the self, with foods that are culturally appropriate, performing as symbols of presentation of a specific persona to oneself and others.

Stevenson et al. (2007) conducted same-sex focus groups with adolescents aged 12-15 years to identify the potential barriers to healthy eating. What they found was that any willingness to partake of 'healthy' foods was linked to perceptions of weight and how to control it, and healthy eating was regarded as a 'short-term activity to avoid the stigma of obesity and to enhance attractiveness' (Stevenson et al. 2007: 431). To illustrate this point further, consider the following quotes drawn from the research by Sloane et al. (2010) with men who considered that they followed a 'health promoting' lifestyle, which emphasises the gendered view in respect of 'healthy' eating;

Interviewer: and is it masculine to be concerned about your health?

Josh: traditionally no, it's seen as more of a feminine trait [.....] I suppose the physical strength aspect of health has masculine connotations [....] but watching the amount you eat or moderating your drinking, I don't think these things are always seen as masculine [.....] they would be seen as more feminine traits or ways of behaving. Saying like 'I can't eat that steak, it's got too much....., I'm going to have a bit of fish, I'm going to eat salad'

Interviewer: why do you think that is?

Josh: [.....] I suppose it could be related to the ideal figure. I suppose traditionally there is more pressure on females to be concerned about their weight and they should try and achieve an accepted type of physical figure, so I suppose that impacts on the type of food they eat.

Another example of 'gendering' of food can be taken from the research by Ludvigsen and Sharma (2004) who conducted focus groups with children aged 4, 10 and 15 years to investigate what role social and environmental factors played in their food choices within the school milieu. The children were shown a picture of an 'unhealthy' meal (burger, chips and a 'fizzy' drink) and a 'healthy' meal (salad, brown bread, apple, yoghurt and milk) and asked to describe what type of person would consume each meal. For the 'unhealthy' meal, they described a 'burger boy' who was naughty, lazy, took part in antisocial behaviour and was from a poor background, but an attractive person to be around none the less. For the healthy meal, they described a 'sporty girl' who had few or no friends, was wealthy and was probably picked on at school for being 'too healthy and too brainy'. (Ludvigsen and Sharma, 2004: 23). Furthermore, the children also thought that people who ate 'healthy' foods

should be pleased with themselves, not because they were doing something for the good of their health, but because they were able to resist the 'tempting' pull of the bad foods (Ludvigsen and Sharma, 2004). One of the findings from the research by Kelly and Ciclitira (2011) looking at the eating and drinking habits of young Irish men was that they positioned 'healthy' foods, particularly salad as being a typical food for dieting and as such was considered as being a 'feminine' food. They also constructed foods as masculine such as red meat and that 'masculine food' should be large both in size and quantity. This is set in the antithesis of how food is associated with the feminine; for women, food is associated with restraint because the female ideal is based upon food restriction and not enjoyment (see, for example, Wolf, 1990, Bordo, 1993, and Lupton, 1996).

Swenson (2009) when talking about cookery programmes on the Food Network Channel in the United States suggests that food preparation is still portrayed as gendered work and cooking is negotiated in such a way as to uphold the normative roles of femininity and masculinity. The female chefs on the shows were strongly linked through the discourses used to domesticity and caring for others, whilst the male chefs were portrayed as being scientists, athletes and entertainers. To illustrate this point further Deutsch (2005) observed and interviewed firemen who as part of their role had become the cook or 'food provider' for their station. What he noted was that in the kitchen more so than in any other job the firemen undertook more swearing and irreverent language was used, upholding their masculine identity by the use of 'bad' language. However, Cairns et al. (2010) suggest that in contemporary society, gender has less relevance in terms of food and eating. The term 'foodie' has become

commonplace in society and is a term which encompasses both men and women who are passionate about good food and within which men appear to embrace a 'food-related' identity. Cairns et al. (2010) conducted interviews with 'foodies' to explore if this 'identity' was still gendered. An example of their findings was that when talking about cooking for others, women constructed this role through care of others and meeting the needs of the family requirements. Men, on the other hand, constructed cooking for others as a leisure activity even if it was preparing food for the family. This upholds the commonly held belief that looking after and caring for the family is predominantly the role of the woman within the household. West and Zimmerman (1987), pertain that issues of allocation of roles such as who is going to do what or get what, reflect our beliefs about the 'essential' nature of social categories such as 'man' and 'woman'.

This point is illustrated further by Lyons and Willott (1999: 291) who, when looking at how men's health is represented to women in the media, note 'the discourses reinforce traditional constructions of gender roles, with the implication that it is in a woman's best interest to keep men healthy in order to keep their 'provider' providing'. Eisend (2010) conducted a meta-analysis of gender roles in advertising using 64 independent studies from various countries worldwide between 1975 and 2007 regarding the stereotyping of gender roles in advertising on television and radio. He concluded that the most significant form of gender stereotyping in advertising was that of occupational status, with 'housewife' and 'lorry driver' being given as examples of typical female and male gender roles. Therefore, advertising relies on the accepted and normative gender roles within society to sell its products (Eisend, 2010). Furthermore,

fitting in with stereotypical gender roles can be viewed as an essential part of how a person is viewed within society for to 'step outside' of these roles can be viewed with negativity. As Gough (2007:324) states contemporary media discourse, 'perpetuates conventional assumptions about men and women, which treats departure away from gendered scripts as deviance'.

Gough (2006) analysed media discourses pertaining to men's health. He noted that the media tend to construct all men as basically disinterested in caring for their own health. Within a health context, women are portrayed as 'proactive' and men as 'passive' and 'helpless' and as Gough (2006: 2482) argues 'such discourse reinforces health as a feminised arena'. He highlighted that within many so-called 'middlebrow' newspapers, men's health was talked about as being the responsibility of women, thereby strengthening and upholding the stereotypical gender roles; women as carers and men as recipients. Following on from this, Gough (2007) analysed contemporary representations of men, food and health in UK newspapers during 2005-2006. What he noted was that men are constructed as naive and vulnerable in respect of diet and health whereas women are constructed as being 'experts' in this field. The media tends to depict men as being a vulnerable 'group' who do not on the whole consume a 'healthy' diet thus putting themselves at risk of developing serious illnesses such as cancer, heart disease, obesity and sexual dysfunction (Gough, 2007).

Summary

This chapter has discussed varying notions of masculinity, especially the concept of hegemonic masculinity as put forward by Connell (1995) and Connell and Messerschmitt (2005). It has illustrated how the pursuit of the hegemonic

ideal can impact upon the perceived health of men in as much as the pursuit of it can result in risk taking behaviours and how inequalities in health are often 'put at the door' of the pursuit of hegemonic masculinity. It has also drawn on the concept of the habitus put forward by Bourdieu (1984) where belonging to a certain group can impact upon what behaviours are the 'accepted' norm for 'fitting in' and how this can impact upon the health behaviours of young men and how foods and the consumption of such can be regarded as portraying 'masculine' behaviours. Following on from this the 'gendering' of certain foods was discussed and the impact that gender role stereotyping within the media and other milieu can have upon this.

Finally, the discussion turned to obesity and ill health and its associations with food and how this can impact upon the food choices of young men. It can be concluded that the pursuit of hegemonic masculinity does have an impact upon the health behaviours of young men, particularly in relation to what have come to be considered 'risk' taking behaviours in western society. However, this behaviour can also be positioned in terms of the habitus as following and complying to 'normative' behaviours can be an essential part of their masculine identity. Furthermore, it would seem that men can and do reject 'risky' behaviours such as drinking alcohol, as long as they can gain 'masculine credit' in other areas of life such as sport. Also men who do follow 'healthy' behaviours redefine them in terms of hegemonic masculinity, for example, rather than talking about 'weight loss' men tend to talk about their bodies in terms of strength and power. The 'gendering' of foods such as fruit and vegetables as 'feminine' because of their association with dieting and weight loss does impact upon the food choices of men and 'fitting' in with their habitus can compound

this further. Therefore, only foods appropriate to their gender and social group should be seen to be consumed.

Chapter 4: Methodology

Introduction

This chapter will offer a reflexive account of my research methodology. The first section will discuss the research methodology itself discussing why I decided to conduct a pilot study followed by qualitative interviews and why I chose to use thematic analysis in their interpretation. I will also give an account of my own position within the research. Secondly it will discuss the research population and will begin by offering a rationale for why I have chosen this particular age group of young men to interview.. Following on from this, I will then give an account of my research 'journey'. This will include a discussion of the difficulties I had recruiting for both the pilot study and interviews and how I resolved these issues. I will then reflect upon the pilot study and a selection of the interviews in more depth discussing such things as why I considered some interviews to be more successful than others and for what reasons; how the participants negotiated their masculinity within the interview setting and how this may have affected the interview and what part my biography had to play in this. I will also give an account of the data analysis procedure for both the pilot study and interviews and how this lead in part to the two chapters of findings. Finally it will end with an account of the ethical procedure.

Research Methodology

This thesis is a qualitative study utilising empirical data gathered from a pilot study run as a focus group and 13 interviews; a thematic analysis of the data

was undertaken. Thematic analysis can be described as 'a method for identifying, analysing and reporting patterns (themes) within data' (Braun and Clarke, 2006). Thematic analysis is an analytic approach to data analysis, and although not well defined, Lapadat (2010: 926) argues that it is a way of 'classifying data according to themes and interpreting the resulting thematic structures by seeking commonalities, relationships, overarching patterns, theoretical constructs, or explanatory principles'. One of the major benefits of thematic analysis is that it offers flexibility within data analysis (Braun and Clarke, 2006). Marvasti (2004) suggests that data analysis should be viewed as part of the research process and as Coffey and Atkinson (1996) state it should be considered as a reflexive process with which to inform further data collection; therefore data analysis and collection should be seen as cyclical.

As mentioned in the Introduction chapter, the ontological approach of this study is set within an interpretative paradigm with a subjectivist approach to epistemology. Ontology refers to our own view on the social world and how 'reality' within this world is created. It is defined by Blaikie (2007: 3) as 'claims about what exists, what it looks like, what units make it up and how these units interact with each other'. Annells (1996) describes a paradigm as a worldview or a set of propositions that explain how the world is perceived. An interpretative paradigm emphasises the importance of the feelings, attitudes, perceptions and meanings that individuals place in their understanding of their social reality and that their social reality is constructed by 'interactions, situations and social relations' (Mason, 2004: 15). Blaikie (2007: 115) suggests that 'interpretivists are concerned with understanding the social world people have produced and which they reproduce through their continuing activities'. From this position, this

research followed the belief that a 'legitimate or meaningful way to generate data on these ontological properties is to talk interactively with people' (Mason, 2004: 64).

I therefore decided to collect my empirical data by in-depth interviews. However, as a starting point I decided to run a focus group as a pilot study. One of the reasons for doing this, according to Denzin and Lincoln (1998), is because a pilot study allows the researcher to explore their research topic. I chose a focus group because as Tonkiss (2010: 200) points out 'focus groups explore how selected groups of individuals define, talk about and account for a given issue'. According to De Visser and Smith (2007: 599) group discussions can 'focus on shared or divergent understanding of issues such as masculinity' whereas one-to-one interviews allow for more emphasis on an individual's subjective experiences to be discussed in depth. Thus it was envisaged that the pilot study would be used as a way of developing themes for further discussion in one-to-one interviews (Denzin and Lincoln, 1998).

As mentioned earlier, data collection and analysis should be a cyclical process with one informing the other (Coffey and Atkinson, 1996). This is the starting point of the reflexive journey as it not only allows for pertinent themes to be identified early but also allows for the research process itself to be considered and changed if deemed necessary. With this in mind the reason for conducting the pilot study was with the intention of using this data in the first instance to inform the research and build and change this as necessary as it progressed. An added advantage of conducting a pilot study is it gives the researcher the chance to 'practice' and help improve their interviewing techniques (Kim, 2010).

The methodology for this research was inspired both by constructivist as well as feminist theory. Ong (2012) suggests that a constructivist approach to research gives voice to the respondent's subjective experiences and feelings. In relation to this study, I drew upon the assumption that 'people create and maintain meaningful worlds through dialectic processes of conferring meaning on their realities and acting within them; thus social reality does not exist independent of human action' (Charmaz, 2006: 269). In other words, the prioritising of the participants voice and their subjective experiences is essential to this research project.

Both feminist theory and constructivism emphasise the need for reflexivity. Reflexivity is a key component of ensuring the validity of qualitative research (Mason, 2004). This involves not only reflecting on the researcher / participant interaction but also the research process itself as from a feminist standpoint, Coffey (1997) argues that any fieldwork has to consider the role of the researcher. Fieldwork itself 'involves the enactment of social roles and relationships, which places the self at the heart of the enterprise' (Coffey, 1997: 23). Walsh (2001) suggests that the researcher has to be aware of their identity on the research, particularly gender, age, race and ethnicity and the influence this may have. In relation to my biography, I am a white British female and, at the time of the interviews, was in my late forties. Whilst undertaking this research project as well as working on my PhD, I was also employed by a private occupational health company as an occupational health technician. One of the main components of the role of an occupational health technician is that of undertaking health screening such as hearing tests within an industrial setting. At the start of the research process, I began the recruitment for eligible

participants in an engineering company where I had worked for a period of time in the occupational health department. Even though this role had led to me getting a 'foot in the door' to enable the participant recruitment process, upon reflection this may have had an effect on recruitment (this will be discussed in more detail in the pilot study and interview sections below).

Research population

For this research project, I interviewed young men aged 18-24 to discuss their subjective experiences of food, health and other lifestyle practices and how these impacted upon their constructions of masculinity and views of their body image. Within contemporary western society, young people are typically portrayed in a negative light and are associated with adverse features of society such as unemployment, drug and alcohol abuse and other so called 'risk' taking behaviours (Miles, 2000). However, Miles (2000) argues not all young people are involved in these behaviours and as such young people should be looked at more as an 'index of social norms'. In other words, young people should be viewed as representative of the 'here and now' in terms of normative rather than adverse behaviours. Another area which, according to the Health Survey for England (2007), shows young people in a negative light is that of undertaking, or rather not undertaking, health promoting behaviours, particularly that of consuming a 'healthy' diet.

Paddison and Flett (2005) conducted questionnaire-based research in New Zealand looking at the age and gender differences for six health-related behaviours (losing weight; avoiding high fat diet, eating high fibre diet; regular exercise; reducing stress; self-examination for signs of cancer). What they

concluded from their findings was that men are more likely to be ignoring health-promoting behaviours, whereas women were more likely to be thinking about them, but overall younger people were least likely to be considering any positive behaviour change. This can lead to the conclusion that younger men therefore, are most likely to either ignore or not consider health promoting behaviours. However, this research believes that men are not a homogeneous group with differences in areas such as social class, work status and ethnicity.

Shildrick et al. (2009: 457) argue that the 'youth' phase of development provides 'a privileged vantage point from which to observe broader processes of social change and social continuity'. In other words, within this age group social change and cultural trends will be seen here first among the emerging young adults. To ascertain the age-range for this study I drew upon the research by Zerger et al. (2008) who suggest that the term 'young adult' is used to identify those in the 18-24 age range and as the human development period between adolescence and full adulthood. According to Mintel (2009), a leading market research company, although talking about men in the USA, suggest that 'the 18-24-year-old male demographic is attractive to marketers because of their tendency to be early adopters (and often opinion leaders) of new trends, particularly in technology, fashion, and entertainment'. Similarly, Wills (2005) suggests that between 16 and 24 years of age is one of the main transition periods into adulthood and as such young people are exposed to different social settings, which may impact upon their eating habits and other social practices. I also decided that participants should at least in the first instance be in some form of paid employment as this would lead to more food choice and autonomy in their related decisions in terms of what they chose to eat

Pilot study: Recruitment, focus group and data analysis

Once I had decided upon the selection criteria, sampling was undertaken using a purposive framework. Tonkiss (2010: 200) suggests that within purposive sampling, participants have a 'significant relationship to the research topic, and this tends to be shaped by age or life-stage, social class, ethnicity, gender and family statuses'. This as Mason (2004) notes allows for a group to be created which has meaning towards the topic under investigation thus helping to progress your argument.

I began to recruit in the first instance by making contact with an engineering company where I had previously done some occupational health work as I knew they offered apprenticeships, student placements and a graduate training programme. I envisaged that this would, to a certain degree, fill the criteria of age, gender and employment. Having previously worked at the engineering company in their occupational health department, this gave me a way in as I had had a working relationship with key personnel and so was granted permission to access their staff and premises. The only restrictions were that participants had to do it in their own time outside of their contracted hours of work and that the name of the company could not be mentioned in any written report; both of which were adhered to. Being able to run the pilot study on site was only a secondary consideration as it could have been run at any suitable location, but as Bloor et al. (2001) point out ease and accessibility of venue can be an incentive to recruitment and participation. I sought permission via email from the manager of these groups to contact those who would be eligible, and a list of their email addresses was forwarded to me. I sent the initial email with the

information leaflet (appendix 3) attached briefly outlining the aim of the research and what their involvement would be if they agreed to participate. This was sent to approximately 30 individuals. However, there was a poor response from it with only four employees making contact.

There are many reasons for the poor response which I could speculate upon such as lack of time, and / or disinterest in the project itself. However, as I mentioned at the beginning of this section, one reason for the poor response may be because I had worked there. This could have had an effect on recruitment in as much as being asked to talk about health with someone who they perhaps positioned in a 'health' role did not sit comfortably with them, particularly if they viewed their lifestyle as 'unhealthy' and thought they were going to be 'judged' on this. Another reason for the difficulty in recruiting participants may be to draw upon the work by Brown (2010) whose paper *What Makes Men Talk About Health*, compared two research projects, both of which looked at men's beliefs regarding their health. The first project interviewed men about their health in a broad context whilst the second interviewed men who had suffered a period of ill-health. What Brown noticed was that men found it easier and were more forthcoming to talk about illness and their experience of it rather than when talking about their health per se. Following Herzlich's (1973) concept of health being a lack of illness rather than a definable state in its own right (with which Brown's research concurs), it could be argued that 'health' for men only becomes important when it is set in opposition to illness. In other words, 'health' is the normal everyday way of being and only lack of it brought about by illness makes 'health' a pertinent issue for men. Therefore, being asked to come and

discuss their health behaviours may be like asking them to come and talk about something which they did not feel was something worth discussing.

I decided that as four people had responded and were willing to give me their time with no other incentive than to help me, that I would run the focus group with four participants. I followed Mason (2004) who suggests that small groups can generate data with more complexity, nuance and depth rather than a larger group which may only gather 'surface' data. Wilkinson (2004) supports this and argues that between four and eight participants should be involved. With this in mind I decided that a focus group consisting of four participants would fit this criterion. I arranged the focus group for a mutually convenient time for all parties, which was straight after their working day, and booked a suitable room at their place of work. Having 'ticked the boxes' for the focus group as far as I was concerned, that is recruited participants and booked a suitable venue, Linhorst (2002) argues there is another area over which the interviewer has no or little control, that of participant attendance.

Linhorst (2002: 224) uses the term the 'logistic challenges' of running a focus group; which is not only getting a suitable venue and participants but getting them to attend as well. On the day of the focus group, one of the participants was unexpectedly having to moving house and at the last minute could not attend. However, he did let me know in advance and he agreed to do an interview with me at a later date. I felt a bit unsure about running the group with only three participants as this may limit the interaction and discussion between them, but because response had been poor, I decided to go ahead anyway as I considered changing the times and dates may discourage the other participants. Luckily, when I was at the location and preparing for the focus group, another

member of staff who fitted the criteria asked if he could participate, therefore (much to my relief) the focus group took place with four participants.

To help facilitate group discussion, I had developed a list of themes to help guide the pilot study. I decided to follow Fereday and Muir-Cochrane (2006) who suggest using a hybrid of deductive and inductive coding when using thematic analysis. In the first instance therefore, to guide the pilot study I developed a deductive set of themes based upon the aims of the study and the pertinent literature. Mason (2002) argues although these themes can be used as an aid de memoir, the researcher should be prepared to make decisions and judgements during the data collection process. Nonetheless, Miles and Huberman (1994) suggest that this gives the researcher a starting point and has the added benefit of building on previous research in their field of enquiry. The themes were :

Masculinities: Care of the self 'female' behaviour / subordinate masculinity

Risk: Healthy food, unhealthy food, good behaviours; bad behaviours, bravado, peer pressure, conformity, resistance

Knowledge: Public health rhetoric; media representations; TV advertising;

Body Image: Weight/dieting; obesity; medical discourse; weight / health correlations

As another means of guiding the pilot study, I had also asked the participants to bring two images along with them; one of what they considered illustrated 'good' health behaviour and one 'bad' health behaviour. Banks (2007) suggests that

the use of imagery can provide participants with a way of visually representing their own ideas and perceptions and is particularly helpful in overcoming limitations and aiding communication by offering an alternative means of expression. However, despite me having reminded them to do so none of the participants brought along any images. I had anticipated that perhaps this may happen, and so I had brought three magazines along myself; *Men's Health*, *Running/Zest* and *Huddersfield Eye*, all from April/May, 2011.

The participants were given the magazines and allowed to select their images from them. Upon reflection, my choice of magazines could have unintentionally influenced the participants. Apart from *Huddersfield Eye*, both other magazines have an inference of 'healthy' activity i.e. running and the word 'health' in the title. It could be argued that by using magazines selected by myself, I had 'forced' my own perceptions upon the participants and this may, in effect, have caused researcher bias.

If the participants had brought along their own images they may have been somewhat different to the ones that were selected from the magazines as they could have taken more time selecting the images perhaps and accessed a source which could conceivably have opened a debate within itself. However, although the participants had not supplied their own images as such, the images selected did promote discussion and were a useful tool as a starting point for the focus group participants. The focus group lasted for approximately 40 minutes and was digitally recorded and I also made notes in my research diary.

For speed of transcription, I chose to have the data from the focus group transcribed by a third party. This was undertaken by a company called TypeOut,

who specialise in such work and adhere to strict codes of confidentiality and data protection (see <http://www.typeout.co.uk/what-we-do-transcription-services/typing/>). Once I received the transcript back, in order to 'get to know' the data, I listened to the audio recording whilst reading the transcript and cross referencing it with my research diary. This allowed me to familiarise myself with the data and to identify as far as possible which participant was talking as well as trying to make sense of any parts of the conversations which the transcriber could not hear clearly enough.

From the data gathered from the pilot study I began using an inductive approach to thematic analysis. An inductive approach is data-driven and draws its inferences from within the empirical data itself (Marsh and Stoker, 1997). When beginning data analysis, Marvasti (2004: 89) argues that some form of organisation is essential in order to bring 'coherence and manageability' to the data. Bearing that in mind I drew on the following from Huberman and Miles, (1994: 90) who suggest that 'data display, typically the act of reducing data' should consist of:

- Carefully reading and rereading transcripts
- Making notes in the margins
- Highlighting important passages or themes as representations of particular concepts.

The initial analysis of the pilot study involved reading the transcript as well as listening to the audio file and highlighting themes and / or phrases using coloured pens within the hard copy and listing these under one of the themes

used to guide the pilot study. An example with which to highlight this process is that of '5-a-day' which as discussed earlier is a health promotion campaign and thus forms part of the rhetoric of public health. Therefore when reading and listening to the transcript this was one phrase which was commonly used and so this particular phrase was put under the overarching theme of 'knowledge' as it related to 'public health rhetoric'. Others such as 'obesity' I considered came into three themes as it was relevant to 'risk', 'body image' and 'knowledge' depending upon the context within which it was spoken about. In order to keep the phrases and other key topics in context, rather than cutting up the data and sticking relevant themes together which is some researchers preferred option. I decided to keep the marked-up transcript whole as I felt that this enabled me to get a more comprehensive understanding of the meanings and nuances within the data. This pilot study data was then used as a starting point to draw up a list of indicative themes for the forthcoming interviews (appendix 5).

Interviews: Recruitment, interviews and data analysis

I had anticipated that from the pilot study all participants would be interviewed at a later date. However, although all participants had agreed to do a follow-up interview, only one participant responded to my email. I emailed the other participants again, thanking them for their time and effort and asking once more if they would do an interview but with no response. I decided at this juncture that this was perhaps a dead-end as far as recruitment was concerned and so decided I had to begin to look in other directions too. As I had two participants already lined up from the engineering company, I elected to do an interview with each of these and from this try snowball sampling to see if they would be willing

to put me in touch with any friends or even work colleagues who they thought would be prepared to be interviewed. The first interview I did was with Matt from the pilot study and once again this was conducted at his place of work). I felt on the whole this interview went very well as the participant spoke freely and openly the majority of the time.

However, there were occasions when he found it difficult to articulate how he felt or what he thought about certain issues. Pini (2005) drawing on her research with male workers in Australia, suggests that within an interview setting men take up different subject positions or give different 'gendered performances' for example that of being powerful or knowledgeable as part of their masculine identity. Further Broom et al (2009) argue that depending upon that 'gendered performance' of both the interviewer and interviewee alike, men may choose to avoid saying or over emphasis certain things. To provide an example of this, when Matt was asked about what he would consider being an 'ideal' male body, he appeared to be distancing himself from what he was going to say by taking the 'I don't know' route. Perhaps this was because what he was about to say would not be considered politically correct or could indeed have homosexual connotations both of which proffer a subordinate masculine identity

Schwalbe and Wolkomir (2001: 91) suggest when analysing the dynamics of interviewing in relation to gender that asking 'who is asking whom about what' provides a useful starting point. As mentioned previously, as an older woman interviewing young men it has to be reflected upon that this may have had an impact on what Matt thought he could and could not say. I felt that Matt acted in a 'courteous' and 'gentlemanly' way towards me and as such this may have affected the way he answered my questions. Schwalbe and Wolkomir (2001)

argue that an interview can be seen as a threat to a masculine persona. I would argue that an interview can also be a way of portraying an 'acceptable' masculine persona and as such this may have influenced the way the participants answered my questions as they did not want to 'label' themselves as something which they considered I would find unacceptable.

The second interview I carried out was with Steve, another employee from the engineering company. Steve identified as being 24 years old from Mauritius, although he had been to university in the UK and had lived here for the last 5 years. Following contacts from these two interviews, word of mouth seemed to work as a better way of recruiting participants than emailing, and I managed to recruit four more participants from the engineering company. However, even though the recruitment of the participants had proven not to be too difficult when using word of mouth, the actual conducting of the interviews proved to be troublesome. On three separate occasions, I had arranged an interview and booked a room and the participant failed to show up. For one possible participant, two interviews were arranged and he failed to show on either occasion. However, I persevered with the other participants and eventually three interviews were carried out successfully. At this point I really did feel that I had well and truly reached the end of the line with recruitment at the engineering company. I began therefore, to explore other avenues for participants. I started to use other sources such as friends of friends. I worked on the premise that friends of friends sons would be somewhat removed from me in the sense that they would not know me personally and vice versa. From this approach, I managed to recruit two more participants. The first of these interviews was with

John, a 21-year-old mechanic and the second with James, a 22-year-old haulage worker.

Schwable and Wolkomir (2001) contend that an interview situation for men can be both a way of showing masculinity as well as threatening it. They reason that the men being interviewed can show power, autonomy and control and also be powerless at the same time as the interviewer sets the agenda and the topic under discussion. Schwable and Wolkomir (2001) suggest that the whole interview should be viewed as fieldwork and not just the data per se. Other things such as body language, dress, etc. should also be taken into account and utilised. In one of the interviews, the participant sat in the position of relaxed back, with legs wide apart. In my research diary I noted 'body language, I felt uncomfortable, then relaxed all OK'. I began thinking that for this particular participant this was perhaps a way of demonstrating his masculinity and power to me, not to make me feel uncomfortable per se (though if it was it worked!).

Nevertheless, on reflection of this interview, I had to note that certain happenings may have left the participant feeling 'powerless' and as such his 'display' of masculinity was more a way of him trying to regain some control than to make me feel awkward and 'powerless'. For starters, the interview took place in my office at the University and as I was going to be in the office alone I had asked him to go to security (I had arranged this with security beforehand) in the first instance a) so they would know he was here and b) so they could show him to the building where my office was. All of these things could have put him in a position of weakness because he was not familiar with the university campus, and as such he had to be escorted to my office. So the fact that I had an office at university and had the power to be able to get someone escorted to it may

have all contributed. Then of course he is asked to talk to a woman much older than himself about things which may be quite personal to him. However, as noted in my research diary, I did begin to relax as we got talking and the interview in the end was very successful.

One area of recruitment I decided to utilize was on campus at the University of Huddersfield. I got in touch with the Students Union and most appreciatively they advertised the request for participants within the students' union and on the university website. Disappointingly, however, from this only two people contacted me by email to volunteer to take part. One of the volunteers never responded to an email arranging the interview and did not respond to a follow-up email, so I did not pursue him any further. The other volunteer, however, did email, and an interview was arranged and carried out. This interview took place in a meeting room in the Research Building at the University.

However, once again I felt like I was at another dead-end as far as recruitment went. As word of mouth seemed to work better in respect of participant recruitment, and I had been successful recruiting through friends and colleagues, I opted to pursue this route once more. A woman I knew through work told me she had two nephews (brothers) both of whom fulfilled the criteria for the participants and were willing to be interviewed. As one of them worked across the road from my place of work and the other not too far away, it was decided that the interview would take place in my work office.

The brothers asked if they could be interviewed at the same time, and I agreed to this. The brothers were 19 and 20 years old and identified as white British, the elder worked in a concrete block making establishment and the younger as

an apprentice joiner. This proved to be the most difficult interview I did as I noted in my research diary 'difficult interview, no communication or poor communication'. I felt that they both felt uncomfortable talking about themselves, particularly in respect of their body image and I also felt that they had little understanding of why I was doing the research in the first place even though they had all been given the same information. The younger brother also relied on the elder to do some of the talking and even if I directly asked him for his thoughts and opinions he would shrug his shoulders and look down at the floor. Thinking back on this interview perhaps it was not the best plan for the brothers to be interviewed at the same time. Although I had discussed confidentiality (as will be discussed further in the ethics section on page 102) with the brothers and respecting each other's views and opinions it has to be acknowledged that this may have had an impact upon the participants. An inherent problem with asking men about health is that health is often positioned as the concern of women (Moore, 2010). Further, as Monaghan (2008) argues for some men talking openly about their body can be a daunting prospect as to do so can be seen to go against the hegemonic ideal of 'not caring' about one's health and at the same time opening themselves up to the feminist discourse of 'care of the self'. This duality perhaps may have had an impact upon the participants and their responses. Talking about these issues in private with a middle-aged woman (who they could perhaps trust?) might be one thing but to do it in front of your brother (who they could perhaps not trust?) adds a whole new dimension.

Schwable and Wolkomir (2001) also suggest that the 'threat' from an interview situation to a masculine identity can be emphasised even more if the topic under discussion is around gender and further 'threatened' by the identity of the

interviewer. The status of the researcher and as well as the subject matter should be taken into account (Brown, 2010). As suggested earlier in this chapter, my role as a someone who works in a health capacity as well as my position of researcher may also have played a fundamental part in the interview process, for as Brown (2010:) argues 'a simple gendered dichotomy does not explain, by itself, the complexity of the research relationship'. During some of the interviews answers to questions would be left hanging, or the participant would begin to say something and then perhaps think better of it and say 'I don't know'. It could be argued that a reason for this was because what they wanted to say they felt would be unacceptable to me for whatever reason be it as a woman, an older woman, a researcher?

To highlight this, in the interview with Dave when talking about why he thought salad was aimed at women he begins to give an answer and then much like Matt takes the 'I don't know' route distancing himself somewhat from what he was perhaps going to say or was thinking. It is impossible to know what Dave was going to say but perhaps what it was he considered not to be suitable for me to hear, conceivably because what he was going to say could be construed as 'sexist' and as such was a 'label' that Dave did not want attaching to himself. When I asked if participants observed or considered other men's bodies within the context of media representations or within a gym / sport or holiday environment, this was met with differing views. Most participants answered the question without really batting an eye lid. However, one participant responded with a definite 'no, why would I?' which suggested to me that I was inferring some sexual connotation or that there was a sexual agenda for the question. This response again calls into question my position in the research process,

although that's not to say that a man, or actually anyone, asking that question would not have had the same response or indeed a worse one. It could be argued that the question was 'threatening' to his heterosexual identity suggesting or inferring that his 'gaze' upon other men was somehow implying he was homosexual. I did also on occasions feel like a 'cougar' which is a label applied to an older woman (40 plus) who pursues sexual relations with young men (Heimtun, 2012). Arendell (1997) suggests that the relationship between the researcher and the researched is complex, influenced by myriad factors of identity and life histories.

However, besides me reflecting on myself during the interviews some of the question caused the participants to reflect upon themselves too. Simon, for example, when asked for his opinion on the so called 'obesity' epidemic draws upon the 'blame' discourse. For Simon, this 'self-reflexivity' is something which he finds difficult to come to terms with as he feels 'guilty' perhaps because he draws on the 'blame' discourse which (as will be discussed in chapter two) is something which is commonly portrayed by the media. For Simon, however, who considered himself to be an academic; this was more problematic and should be something which he can rise above. This demonstrates that participants and researchers alike are all vulnerable to feelings of 'guilt' in regard to what they can say and their opinions on things. Even though it could be argued that on the surface my topic of investigation is not overly emotive, researchers should never underestimate the effect any topic can have upon someone (Coffey, 1997). Particularly if the topic has the potential to make them reflect upon their thoughts in a way which they do not feel happy about and as

such this is something which should always be taken into consideration when conducting research.

Simon was my twelfth interview, and this was followed by Tim, who was an apprentice engineer. For a full list of research participants and their demographic information see appendix 2. By this point, having conducted the pilot study and 13 interviews, I began to feel that the data had reached saturation point. Coupling this with time constraints and the difficulty I had had with recruiting participants I felt like I had reached the point to stop with the interviews and to concentrate on other areas. I had analysed the data as I had gone along, however, I felt like the time had now arrived for me to continue with the data analysis which will be discussed in the following section.

I had been analysing the data and collecting it concurrently as part of the thematic approach and as mentioned earlier, had had the interviews transcribed independently. Some researchers disagree with this and suggest that doing the data transcription yourself allows you to 'get to know' your data. Indeed, Bailey (2008) suggests that turning audible data into the written word should be considered as the first step in the data analysis process. The reason being is that it has to involve judgement of how the data is interpreted e.g. verbatim or otherwise and should therefore be seen as more than a technical procedure. However, Bailey (2008: 131) concludes by suggesting that a written transcript cannot represent the complexity of human interaction and that the best way to become familiarized with this is to listen to the original data to, 'appreciate the way things have been said as well as what has been said'.

Therefore, upon receipt of the transcript(s) I listened to the audio files whilst I read and reread the transcripts a number of times. This allowed me to 'fill in' any gaps where the transcriber had not been able to understand what was being said and to correct any errors (there were very few in fact). This allowed me to begin to highlight and build up new themes and findings. This was a 'list' which built and changed as the interviews progressed as earlier interviews informed subsequent ones. For example in the first interview with Matt he talked about his 'holiday body'. This was put under the heading of 'body image' and so entered the frame for further discussion with subsequent participants. So the 'holiday body' became an important subtheme in its own right and as such formed a salient part of the findings.

It has to be said that data analysis is not a linear process and to represent it in such a way does not give a true representation of the complexity of the data analysis procedure I undertook. For example themes can overlap and intersect with each other, therefore boxing them off from one another is not always how this works in practice. Food was the 'golden thread' running throughout this study and as such was pertinent to each of the categories, arguably some more than others but nevertheless important to all. Also identity and health and wellbeing were concepts pertinent to the study as a whole. Gray (2014) argues that an important element of qualitative research is that it is emergent. Research design therefore should be viewed, as Gray (2014:168) suggests, 'less as a linear, sequential pathway, but rather as a series of iterations involving design, data analysis, preliminary analysis and re-design'. As well as colour coding and highlighting text I also began writing notes and memos in a journal as this enabled me to jot down thoughts and ideas and cross reference with other

interviews and the pertinent literature as necessary. The importance of writing memos should not be underestimated in qualitative research. Groenwald (2007: 507) describes a memo as 'the act of recording reflective notes about what the researcher is learning from the data'. It is an important part of the data analysis procedure and these memos or reflective notes then form a fundamental part of the writing up process (Walliman, 2006).

At the end of the data analysis process however, I had identified seven core themes: food / choices; social relationships; health promotion messages; body image; health behaviours; health / illness knowledge; physical activity (appendix 8). From looking at the themes and the subthemes in relation to the aims and objectives of this study, I decided to split the findings from the data into two chapters (see appendix 9). As mentioned earlier food was the 'golden thread' throughout the study along with masculine identities, health and wellbeing and these concepts run throughout the research findings. I decided that the first chapter of findings from the data would concentrate on the subjective interpretations of the participants in terms of their lay knowledge in regards of health and wellbeing and how this then filtered down into the influences on these and how they construct this within their lifestyle. The focus of the second chapter was on masculine embodiment and the aesthetics of health. It also concentrated on the subject position the participants took up in their lifestyle practices and how this manifested itself in the pursuit of the 'holiday body' for example. It has to be borne in mind however that certain themes such as social relationships apply to both these chapters and so form an important component of each.

Ethics

As with all research projects, there was a need to gain ethical approval before the study could go ahead. Therefore, a proposal was submitted to the University of Huddersfield School Research Ethics Panel (SREP) and subsequently ethical approval was granted (appendix 1). This research followed the ethical guidelines set out by the British Sociological Association (BSA) Code of Ethics (2004). The BSA states that informed consent to partake in a research project should be 'freely given' and that participants should be made aware of their right to refuse to participate in any research 'whenever and for whatever reason they wish' (BSA, 2004: 3). In order to meet these criteria all participants were sent an information leaflet (for the focus group see appendix 3 and the interview appendix 6). This outlined the project and what their rights were and contribution would be. Signed informed consent was obtained from all focus group (appendix 4) and interview (appendix 7) participants and verbal reiteration of their rights was given prior to the focus group / interview(s) beginning.

Participants should be informed 'how far they will be afforded anonymity and confidentiality' (BSA, 2004: 3). To ensure anonymity, I gave participants the option to choose a pseudonym for themselves but none of them wanted to do so, and they were happy for me to select a name for them. Upon reflection as I had chosen the pseudonyms for the participants, this may have helped with the issue of anonymity and confidentiality. Confidentiality can be compromised in a focus group situation because of the presence of more than one participant (Robson, 2002). In this research, participants were made aware of the need to respect each other's views and the need to keep the confidence of the focus

group discussion, and this was written into the consent form. I also followed the same procedure for one of the interviews as two brothers wanted to be interviewed at the same time.

Ethics should also consider researcher as well as participant protection and as such a risk assessment was carried out in order to identify any potential areas of risk. I identified that the main area of risk to myself was being alone with participants. Therefore, whenever an interview was arranged I let my supervisors know of the time and venue and then informed them when the interview was over. I adhered to this throughout the data collection process. Another area for consideration is that the research topic may be sensitive for some and have an adverse effect on participants. It has to be borne in mind that food and body image can be emotive areas for some people and as Pope et al. (2002) among others, point out this is becoming more and more of an issue for men. Bearing this in mind if this was an issue for some of the participants, and they did become upset, then I had to have a plan of what to do about this. As I had worked for the occupational health department of the engineering company, I had a working relationship with the occupational health nurse on-site and after a discussion with her, it was agreed that if in the event of one of the participants needing some intervention, then she would be more than happy to help, if the participant was in agreement. For participants outside of this environment I procured information for student counselling services as well as for the National Centre for Eating Disorders to enable me to signpost participants in the right direction should the need occur.

Summary

This chapter began by introducing the methodological assumptions which underpin this research project. In it I discussed both the ontological and epistemological positions which I come from and thus how this lead to the methods I chose to follow in carrying out this research study. I then discussed how this study will draw on feminist theory in as much as I will take a reflexive approach to the data collection and analysis itself as well as my position within the research process. Following this I then began to give a narrative account of my research 'journey' beginning with the research population. I chose to give a narrative account because I feel that this gave the reader a more 'real' account of the process. I began this section by offering a rationale as to why I had chosen men in the 18-24 year old age group to be the focus of the study. I then discussed how I had gone about gaining access to this 'group' for participant recruitment purposes, coupled with the difficulties which arose from recruitment and how these were then overcome. I then went on to discuss the pilot study and a selection of interviews in more depth to give some insight into how I felt certain interviews had gone, both good and bad, and the reflexive steps I had taken or considered in regards of this. I then moved into a section in regards of the data analysis and the stages I had taken and followed in analysing that data for the pilot study and the interviews. I finally concluded with a section on ethics. which discussed the ethical considerations for both the participants and researcher alike. I then outlined the steps I had taken to ensure that, as far as was reasonably practicable, if anything should come to light, then procedures were in place to deal with it. Finally, I talk about the participants' rights and how

they were informed of this; all paperwork associated with participant consent, information, etc. can be found in the appendices.

Chapter 5: Real Men Don't Eat... Salad

Food Choices, Dietary Knowledge, and Lifestyle Practices

Introduction

This chapter is going to begin by giving a brief overview of the meanings of 'health' and how this can be a contentious issue particularly around the vague and often disputed notion of 'wellbeing'. It will then outline how the terms will be interpreted for the sake of this research (this was discussed in more depth in the introduction). Following this it will then begin to examine the ideas of the participants in relation to the above mentioned topic to explore how they position themselves as to their understanding and interpretation of health and lifestyle practices. Leading on from this their knowledge of public health and health promotion discourses will be discussed. According to Szretzer and Woolcock (2004) within the social sciences, the term 'social capital' has become a contested one and as such can be set amongst such terms as race, gender and class with no agreed-upon definition. However, for this research 'social capital' is going to be considered in the context of Bourdieu (1984) who suggests that 'social capital' is a primary part of the habitus and furthermore can be an important component of influence upon health behaviours. The importance of this will be discussed in respect of the participants' social milieu and how this influences their knowledge of food, cookery skills and the part it plays in their lifestyle practices. The final section will focus on the 'gendering' of food and how this may affect the foods the participants choose to consume.

The meanings of health and lifestyle practices

As discussed in the introduction chapter of this study, both health and wellbeing are contentious issues open to varying interpretations. As Naidoo and Wills (2009) argue, health means different things to different people. The World Health Organisation's (1948) definition is that 'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'; is drawing on the biomedical model of health. Other such as Robertson (2006) suggest that narratives in respect of health from a lay perspective are often constructed around absence of illness, the ability to function, fitness and as 'looking good' or 'feeling good'. Similarly, as Forgeard et al. (2011) argue as wellbeing is a subjective construction it must vary from person to person. When asked how they would define health the participants in this research drew on a combination of the WHO definition of health, using terms such as 'not being ill' or 'not getting ill very often' as in the example below from Matt, a 24-year old engineer:

Matt: In good health I suppose, not getting ill. I don't get ill much so I suppose that's quite healthy.

Although the word was not used per se the participants in this study did talk about their subjective wellbeing stating that part of being healthy was 'feeling good about yourself' and having 'self-esteem'. Mike, a 23-year old Social Work student describes what health means to him as:

Mike: Feel good about yourself, feel well, feel fit.

The participants also suggested that having 'more energy' and 'being able to perform sports wise' were all contributory factors in how they perceived health from a subjective position. When asked about 'behaviours' which would be associated with being healthy, all participants talked about consuming a 'healthy' diet particularly consuming enough fruit and vegetables alongside being physically active either in the context of sports participation or working out at the gym, as Rich, a 24-year old engineer suggests:

Rich: To me it means being physically active, eating well, just feeling good, and that's about it really.

However, Kevin (20-year old engineering apprentice) draws upon this public health discourse in respect of physical activity but then positions himself outside of it in how he perceives his diet:

Kevin: I personally try to keep myself in shape. I play a lot of sport, which helps. I like to keep myself as healthy as I can. I do drink, I haven't got a strict diet, I wouldn't say, but I do try to go to the gym and play a lot of sport.

The public health discourses pertaining to what are considered to be healthy behaviours have become a very powerful tool in the construction of beliefs regarding such behaviours (Van Amsterdam, 2012). When asked about which behaviours they would consider contributed towards a person being healthy, all participants responded along similar lines. Mike succinctly put it;

Mike: Having a balanced diet, exercising regularly, yes that is about it.

Dave, a 23 year old gym instructor, responded in a more in-depth way bringing physiological variables into his response about what being 'healthy' meant to him.

Dave: Like fit as in like cardiovascular fitness, and then muscular strength, I think is important. And you know everything like blood pressures normal; you don't have high cholesterol anything like that. Not too overweight, like within the healthy range BMI.

It could be argued that because of his job Dave had a more in-depth knowledge of 'health' particularly when related to the more medicalized issues such as blood pressure and cholesterol. Dave does draw on the discursive practice of using BMI as a way of assessing what he would consider to be a healthy weight. Herrick (2007) argues that even though it is the most commonly used assessment tool in regards of a weight-related health risk the BMI itself is flawed in as much as it fails to differentiate between fat, muscle and bone mass and so cannot give an accurate 'result'. However, Dave when discussing what being healthy means to him does not talk in the first person in regards to blood pressure and cholesterol and it could be argued as with other participants, even though blood pressure and cholesterol were mentioned they did not think that these applied to them because 'they were too young to bother' about such things, as Kevin explained:

Kevin: I don't think it's important for a 20 year old to be worrying about your blood pressure. I mean I don't check it; the only time I get it checked is when I go to the doctors. But I think it's alright anyway. If I feel any problems I just go to the doctors.

In the quote above Kevin has a knowledge of factors which may have an impact on his health but he manages his non-conformance to the monitoring of these by suggesting that if he did think there was anything wrong with him he would go to the doctor. Courtenay (2000: 1389) argues that one way for men to demonstrate their masculinity is to 'dismiss their health care needs'. In the quote above Kevin distances himself to a degree from this masculine identity by suggesting he would go to the doctors 'if I feel any problems'. This argument fits in with what Dolan (2011: 595), from his research with working class men, suggests makes up part of a male health identity whereby visiting a health professional for a man can only be justified by something which is considered a 'serious complaint'. This is further evidenced by Simon, a 24 year old university worker, when asked what health meant to him:

Simon: I don't really think about it beyond the fact that I know of cancer in both the males and the females in my family, it's been a problem, I think we've now lost half of our sisters to breast cancer, and I think prostate or testicular impacted quite a few men in my life, sorry in my family rather and so I'm quite aware that I have to be quite hot on that. I keep checking as well, go and see the doctor regularly for that. But in terms of other illnesses, I don't really think about it. I can be a little bit of a hypochondriac, but possibly like a conventional man; I see it and then ignore it.

For Simon the seriousness of having a family history of cancer warranted him going to see the doctor for a check-up. Simon takes up an 'at risk' position and so this justifies his seeing his doctor. This fits in with the research by Reed (2013) who looked at the role family genetic history played in men's accounts of

health. What was found was that the majority (80%) of participants in Reed's study would seek medical advice as well as engage in healthful behaviours if they were aware of a family history of disease. However, when it comes to what Simon describes as 'other illnesses' he constructs himself as a 'conventional man' who does not seek help for it. Simon uses the term 'conventional' man to describe how he deals with illness drawing on the discursive practice of positioning men in general as not being interested in their health and 'masculinity' is often cited as the reason for this (Courtney, 2000). Courtney (2000) argues it is the pursuit of hegemonic masculinity that underpins these beliefs and accounts for men's behaviours in relation to seeking medical help. Simon was the only participant to identify as 'gay' and even though 'gay' men are not a homogenous group, Simon's interpretation of health was as, he himself described it set in the context of a 'conventional' male stereotype. Similar to the research by Adams et al. (2013) with gay men in New Zealand, health was constructed as the individuals' responsibility. Furthermore, in an earlier article by Adams et al. (2012) again with gay men, any lack of seeking medical help was constructed as that of a gender issue rather than one of sexuality. Simon positions his lack of seeking medical help in terms of his age and the lack of any what he would consider 'serious' health issues;

Simon: I hate the doctors. Most things can be looked up. I'm still young enough for most things to be dealt with by a couple of extra hours in bed, a couple of aspirin, a hot toddy, I know that's a very Geordie thing; a bit of whiskey and hot milk, that kind of thing and nothing serious yet, but as I said, I'm still probably at that age where I don't think it's serious enough yet

In the quote above Simon argues that in terms of illness 'most things can be looked up' inferring that although he may not seek help and advice from a health professional in the flesh he may access information from other sources such as magazines and the internet. According to McMullan (2006) although the internet is not seen as something with which to replace a health professional per se, health is one of the most popular topics searched for on the internet. However, Simon then follows this up by suggesting because of his age most illnesses can be dealt with by himself with the aid of over-the-counter medication and a typical 'Geordie' remedy. In his final remark, Simon is still maintaining the position that because of his age then any illness he has is not going to be serious enough to seek professional medical advice.

Justification of not conforming to expectations of looking after one's self and reducing risk of developing specific health problems usually associated with heart disease and cancer can perhaps be explained to some degree by the research of Renner et al. (2000). Renner et al. (2000) suggest that individuals make a judgement of their health status in regards of what they term 'preventative nutrition' (risk of developing nutritionally related health problems such as cancer, cardiovascular disease, etc.) by taking into account their age and body weight. They found that the younger the person (<30) with a BMI calculated within the 'normal' range their perception of their health status was 'excellent' or 'very good'. Consequently, with an increase in age and / or an increase in body weight their perceived perception of their health status declined. This is evidenced in the quote below from Kevin when asked if he had concerns with his health:

Kevin: I don't seem to worry about that just yet, but maybe I should do, but I don't. I don't look at it long term as in look after myself for the future, like my blood pressure and cholesterol and all that. I don't look at it like that yet. I should do, but I don't.

The WHO (2005) suggests that 'risk factors' do not necessarily affect adolescent health per se but can affect their health in later life. Therefore consuming a 'healthy' diet when younger is not always a pertinent issue. This is supported by Gough and Conner (2006) who found evidence that older men took the health consequences of diet more seriously than their younger counterparts, particularly following a period of illness. John, a 21-year old mechanic, also justifies his lack of concern with his health as being due to his age and supplemented by the fact that he correlates fitness with health. Hunt and MacLeod (1987) when looking at lay perspectives of health found that people often talk about their health in terms of fitness. Carsperen et al. (1985) suggest that the terms physical activity, exercise and physical fitness are all confused with one another and as such become interchangeable. In their opinion even though each one is distinguishable from the other, it is common practice for all the terms to come under the remit of 'health' and can therefore be regarded as one and the same thing. However, John then disputes this correlation as he considers that his diet may be a negative contributory factor to his health status:

John: I don't know. I just don't. I think I should be bothered but I just think I'm not that bothered about it at my age now. Probably will be in the future but I see being relatively fit as the same thing as healthy which I know

it's not. So I could be ... I play football so I'm relatively fit but I could be really unhealthy as well from my diet. But I don't know, I just –

The participants in this study drew on the WHO (1948) definition of health for their main interpretation of what it meant to them. Feeling good and self-esteem were correlated with health along with fitness and lack of illness. However 'health status' per se was not something which the participants in this study considered relevant to themselves as they suggested that at their age they were too young to bother. Following on from this overview of the meanings of health and what it means to the participants, this next section will investigate in more detail the knowledge the participants have in regards of what are considered healthy foods as well as other so-called health promoting behaviours.

Knowledge of 'healthy' eating and other health promoting behaviours

When asked more specifically about what they considered to be a healthy diet, the young men interviewed as part of this research had a good knowledge of what this would consist of. The participants mentioned having protein and carbohydrates and knew these were components of what they considered to be a healthy diet. This is evidenced by Steve (a 24-year old engineer) who responded in the following way, listing what he considered to be the essential components of a healthy diet:

Steve: A diet that has these requirements like carbohydrates, proteins and vitamins and minerals, so veg, meat and something carb. That I would describe as a healthy diet

John drew on the term 'balanced' when describing what he perceived to be a healthy diet. A balanced diet is a popular term in public health rhetoric and is an overarching term for a healthy diet. It is used to describe a diet which consists of the 'correct' amount of food from specific food groups such as protein and carbohydrate, the consumption of which would then help ensure that an individual met the nutritional guidelines put forward by the NHS and others (National Health Service, 2012). They participants often drew upon public health rhetoric in terms of having a 'balanced' diet as well as using 'technical' words associated with the diet such as vitamins and minerals

John: Well just balanced, different meal every night, vegetables with your meal. A good breakfast is always important. Lots of salad. Lots of meat. You know just a balanced diet yeah.

Matt also drew on the term 'balanced' to describe a healthy diet. Matt also talked in terms of avoidance of what would be considered 'unhealthy' foods as the following quote illustrates;

Matt: I suppose a balanced diet, making sure you get all the necessary vitamins and trying not to eat stuff that's perceived as unhealthy. So like fast food, I don't know? Excessive chocolate, crisps and stuff.

Other participants also talked in terms of avoidance of certain foods, particularly, burgers, pizza and takeaways along with things which were described as 'sugary' foods such as chocolate and cakes. For Mike food had come to play an important role in his life after he had been to a 'Boot Camp' where he had learned about nutrition particularly in relation to weight loss:

Mike: Because food is really important to me now. It is balanced; I will eat junk food once a week but have my carbohydrates, protein and everything, make sure I have got them in.

The knowledge the participants had was very much akin to public health discourses, which as Van Amsterdam et al. (2012) suggest have become a very powerful tool in providing the knowledge for which attitudes and beliefs in regards of healthy behaviours are based. Furthermore, what was mentioned consistently was that a healthy diet had to contain fruits and vegetables. Participants often mentioned the 5-a-day adage about what constitutes a healthy diet. Government-led health promotion initiatives such as the '5-a-day' campaign, which stipulates that individuals should consume at least 5 portions of fruit and vegetables a day in order to ward off certain diseases and illnesses, is an example of how public health discourses have impacted upon the public psyche. Other participants such as John suggested that a lot of his knowledge came from his home environment put in particular his mum who he positions as being 'health conscious':

John: Yeah, well I do cook every so often but I get back from work at bit later so normally they do have a meal ready for me and my mum is quite health conscious so she will cook different things every night. We have salad, pastas, things like that, whereas if it was left to me I'd probably be having fish and chips every night.

All the Participants in this research had a good knowledge of health promotion messages. However, even with an awareness of these discourses some participants resisted adherence to them for a variety of reasons. For example

the reliability of the information regarding healthy (or unhealthy) eating messages was questioned. Dom, a 20-year old cement factory worker, for example, suggested that the government 'talk shit' about other things so why would it be any different when talking about healthy eating..

To draw on the work of Fleck (1979) as was discussed in more depth in Chapter 2 of the literature review 'fact' is created by groups of experts sharing 'collective thought' which when put out into the wider population becomes 'expert knowledge'. As Chamberlain (2004) then points out governments' then use this 'expert knowledge' to underpin their policies including those regarding food and nutrition. Hansen et al (2003) argue that trust in 'experts' is decreasing particularly after a 'food' crisis such as the BSE outbreak. Even though the risk to health of the BSE crisis was about 'risk' in food production rather than nutrition per se, this has led to feelings of mistrust of government and the scientific community on the whole. Petersen (1997) suggests that the dietary field is awash with conflicting information whether that be in regards of 'safe' levels of consumption or the 'dangers' of consuming things considered 'bad' such as fast food. Furthermore, Keane (2003) argues that information regarding nutrition comes from varied sources such as food producers, suppliers, government, etc. and as such all may have different agendas for the information they disseminate, thus leading to confusing messages for the general public. Therefore with contradictory messages within society mixed with feelings of mistrust, not following health promotion guidelines was something which was easily dismissed for some participants in this research.

As well as not trusting to 'expert' opinion there was a lot of other scepticism regarding health promotion messages particularly concerning the reasons why

healthy eating campaigns such as the 5-a-Day were being pushed so much within society. Steve, who originates from Mauritius but had been living in the UK for the past five years, commented in the following way:

Steve: It's only when I came over here that I have seen those five a day, but back home again is what we learned at school to have these three essential part in your diet ... carbohydrate, proteins and minerals ... vitamins and minerals ... so I stick to that rather than ... I don't count the amount of fruit and veg I eat.

When Steve was asked why he thought such campaigns were being promoted replied:

Steve: I think it's mostly to do with commercial ... just trying to get it more ... it's more marketing rather than ... rather than health.

Steve's opinion on health promotion campaigns goes along with what Keane (2003) points out that the food industries have huge resources available to them with which to promote their goods. Health promotion campaigns do not 'stand-alone' but are run in conjunction with other interested parties. The 5-a-day campaign for instance is underpinned by Government policy and is run in conjunction with National Health Service. However, the 5-a-day logo is displayed by food producers on their products to indicate how their product contributes to an individual reaching their target of consumption. It is also promoted within food retail outlets. Food and health information is therefore driven to some extent by commercial interests (Keane, 2003). This is evidenced

in the quote below from Bob, (21-year old engineering student on work placement) even though he finds it hard to accept the apparent evidence:

Bob: A little bit, but...I'm a bit skeptical of like when you get them smoothies as well, and they're like classed as one of your five a day... there's nothing in them.

For some of the participant's health promotion campaigns were met with an air of cynicism particularly around money. Although at first Steve dismisses the 'health' benefits of the 5-a-day campaign as he sees it as somewhat of a commercial marketing strategy, he then adjusts his position to that of being able to see the argument from both sides but he still positions this in a monetary way, not for health per se:

Steve: Yes, and I suppose they save ... if ... because if it's not purely commercialised, rather if people are eating more fruit and veg, then hopefully they are getting healthier and hopefully it's costing them less to ... health wise.

When Matt was asked a similar question he responds in the following way:

Matt: I suppose they're trying to push the healthy eating campaigns and I'm sure that there have been discussions between people in government and people high up in the media groups, to try and push unhealthiness and to try and get the government where they want to be. Well, they're pushing the five-a-day and the healthy eating campaign to try and, I

suppose, make the country healthier which would have a knock on effect by making the strain on the NHS less I suppose.

Matt talks about 'making the strain on the NHS less' as opposed to Steve who talks about it in terms of saving money. Although each argument has a slightly different take, both fit in with that put forward by Moore (2010), that it is more cost-effective to prevent illness than it is to cure it. Whether that be by reducing the burden on NHS hospitals, facilities, staff etc. or in the cost of treatment for those who would not necessarily have needed it if they had adhered to health promotion advice. Overweight and obese individuals are a 'known' burden on the NHS and poor diet is the 'behavioural risk factor that has the highest impact on the budget of the NHS much of which is caused by overweight and obesity (Scarborough, et al., 2011). The 'obesity epidemic' particularly in respect of children is what Kevin drew on as to why he thought such health promotion programmes existed. Even though the 'obesity epidemic' is highly contested (Gard and Wright, 2005) the discourses associated with it such as the risk of becoming diabetic are firmly entrenched within the public psyche.

Kevin: Probably because of like childhood obesity, stuff like that. Obviously I don't know very much about that, but there seems to be an increase in childhood obesity and stuff like that. And people getting diabetes at young ages. I think it's all come from people's diets really, because obviously some people give their kids McDonald's every day and high salt and stuff like that, fills you with loads of fat. I think if you're promoting a healthy diet to people and they do have it, then it probably will lower child obesity and diabetes, stuff like that. It's related to having a bad diet.

An air of cynicism was also a strong argument in Simon's response as to why 'health' is so abundantly promoted in the UK. Simon suggests that this shows the Government in a good light particularly around election time:

Simon: I think it comes down to why Governments do everything, which is might be a way to save money and look good. We get to not pay as much money in to the NHS because people are less fat, so less gastric bands, less diabetes, so on and so forth, and come election time they go we care about the nation's health, we really care, we're getting people to eat 5 a day and less than 6 grams of salt a day. For the most part I don't think the Government really cares beyond that.

Dean (1999: 19) argues that the two main concerns of government are the economy and the population in as much as their 'health, wealth, prosperity and happiness' are concerned. Jones (2003) suggests that within capitalist societies having a fit and healthy workforce is essential for the demands of industry as well as its impact upon the welfare state. To draw upon Foucault's notion of governmentality, the control of individuals in society is directly linked to state politics, and as Rose (1999) argues western medicine together with governmentality creates a powerful discourse. The discursive practice of which is to dictate particular behaviours and regulate bodies as one and health policy has become an important area for the disciplinary power on the body. One area where this disciplinary power is overtly pushed is in that of the fat and / or obese body. When Dom was asked why he thought healthy eating was being promoted he put it in simplistic terms:

Dom: Because they want everyone to lose weight, so that everyone's not fat.

Kevin's take on the 5-a-Day campaign he specifically links to the so-called increase in childhood obesity and diabetes:

Kevin: Probably because of like childhood obesity, stuff like that. Obviously I don't know very much about that, but there seems to be an increase in childhood obesity and stuff like that. And people getting diabetes at young ages. I think it's all come from people's diets really, because obviously some people give their kids McDonald's every day and high salt and stuff like that, fills you with loads of fat. I think if you're promoting a healthy diet to people and they do have it, then it probably will lower child obesity and diabetes, stuff like that. It's related to having a bad diet.

Over recent years a dominant theme within the mass media has been that of the so-called 'obesity crisis' affecting society (Rich, 2011) and it is well documented that an unhealthy diet and lack of physical activity are both contributory causes. Therefore healthy eating and physical activity are important components of what is considered a 'healthy lifestyle' (see for example World Health Organisation (2004) Global Strategy on Diet, Physical Activity and Health). Casazza and Thomas (2009) argue that food consumption is an easily modifiable behaviour in relation to health outcomes. It was suggested by the majority of participants that the government 'push' fruit and vegetable consumption because of the obesity crisis and the need for people to lose weight. For example in the quote below from Matt:

Matt: It's a more achievable thing (eating a healthy diet) for most people than whatever else they may need to do.

Rich, when asked his opinion on health promotion messages and if he acts upon them suggests that such campaigns are for those less knowledgeable than himself:

Rich: No, because when they put this five a day thing on the posters, I don't tend to listen to it because I probably eat more than five a day anyway, fruit and veg, so I think that's just for people who didn't really understand it in the first place.

It could be argued that Rich is complying and resisting the health promotion rhetoric at the same time. He begins by resisting the 5-a-day message as he associates that rhetoric with people who have less knowledge in regards of healthy eating than himself. He then states that he complies due to his own autonomy, a masculine trait, rather than being 'told' what to by others. Keane (2003: 187) suggests being dismissive of health promotion messages is one way of stating ones individuality. They state from their research that 'generalising pronouncements about food and health did not take account of individual differences and therefore did not apply to them'. Wright (2009) contends that knowledge associated with obesity is enacted through government policy, public health, media as well as other social and institutional sites. Individuals are then expected to use this knowledge and take on board the advice as to how to avoid it such as consuming a healthy diet..

Other participants, such as Kevin also showed their resistance to such health promotion messages: Kevin for example even though he talks about the benefits to 'your long term health' of consuming fruit and vegetables, goes on to say that he does not consume vegetables:

Kevin: I should, my mum is always saying to me I should eat my vegetables, but I think I don't have any problems with the way I am now not eating vegetables, so I've no reason to change obviously. The long term I might start to like vegetables, I just don't like them.

This fits with the research by Hansen et al. (2003: 114) who discuss lay attitudes towards food risks and talk about 'optimistic bias'. This is when individuals 'ignore information about health risks because they perceive their own health risks to be less great than those of an 'at risk' member of the population'. Therefore because Kevin considers himself to not have 'weight issues' or other health problems then this puts him outside of that 'at risk' group therefore he can be dismissive of health promotion rhetoric. This is more pertinent in 'lifestyle' risks than technological risks as people feel they have more control over their lifestyle choices (Hansen, et al., 2003).

However, Matt also talks about taking the messages 'on board' but for him not acting upon it is more to do with the lack of availability of healthy food. Matt's justification for not acting on the messages is given as lack of availability at his place of work to be able to purchase something he would consider healthy:

Matt: Maybe I take it on board, but don't act on it probably. It's a lot easier, say, if I'm hungry at 10 o'clock to go and get a bacon sandwich than it is to go and get an apple. Because I've got to remember to bring an apple in, because there's nowhere on site you can get one, whereas I can just go and buy a sandwich if I'm hungry.

Dave suggests that healthy eating messages dwell on the negative aspects of consuming an unhealthy diet rather than the positive therefore the benefits of consuming a healthy diet become over-shadowed.

Dave: I think because you're told a lot about the dangers of eating unhealthy food but you're not told about the benefits as much. Yeah I think people know about the risk of like diabetes and high blood pressure, everything like that, heart disease. I think that's quite well known, if you eat an unhealthy diet

In Dave's opinion this negativity can affect how young people view these health messages and choose to act upon them. Dave does not draw upon the 'obesity' discourse per se but rather on the 'risks' associated within this discursive practice. Dave then expands upon his argument and takes up the position of what Wickman et al. (2008), describe as 'invincibility'.

Dave: Probably not because when you're young you're a bit more reckless and you don't.... you think 'oh it won't happen to me, I'll be alright'

Wickman et al. (2008: 461) explored the adolescent perception of invincibility and the influence this had upon health promotion strategies. They noted that the concept of 'invincibility' is multifaceted and as such a multitude of variables can affect an adolescent's perception of being 'invincible'. However, one of the beliefs that the notion of 'invincibility' was founded upon was that of 'not having any weaknesses'. It could be argued that showing any sign of weakness goes against the social construction of hegemonic masculinity and as such undertaking any health promoting behaviours may shows signs of weakness

and vulnerability. The section above has looked at how the participants view health and health behaviours and what this means to them and the knowledge they possess in regards to this. Along with physical activity a 'good diet' was one of the behaviours participants considered essential as part of a healthy lifestyle. However although participants had a good knowledge of what a constituted a healthy diet this was not something which they necessarily followed in their own lifestyle practices. Therefore the following section will explore in more detail the participants food choices and what it is that influences this.

Food and food choices

In Kevin's opinion having a healthy diet when young was something which would stand you in good stead health-wise as you got older:

Kevin: Obviously your long term health. If you're eating take aways every night your blood pressure, you might get diabetes, stuff like that and high blood pressure. So if you're eating healthy when you're young, you look after yourself as you get older, then you're going to have less problems later in life. I think if you have a good diet for when you are young, obviously not too strict but try and maintain it reasonably healthy. I think that would stand you in good stead as you get older, yeah.

However, when Kevin was asked about his own diet he immediately rejects the '5-a-day' rhetoric. In the quote above Kevin emphasises that a 'healthy' diet should not be 'too strict' and he justifies his lack of adherence to this specific

advice by stating that he does not eat 'bad' foods such as burgers, takeaways or fatty foods, therefore one negates the other:

Kevin: That five a day. I definitely don't eat five fruits and five veg a day, but I'd say I don't personally like to have more than one take away a week or all I can eat fatty foods. I like to eat chicken and fish, stuff like that. I don't really like to eat burgers and stuff often. I'm not one for eating loads of veg though either. On my Sunday dinner I don't eat veg; I don't have carrots or stuff like that.

Kevin does acknowledge that he perhaps should eat vegetables and adds to this by saying that his mum tells him he should. However, he again justifies his none compliance to public health rhetoric underpinned by his mum's advice by contending that he does not have any problems with the way he is so why change.

Kevin: I should, my mum is always saying to me I should eat my vegetables, but I think I don't have any problems with the way I am now not eating vegetables, so I've no reason to change obviously. The long term I might start to like vegetables, I just don't like them.

This fits with the argument put forward by Wiggins (2004) that healthy eating advice is generic and does not consider the particular needs of the gendered, aged or differently constituted body. Therefore as evidenced in the quote above from Kevin even though he puts his not eating vegetables down to dislike he also positions it in terms of him not having any problems therefore he has no reason to change his diet. Nevertheless for other participants fruit and vegetable

consumption was something which they thought was an important component of their diet and was something which they tried to achieve. Rich draws on the health promotion rhetoric as he explains that in his opinion fruit and vegetables are the core of what should be considered a healthy diet, and he positions this knowledge in terms of giving your body what it needs to keep fit and active.

Rich: Well I see it as like the key things that you need, you know, the vitamins and things like that that you get out of the fruit and veg, you see that that's what you need. It's like a core, that's what you should take in every day basically to keep yourself fit and active.

However, when Bob was asked to describe his own diet he begins by using specific terms to describe his overall diet per se;

Bob: It's just like a high carb, high protein, and low fat diet really. Yeah, I eat a lot of fruit but only in the morning. Veg, I'll have like in the evening like with my evening meal and then mid-morning it's like carbs and maybe like rice with a bit of chicken or something like that.

However, when asked why it is important to have these components as part of a healthy diet, unlike Rich who expressed himself in terms of being fit and active, Bob replied;

Bob: It's just good for muscle growth isn't it, it stimulates muscle growth.

When questioned further about this and asked if he thought about his diet in respect of eliminating so called risk factors associated with food replied;

Bob: Well, no but I suppose you can't eat unhealthy food if you're wanting to... because I'm trying to like build lean mass and you can't really do that with unhealthy food can you, so that forces me to eat healthy in a way.

Bob is positioning himself outside of the public health rhetoric that a healthy diet is something with which to avoid developing risk factors associated with cancer, etc. For Bob what was paramount in shaping his diet was that he wanted to 'build lean mass' and this was reflected in what he chose to eat and it was this pursuit that influenced his diet. To help understand what the term 'lean body mass' means rather than draw on an academic definition which may not reflect the aim of Bob per se, a 'body building website' was accessed. According to the website www.builtlean.com, Perry (2013) suggests that lean body mass is different to weight in as much as it is a 'scientific' calculation of 'everything in your body besides body fat' in other words in terms of 'body building' it indicates the pursuit of increasing muscle and at the same time reducing the percentage of body fat. Bob uses the word 'forces' in the sentence, suggesting that he is being coerced into eating healthy foods purely for the gains it offers rather than for the enjoyment or benefit of the food alone. Bob admits that going to the gym has had an influence on his diet and that prior to attending the gym he had lived off 'crap':

Bob: Well, there's been like a very dramatic change in me since going to uni, because I just used to live off crap. No, when I went to uni, in my first year at uni, so three years ago is it. It would just be like super noodles and rubbish like that, this was before I started at the gym

Since starting at the gym Bob now describes his diet as 'It's just like a high carb, high protein, and low fat diet really'. Bob did not reject the consumption of fruit and vegetables and happily included these as part of his diet. Courtenay (2000) argues that certain constructions of masculinity embrace risky behaviours. Even though Bob is not embracing the 'typical' risky behaviours, he is rejecting the notion of pursuing a 'healthy' diet for health benefits. In the qualitative research by Kelly and Ciclitira (2011) with young Irish men, the rejection of certain foods such as salads and vegetables was because they associated these foods with dieting and with women. However within this research Bob is willing to consume healthy foods but he positions his diet in such a way that he is rejecting what has been described as the 'feminised' healthy diet (Murray, 2008) and turning it into a more masculine concept i.e. to build lean mass and muscle. Similar to Bob, Kevin also describes how he is on a 'high protein diet' due to the fact that he goes to the gym and plays sport.

Kevin: I eat a lot, like I'm on a high protein diet because I go to the gym and play a lot of sport; I try to eat a lot of protein like chicken, fish, stuff like that. But I'd say a healthy diet would be plenty of fruit and veg and plenty of protein, vitamins, stuff like that. I'd cut out mainly saturated fats because they are the ones that tend to lie on you

Bourdieu, (1984) argues that certain foods are more 'fitting' for women than men and the example he gives is that of fish being a 'lightweight' and 'fiddly' food. However Kevin openly admits to eating fish as he perceives it to be a source of protein. It could be argued that for Kevin, fish is no longer associated with the 'feminine' because he views it as a source of protein therefore it is an acceptable part of his diet as the association for him is to do with physical

activity. The high carb, high protein and low fat diet was one which was particularly evident among the participants. A good source of protein was nearly always red meat, chicken and fish and as such these were considered to be important components of their diets. Although typically men's diets are perceived as being high in meat and fat for the participants in this research this was not always so as in the case. Kevin for instance purposefully went out of his way to cut saturated fats out of his diet. However meat was still considered to be an essential part of a healthy diet for varying reasons be it as a good source of protein or because it was considered to be part of a traditional identity. Another reason for this as Gough (2006) contends is that man is labelled as the 'hunter gatherer' who requires 'real food' to fulfil his role. Lupton (1996) argues that meat is associated with killing which is linked with power and aggression, both viewed as masculine traits. The ideal masculine body is powerful, big and strong and the eating of meat reinforces this (Lupton, 1996).

Kevin: Yeah, I do eat a lot of meat, like chicken, steak. Most meals I have, have got meat in them.

For Matt meat was an important component of his diet. Not necessarily because he considered it a 'masculine' food but because it was something with which he had been brought up with and was therefore a traditional thing to do:

Matt: Maybe how I was brought up as well [eating meat]. Meat and two veg, especially from Yorkshire, it's a massive part of life.

In the quote above Matt is using his consumption of meat as part of his national identity and that this is traditionally set in being a Yorkshire man and being seen

as anything less than a 'real' man consuming 'real man' food is betraying that tradition. However, Matt also then talks about meat also being a 'good source of protein'.

Matt: I see meat, like especially chicken and red meat, as being quite a good source of protein. I'm quite active so... I don't know. I wouldn't go, shy away from a vegetarian meal but I've always been brought up to, that meat, you have to have meat in your meal really. That, I suppose, comes from my parents.

In the quote above Matt justifies having meat in his diet as he considers it to be a good source of protein and because he is 'quite active' then this is a necessity in his diet. Following on from this Matt expands on what he thinks is important in his diet. What he considered to be healthy food was also what he described as 'decent' food; that is food which does not contain additives or preservatives:

Matt: I try and eat like decent food, so stuff that doesn't have that many additives, preservatives. I like quite fresh food as well; I like fresh stuff from the supermarket where I can. Mostly at the minute, it's chicken, red meat, fruit and veg, a lot of spinach, pasta...

The research by Buchler et al. (2010) looked at the demographic characteristics of food risks perceptions in Australia. They reported that their findings suggest that women, those who are more educated and older, are the ones most concerned about food additives or what they term 'modern risk'. However for some participants in this research this so-called 'modern risk' was a cause of

concern to them and as such this will be discussed in the next section along with the importance of fresh food and cookery skills.

'Modern risk', fresh food and cooking

According to the NHS (2005), ready meals or pre-packaged foods often contain less fruit and vegetables and more salt and sugar than meals prepared from scratch and therefore these types of meals should only be consumed on rare occasions. This 'anti' packaged and processed food discourse stood out for certain participants who emphasised the importance of using fresh ingredients drawing upon the discursive practice of promoting home cooking with fresh ingredients as 'healthy' as opposed to convenience foods. However, recent research by Howard et al. (2012) found that recipes from 'celebrity' chefs, all with best-selling cookery books also failed to meet nutritional guidelines as outlined by the World Health Organisation and the Food Standards Agency, and that some of the recipes were found to be less healthy than supermarket ready meals. Nevertheless, the public health rhetoric is such that ready meals, convenience foods or packaged food or however they are described and labelled are generally considered as an unhealthy choice especially when compared to food cooked with fresh ingredients from scratch. When Simon was asked if he cooked from 'scratch' replied with:

Simon Yes. I seldom cook something out of a box, that's eughhhh. You don't know what they put in there. You don't know if it's meat. The list of ingredients on the back is an awful collection of chemicals, that's not going to do me well in the future, that's not going to do me well now, never mind as I consume more and get older

Simon questioned the contents of 'something out of a box' suggesting that what the 'meal' contained in itself was questionable and added to that 'an awful collection of chemicals'. Previously Simon had suggested that he was too young to bother about his health and as such was not something he particularly worried about, however in his appraisal of convenience food his opinion was such that because he perceived them to be full of chemicals then that threat to his health was immediate. Campbell and Fitzgerald (2001: 217) suggest that eating involves 'the incorporation of the *not self* into the *self*, which, after a certain point, becomes an irrevocable decision, and as such, the act is inherently risky'. Moreover, Furedi (2005) suggests that within contemporary western society the risks which provoke and frighten are not necessarily the ones which kill. Food additives along with things such as artificial sweeteners were both given as things to be avoided as part of a 'healthy' diet. Lupton (2005) looked at the lay perspectives related to food risk in Australia and found that the main concern was fat in the diet as a risk for weight gain followed by food processing and 'unnatural' additives. Therefore the risk from food is not only in the contents of ingredients such as the levels of salt and fat but also the risk of chemicals, etc. These concerns have been fuelled in Western societies by such food 'scandals' as the outbreak of Foot and Mouth Disease and 'Mad Cow Disease' in the UK, both of which received an enormous amount of media coverage (Lupton, 2005). More recently however, the British food industry has received another blow with the discovery of horse DNA in certain products pertaining to be beef (Bennett, 2013). This caused outrage among the British public and has led to a further decline in the trust of the British food industry. (Indeed Simon's quote has become almost prophetic as that interview was carried out in November 2012, before the 'scandal' broke!).

However, Simon could see why people would need to eat convenience foods on occasions due to them having busy lifestyle and he did concede that he did buy foods which although did not 'come in a box' could be to some extent seen as convenience foods such as pre-packed sandwiches: For Simon the most important thing was to make sure you had a balance between convenience and fresh foods as the quote below illustrates:

Simon But I think it's worth checking that you're not, that you are doing your best to get something in there that isn't processed or out of a wrapper, like you're getting something fresh in there. So it's just a reminder, in a world of convenience food and hectic timetables that you've got to keep that in check and make the effort.

Rich suggests that his eating habits are similar to those expressed by others inasmuch as he emphasises the importance of fresh ingredients in his diet and the avoidance of, as he puts it, 'packaged stuff' and emphasises the fact that what he likes to eat is 'home cooked':

Rich: Fresh food, freshly cooked myself, no packaged stuff, stuff like that. Just vegetables, steamed instead of boiled and stuff like that. That's what I like to eat. It's all home cooked stuff.

Rich: Well I sort of have a little routine. At the minute, at dinnertimes I have a lot of fruit, pastas and stuff like that, and then I have some fruit. But at night-times, generally I have different meals. I like to vary it. Like one night I'll have steak and boiled veg, steamed veg and some chips or

something like that, like home cooked chips. I made a spaghetti Bolognese last night, things like that. It's all fresh ingredients.

Dave once again echoes this sentiment with his opinion on what constitutes a healthy diet but takes his one step further by stating that in his opinion organic produce is the healthiest:

Dave: Enough fruit and vegetables, I aim for five a day, limit like processed foods, like fresh produce, organic I'd say is therefore the healthiest. Then make sure you get enough protein in and enough healthy fats, not too many like trans fats, and then adequate amount of carbohydrates.

For John however, the consumption of convenience foods was not considered a problem for him as the benefits outweighed the negatives:

John: Well it's easier for me for my lunch to have a microwave meal than for me to make nice healthy sandwiches the night before; it's a convenience thing yeah.

Following on from this, when John was asked if he consciously thought about his diet in terms of what would be considered a 'healthy' diet responded in the following way:

John: I don't know really. Well I'm not conscious about my body and I've got a high metabolism so I can eat at the moment, fingers crossed, touch wood, I can eat anything I want and I won't gain weight.

John justifies his consumption of convenience foods in two ways. Firstly because using convenience foods is easier than making sandwiches and secondly by drawing on the medicalized notion of having 'a high metabolism' therefore he can eat what he wants without putting on any weight. Matt also drew on the medical discourse of having a 'high metabolism' and even though he did not associate this with himself and his diet he did suggest that certain people were 'lucky' because they could eat whatever they wanted and not put weight on:

Matt: Some people are quite lucky, they've got... I suppose I've got quite a high metabolism and I've got friends that can eat whatever they like and still not put weight on and some of them have got horrendously unhealthy diets, so they eat takeaways all the time... They're still skinnier than me, so...

Even though Matt positions his friends as 'lucky' because they can eat what they want and stay skinny, John considered that being of a 'normal' weight legitimises their food choices. This may be considered 'lucky', as it is well documented that within the UK at least that the rise of the availability of processed and pre-packaged foods (usually portrayed as being high in fat and salt) are one of the contributory factors to the 'obesity' epidemic. In the research by Ludvigsen and Sharma (2004) those who resisted the 'tempting' pull of bad foods for a healthier alternative were looked upon with admiration.

One of the reasons given for the rise in popularity of convenience and fast foods is that people reportedly lack the necessary cookery skills (Short, 2006). Furthermore, this idea that a lack of culinary skills is one of the reasons people

have to turn to these sorts of foods has then been popularised by ‘celebrity’ chefs such as Jamie Oliver through his TV programmes such as *Jamie’s Ministry of Food* (see Hollows and Jones, 2010). However even though John admitted to eating fast food and having a meal cooked for him every night by one of his parents, he pertained that he could cook:

John: I eat a lot of fast food for convenience. Having the luxury of living at my parents I do get a meal every night, and I’m 21 years old to be honest so I think I’m quite....

John: I can cook, well spaghetti bolognaise, macaroni cheese anything really

However, contrary to the rhetoric that people generally lack cooking skills, for the participants in this research being able to produce a meal was a particularly important ‘skill’ to have and one which they were proud to possess.

Cooking skills and social capital

Swenson (2009) suggests that in food preparation is still depicted as gendered work thus upholding the commonly held belief that looking after and caring for the family is predominantly the role of the woman within the household. This point is illustrated further by Lyons and Willott (1999) who argue that representations of men’s health in the media reinforce traditional gender roles with women being positioned in the role of the carer for the family and the like. However, the participants in this research all talked about their ability to cook; albeit for some this involved buying such things as oven chips as part of a meal but using these to go with grilled chicken breast or steak. This is similar to the

research by Short (2006: 116) who argued that cooking in contemporary society is complex and is not simply always 'real food versus processed food' but is more often a combination of the two. All the participants bar one either lived away from home or had spent some time living away from home. All considered that they had cookery skills to some degree or other and would be more than capable of cooking for themselves. When asked about where he had learned to cook Rich explained:

Rich: Well my mum's helped me quite a bit and I've picked stuff up. I just have like a natural thing for it, because I like eating and I like to cook as well.

In the quote above Rich draws upon the influence of his 'social capital' as his home environment and mum, have influenced his ability and culinary skills. However, He suggests that even though he has been given some help by his mum, he positions himself as having a talent for cooking or as he puts it a 'natural thing'. In contemporary society, gender has less relevance in terms of food and eating and the term 'foodie' has become commonplace. 'Foodie' is a term which encompasses both men and women who are passionate about good food and within which men appear to embrace a 'food-related' identity (Cairns et al., 2010). It could be argued that Rich has a 'foodie' identity because he talks about liking to eat and cook as well. Cairns et al. (2010) still contend that this identity is gendered with 'foodie' women still positioning themselves as caring for others whereas 'foodie' men constructed their identity in terms of leisure. Even though Rich does not equate his cooking to a leisure pursuit per se and draws on the home cooking equals healthy food discourse, he does position himself above his girlfriend in their ability to provide 'healthy' food:

Rich: Yeah, generally it's two of us because I live with my girlfriend as well. So we both take turns [to cook], but she's getting quite good as well, so we like to eat healthy.

Further, Rich discusses how he and his girlfriend 'take turns' to cook and how this is important to them as they both 'like to eat healthy'. The importance of having this supportive social network to facilitate consuming a healthy diet is evidenced in the research by Kelly and Ciclitira (2011). One reason put forward by participants in their research as to how their diet could be healthier was if they had a girlfriend. However, for the participants in this research it was not a foregone conclusion that it was the female's role alone to provide 'healthy' food as the quote above from Rich illustrates. Kevin, the only participant not to have lived outside of the family home, says that within his household cooking was the joint responsibility of his mother and father. Kevin openly admits that 'mostly it's mum and dad that cook for me' although he does acknowledge that he can cook and will cook for himself if needs be. In the quote below Kevin talks about how the labour is equally divided within his household somewhat going against the stereotypical female nurturing role (Courtenay, 2000).

Kevin: It's probably equal really to be honest, because what they normally do is whoever is home first from work cooks tea, so sometimes my dad is working late and my mum will cook. I'd say it's pretty even. They cook more than me though, obviously. They cook a lot more. I've very rarely cook for all of us, but if they're both working late I might cook for myself.

When asked about what he might cook even though what he suggests he would cook would be 'nice and easy' he does position himself as being able to cook from scratch with skills he had picked up from his parents and brother:

Kevin: Mainly chicken because it's easy. I would just get some chicken breasts and fry it or grill it and then put it into some pasta or something. It's nice and easy.

Kevin: I have my mum and dad and brother, before he left. He used to cook for himself and sometimes for us all. So I just like picked it up. I think I could live on my own, yeah, and quite easily cook for myself and look after myself.

Within John's household the roles are somewhat different and John even though he does suggest that he does cook occasionally, unlike Kevin, readily admits that if he had to feed himself then it would be 'fish and chips'.

John: Yeah, well I do cook every so often but I get back from work at bit later so normally they do have a meal ready for me and my mum is quite health conscious so she will cook different things every night. We have salad, pastas, and things like that, whereas if it was left to me I'd probably be having fish and chips every night.

In the quote above John positions himself in terms of having cooking skills but he chooses not to use and draws on the 'stereotypical' discourse of the female in the house being 'health conscious' therefore she takes on the role of caring for his health, however if it was left to his own devices then he would go for

'convenience' over health. However this type of discourse was not the same for each participant as for Dave the opposite is true as he suggests that he would provide 'healthier' food than his mother. How he suggested doing this would be by producing more food from scratch, using fresh produce and not relying upon convenience foods:

Dave: If I lived on my own and cooked and bought all the shopping myself I'd probably eat different, more like fresh produce rather than like things that are just put in the oven to cook, and like less microwave things.

In the quote above Dave is suggesting that his autonomy is being undermined by living at home and as such he is at the mercy of his mum as to what he eats as she does the shopping. Once again Dave draws upon the discourse of convenience foods being unhealthy and as such positions himself in the role of the 'good' citizen. Within Dave's household it was the norm for his mum to do the cooking and shopping for food, although Dave did sometimes do the cooking if his mum was at work. However, when asked if his dad ever did any of the cooking he replied:

Dave: No, not hardly, no, we don't let him' (*laughter*).

This is a typical gender division of labour within the household but is something which Dave is accepting of within his home environment. According to Cheng et al. (2007) the practice of eating and food consumption within the UK have changed markedly over the years, mainly due to the popularity of eating out and the change in the structure of people's lives. However in their research looking at the changing practice of eating even though people reportedly ate at home

less often the amount of time they spent doing so when they did eat at home was significantly longer indicating that the times when this did happen were important social occasions (Cheng et al., 2007). For some participants in this research, particularly with those who lived away from the 'family' home with their partner, cooking and meal preparation was a joint venture, something which they did and enjoyed together. Mike had moved out of the family home to live on his own and cooked for himself almost every day. When asked if he enjoyed cooking for other people Mike says yes but that it does not happen very often. For Mike sharing a meal time with his family was an important part of his week as it allowed him to 'catch up' with other members of the family. Mike talks about going home and enjoying a family meal and about how meal times at home were always a 'very family thing'.

Mike: Yes [cook for other people] but not very regularly though, it is usually just a chicken and rice or something like that. But I try and go to my mums at least once a week and I will make sure I am going for tea. I won't just go in the day. And that is not just because I am getting a meal out of my mum; it is also because I am sat with the family then. It is hard, because my little brother is 16 now, so he is always off out and doing things. And everyone works funny hours, so I try and get round for tea.

Family as well as significant others did play an important part in the foods these young men chose to eat; however outside of the home environment other influences did come into play. For Mike another influence upon his diet was his work environment. At present as well as being a student Mike works with adults with learning difficulties where there is an emphasis put upon healthy eating.

However, prior to this he had worked on a building site where the 'norms' of what was 'acceptable' to consume to 'fit in' on the building site had been the antithesis to this and had impacted upon Mike's food choices.

Food 'norms' and gender

For Mike who now has an interest in 'healthy' eating due in part to his gym going as well as his job, prior to this, as the following quote illustrates, his work environment had an impact upon the type of food he consumed;

Mike: It was all really quick on the building site, it was all like butties and stuff like that or go to a butty shop in the morning, if you had not had breakfast, it was a bacon, sausage and egg butty.

Mike justifies this by suggesting that convenience of this particular kind of food was one of the main reasons for purchasing and consuming and positions it in the context of that it 'filled you up' and 'allowed you to get on with your day'. This argument fits with that of Roos et al. (2001) who in their research with Finnish engineers and carpenters found that food was important in the context of work as a necessity for providing fuel for the body to enable it to perform the day-to-day tasks required for their labour. Therefore, food which they perceived provided energy and allowed them to get on with the day ahead was more important than food which did not achieve this. However, for Mike who now works with adults with learning difficulties the role of food has changed from that of 'fueling the body' to that of being part of caring for the health of others. When asked if the importance of food in his working life had changed replied:

Mike: Yes definitely. I work as well as doing my degree. I work with adults with learning difficulties, as a support worker and there is a lot of emphasis for them to be healthy eating, to have a balanced diet and stuff like that so yes it is really, it is a lot bigger in my life now in the industry I work in

Thiel (2007) argues that manual employment, of which building work can be described, encompasses working-class culture, the representation of which is overtly masculine. Bourdieu (1984) argues that in respect of class preferred tastes in food are dependent upon the ideas that each class has of the body. For example the working class are more attentive to strength particularly in relation to the male body; therefore foods which are perceived as appropriate to their class position are consumed. Bourdieu further argues that the body is the most indisputable materialization of 'class taste' and this manifests itself in several ways particularly in its appearance, therefore consuming what are considered health-giving, light and non-fattening foods such as salad is not appropriate for the 'working class' body, particularly the male. The builder's body and physicality was paramount in not only getting the work done but in securing work in the first instance, therefore having a body which was seen as a powerful tool is an important part of their masculine identity (Thiel, 2007). Consuming foods to provide strength and provide labour was an integral part of the construction of their identity so to go against this could be seen as antagonistic or projecting a form of identity which does not conform to the norm of this group. To illustrate this point when Mike was asked what he thought would have happened if this type of food consumption had been resisted within the context of the building site, his response was:

Mike: I reckon you would get ridiculed; you would get a bit of banter thrown at you. Yes definitely if you turned up with like a salad or something like that.

So when asked why he thought he would be ridiculed:

Mike: I don't know, just the environment I was working in, it is just a very male dominated environment where fatty foods were the norm. They would be like, what you eating a salad for are you trying to lose weight? What are you trying to lose weight for?

Alexander et al. (2011) researched bullying in a work environment and how this can be labeled as 'banter' among the workforce and as such can be understood as part and parcel of the working environment creating social cohesion amongst the employees. Nevertheless, however it is labeled 'fitting in' and being seen as one of the gang is important. Going against the 'norms' of the group and stepping outside of it can lead to feelings of exclusion and isolation. It could be argued that in the above quote by suggesting that 'you are trying to lose weight' is bringing his masculinity into question and his subordinating it by association with what can be described as a feminine behaviour. John suggested that even though he liked salad and would eat it if it was made for him, he would not make it for himself. John reasoned that a man maybe be reticent to eat it as opposed to a woman because he considered it a 'masculine' trait to have a bigger appetite and to be able to eat more as the following quote illustrates:

John: Well because it's [salad] a lot lighter basically. I think another masculine thing is to eat more. The more you can eat the more masculine you are.

Yeah, well I wouldn't do it but I mean I suppose it's seen that if you can eat more that's quite a masculine thing I suppose in some circles. And salad's not really filling you up is it?

Women are more inclined to restrict food as to be seen to eat is not considered a feminine attribute. This supports the argument put forward by Wolf (1990), Bordo (1993) and Lupton (1996) to name but a few, that the association with food for women is that of restraint and women have to distance themselves from 'food pleasure' because the female ideal is based upon food restriction not enjoyment. Following on from this, as in the quote above from Mike, John then begins to talk about weight control and dieting:

John: I don't think a lot of men like to admit being concerned about their weight; I don't think a lot of men would admit if they were dieting that they are dieting. I mean again I don't know why it's seen as quite a girly thing to do, go on a diet, possibly because a lot of women obviously aren't ashamed of dieting. It's a whole Weight Watchers thing and stuff like that, but if one of my mates admitted he was going to Weight Watchers I mean he'd get torn apart, I mean I'm not happy to say it but he would.

And when asked why 'he'd get torn apart';

John: Because it is seen as a woman thing to do. Men would do more exercise based rather than food based I suppose. A man would go to the gym if he wanted to lose weight.

In the quote above John is taking the position similar to that in the research by Welsh et al. (1998) that men's health behaviour is associated with physical activity whereas for women it is more to do with dietary practices. The association here with 'healthy eating' particularly salad is twofold, simply put salad is deemed as 'inappropriate' for men because it is not considered a substantial enough food to sustain the body for a day's work and because it is associated with wanting to lose weight. This argument fits with that of Sellaeg and Chapman (2008) who suggests that there is a constant link between gender and certain foods particularly in respect of what in current public health rhetoric are considered 'healthy' foods. 'Healthy' foods such as fruit and vegetables are associated with weight loss vis-à-vis healthy living and therefore consumption of such seen as a feminised behaviour. Although dieting is not always a 'healthy' behaviour in its own right, the associations with health and fatness are such that the relationship between weight and health is a strong indicator in a person's take on health. This promotes healthy foods as being 'feminine' and foods associated with masculinity such as red meat as unhealthy (Sellaeg and Chapman, 2008). As John says in the quote above, 'women obviously aren't ashamed of dieting' but for a man to admit to this, he is opening himself up to the ridicule of others within his social group. It could be argued that this is going against the 'norms' of the group and as such is leaving the individual vulnerable with his masculine credentials being questioned as fitting in and being part of a group is a powerful contributor to what are acceptable behaviours for the group members.

As mentioned previously, the medium of television acts to support the gendering of food (Buerkle, 2013; Sixsmith and Furnham, 2009) and a further example

given was that of the Foster's Gold beer advert in which the eating of the 'green stuff' or 'rabbit food' was disparaged as was the lack of any meat. In the quote below from Dave who, when asked his opinion in regards to the 'gendering' of food, thought that some foods were 'more appropriate' for women to consume than men, replied;

Dave: I don't think more food is appropriate for women but I think some are aimed more at women. Like salads.

When asked why he is of this opinion Dave's reasoning for this is because of his dad's attitude to salad;

Dave: Well people like my dad would like never eat a salad; he'd say it was like rabbit food, something like that. I think it's because he's a bit older, he's a bit old fashioned.

In the quote above Dave is positioning himself outside of his dad's 'construction' of masculinity in as much as he is attributing this to be an 'old fashioned' attitude, one which he himself has moved on from. According to Palmatier (2000), 'Rabbit food' is a pejorative term used to describe vegetables, particularly those served raw, such as salad vegetables. Schofield et al. (2000: 253) suggest that within the diet there is a 'certain masculine symbolism' as far as consuming a diet high in red meat and low in vegetables or 'rabbit food' is concerned. This is associated with the construction of a masculinity based upon showing 'toughness' and hiding 'vulnerability' (Schofield, 2000). Sobal (2005) suggests that the term 'rabbit food' is often applied to vegetables and as such

has a direct link to foods more associated with femininity. When Bob was asked if he thought certain foods were 'gendered' responded with:

Bob: Possibly, with like steaks and stuff like that, they're supposed to be quite like, they've got I suppose a masculine image and then like salads are stereotype, so like if your mate were having a salad you'd be like, "Why you having a salad?"

In the quote above Bob begins by suggesting that steaks are a masculine food drawing on the typical discourse associated with men and red meat consumption and then moves on to suggest that 'salad' is a 'stereotype'. Although he does not give any further information at this point as to why, he does put himself in the position of 'questioning' why one of his mates would have a salad suggesting that this would not be the 'norm' within his circle of friends. However when asked why he did not think it would be appropriate for one of his mates to have a salad he distances himself from this, suggesting he would eat salad but it would still get looked on as outside of the 'norm' by one of his mates:

Bob: No I wouldn't, I wouldn't bother I don't think personally, it wouldn't bother me, but I know, like one of my friends if I ever have something like that he's like, "What you having rabbit food for?" thing.

It could be argued that in the quotes above Bob is on the one hand questioning why one of his mates would be eating salad yet at the same time taking up a position of autonomy and distancing himself from this 'stereotypical' attitude. When asked why his mate would say this:

Bob: I don't know. It's just been stereotyped like that hasn't it?

And when asked why he thought it had been stereotyped like that at first suggested he did not know why but then went on to say that in his opinion it came from the media and 'diet guides':

Bob: I don't really know how to answer that, just because it, like when you see all these like diet guides they're usually aimed at women aren't they really, and they're like all that bums, tums and abs all that rubbish and then they're always going on about having salads, so maybe that's where the stereotype originates from?

In the quote above Bob is outlining the link between 'healthy' foods and weight control and that this is particularly targeted at women. This fits in with the notion that the consumption of 'healthy' foods is a feminised behaviour and also with what Finkelstein (2003) argues that food is suggestive of social values and as such is used as a means of conveying cultural messages. Therefore to be seen to consume something which is associated with weight control and as such a feminised behaviour is not conveying the 'correct' message in terms of the construction of hegemonic masculinity. Although Dave had positioned himself outside of his dad's 'old fashioned' opinion in regards to consuming salad he did think that it was still important to have meat as part of his diet. He saw this as an evolutionary process drawing upon the discourse of man as the 'hunter gatherer'.

Dave: I guess from an evolution point we're hunter gatherers.

Gough (2007) argues that this notion of the 'hunter gatherer' supports hegemonic masculinity with man requiring 'real food' to fulfil his role. Meat is associated with killing and the eating of it is attributed with power and aggression, both of which are regarded as masculine traits; the ideal masculine body is powerful, big and strong (Lupton, 1996). Fiddes (1992: 183) suggests that meat is linked with animal strength which is a much to do with the metaphorical as the nutritional association, he further argues that certain scientific discourses portray meat as being indispensable in the diet whilst suggesting followers of what could be described as 'non-conventional' diets such as veganism and vegetarianism are 'feeble and pallid in contrast to the supposedly healthy, ruddy constitutions of their carnivorous counterparts'. All of the participants within this research identified as meat eaters and did not follow what are described above as 'non-conventional' diets. Although John described himself as a meat eater now, he had followed a vegetarian diet before he went to university:

John: Until I went off to university when I was 18 and I started eating meat then because there was a McDonald's and a Burger King just outside my student accommodation. So to save cooking and washing up we just used to go to McDonald's all the time.

John's justification for giving up his vegetarian diet he attributes to that of convenience and the accessibility of the 'fast food' outlets. It could be argued that 'fitting in' with his peers at university also had an impact upon John giving up his vegetarian diet. Rogers (2008) argues that within contemporary (2006-2007) television advertisements meat consumption is symbolically linked with masculinity with a lot of fast food outlets promoting an anti-feminist and anti-

vegetarian construction of masculinity linked to meat, particularly red meat, consumption. It could be argued that due to a lack of meat a vegetarian diet is not a 'masculine' diet due to its association with what are considered 'feminine' foods. Therefore a masculine identity built around such a diet may be perceived as a subordinate form as it does not adhere to the 'stereotypical' hegemonic form of the 'hunter gatherer' image. Furthering this argument Rich suggests that women tend to be 'a bit fussy about what they eat' as opposed to men with the media playing a part in influencing women's diet by promoting the 'thin' ideal:

Rich: Yeah, I'd say that women in general, the ones that I know, tend to be a bit fussy about what they eat, because in the media there's always thin women, you know, that's what they're trying to aspire to. So they're a bit more careful I would say

Monaghan (2007) contends that although the 'gaze' of society upon the fat body is a greater issue for women and children, more and more the fat male body is being brought under the scrutiny of society. However, even though Kevin did not dispute this argument in his opinion weight issues are more of a concern for women than for men, suggesting that a woman would be 'devastated' if they went up a dress size. He distances himself from this rhetoric and rather than being 'devasted' suggests that he would not be 'that bothered' if he increased his waist size. Even though he says he would not be bothered about going up a waist size Kevin then follows this remark with suggesting that he could easily remedy his weight gain by 'eating a bit healthier' the result of which would be to lose weight.

Kevin: I think women are more, I don't really know. But a lot of women that I know like if they go up a size, like from a size 8 to a size 10, they're devastated. Whereas if I went up a size in my waist I wouldn't be that bothered really. Just start eating a bit healthier and lose a bit of weight. But some woman I know take it a lot more to heart than some guys.

Once again, Kevin is making an association between healthy eating and weight loss. It could be argued that Kevin is suggesting that in his opinion losing weight is an easy thing to achieve and he positions himself as having the willpower to succeed whereas for women it is something which they 'take a lot more to heart'. Mike also suggests that women 'take it to the 'extremes' and as the quote below illustrates:

Mike: I think women take it to the extremes a bit more than men. If they want to lose weight, there is a lot of people I know, there is a friend who I am at college with, who takes it to the extreme who will have a piece of fruit for her breakfast and a yoghurt for her lunch and I don't know what she has for tea. I think men struggle to do that

In the quote above Mike references a friend of his who restricts her food intake to control her weight and suggests that 'men would struggle to do that'. This is also reflected by John who suggests:

John: I think another masculine thing is to eat more. The more you can eat the more masculine you are'.

Even though having an appetite was seen as a masculine concept being considered fat or obese was not. The participants gave various reasons why someone might be overweight as this quote from Rich illustrates:

Rich: Well, I mean at the end of the day I think everybody's different, and I know, because I know quite a few people that are overweight and it's a mental thing sometimes. And other times it is lack of self-control, but sometimes also it's a medical issue where they just put on weight, for instance a thyroid problem.

However once again even though participants attributed fatness and obesity to what could be described as 'non-blame' causes such as a medical condition, and to some extent 'excused' people due to disability or eating disorders, they still drew on the 'blame' discourse. In the quote below from Bob, he does not suggest that someone who is obese is unhealthy, rather he suggests that they 'don't care about their image':

Bob: Well, like my personal opinion, if you get to the point where you're classed as obese, you obviously don't care about your image do you, because it's not, in my opinion it's not a good look. It's not functional either, it just handicaps you. You can't go about everyday tasks in a normal way, and then it gets to the point where you become that fat, other people have to feed you. Like when you see these world's fattest men that are like 70 odd stone, they can't get out of bed, someone else must be feeding them still.

Bob then goes on to say that being obese is delimiting in as much as it stops you performing everyday tasks. According to Gard and Wright (2007) one of the reasons given as to the cause of obesity is that of over eating. Gard and Wright suggest that the representations of 'obese' people in the media always draw on the 'couch potato' stereotype of the lazy, greedy slovenly person. When Dave was asked how he would view a person who he considered to be overweight replied:

Dave: I wouldn't judge them or anything, I wouldn't think anything badly about them.

However, following this when asked if he thought someone who was overweight was to blame for their so called predicament:

Dave: Yeah slightly. Because I think you are in control of your body, in most cases, 99% of the time you are in control, like of what you do.

Kevin's response is similar to that of Dave and Bob. He also begins by positioning himself as being 'non-judgemental' and then immediately contradicts himself:

Kevin: I wouldn't personally judge them. I'd think if they're really overweight, like when I see a really overweight person I always think to myself how could you let yourself get that fat on where you're struggling to walk and stuff like that. I always think that, but sometimes obviously it's a disorder they have and stuff like that. Yeah, sometimes they have like these eating disorders don't they, where they just eat stupid amounts.

Or they might be disabled and they can't exercise to burn the food off, stuff like that. You do look at people when they're overweight and you automatically sometimes think 'oh'.

For these three participants, even though they could attribute 'blame' to other causes for someone being overweight or obese they ultimately drew upon the discursive practice of 'blaming' the individual for their lack of control and discipline, resulting in their obese' state.

Summary

This chapter began by discussing definitions of health and wellbeing followed by what health meant to the participants and how they constructed and facilitated this as part of their lifestyle. Subsequently it then looked at what knowledge the participants possessed in relation to healthy behaviours. The participants mainly drew on health promotion discourses in respect of a diet and physical activity being healthy lifestyle choices. Within this study, the participants age played a major role in how they viewed their health and the type of health behaviours they undertook. This can be evidenced in the 'invincibility' position taken up by some of the participants as they consider themselves 'too young to bother' with health promoting behaviours. However, age and gender alone cannot be seen as the only factors. The participants had multiple roles and identities above and beyond those of age and gender, for example class, as well as their position as son, boyfriend, brother. Subsequently, this chapter then began by looking at the specific diets and food choices of the participants themselves and how they constructed and then justify their dietary practices in everyday life. Within this section it discussed what was coined as 'modern risk' as well as the importance

to participants of consuming fresh as opposed to pre-packaged or convenience foods. The ability to cook and prepare a meal was the next topic investigated and how this had been influenced by their 'social capital' such as family and friends and how other social structures such as work had influenced their food choice. The participants drew on the biomedical definition of health suggesting not getting ill very often and being fit and able are important components of health to them. Even though they possessed this knowledge it did not necessarily spill over into their actual lifestyle practices. The majority of participants did however suggest that they consumed fresh foods as opposed to convenience or fast foods but they did tend to wrap this up in discourses around their contribution to help build muscle, etc rather than health per se. All participants regarded themselves as having cooking skills and not relying on fast foods with cookery skills learned predominately in the home from their mum. It could be concluded therefore that social capital in respect of the home plays an important part in learning cooking skills. The participants in this study still regarded dieting as a female concern and suggested that men would be more likely to go to undertake physical activity than to admit to being on a diet. Salad was seen as a food with pejorative terms such as 'rabbit food' used to describe it. This section concluded with how certain foods can be 'gendered' and as such food 'norms' can come in to play particularly in the work environment and how this can then be part of an 'acceptable' masculine identity. The gendering of food is something which still exist although the 'hunter gatherer' discourse was to some extent dismissed with the emphasis but upon the complement meat plays in building muscle.

Chapter 6: Give Me Credit...

'Man Credit': Rhetorics of the aesthetics of health and masculine embodiment

Introduction

This chapter begins by looking at the data in connection with health and how this can be conflated with appearance leading to what Spitzack (1990) terms the 'aesthetics of health'. The term 'aesthetics of health' could be assumed to be 'old hat' as it was coined by Spitzack in 1990 and related primarily to women, however I will argue that it is still a relevant theme today in respect of men as well as women and should therefore not be considered 'outdated'. From here it will move into looking at the 'double-bind' of masculinity. 'Double bind' is a term coined by Susan Bordo in 1993 to describe the 'trap' women find themselves in when trying to be taken seriously in a 'man's world' by displaying masculine qualities whilst at the same time 'retaining' their femininity. Again this may seem like an 'outdated' notion but drawing on the work of Norman (2011) along with the concept of the 'double bind' this chapter will explore how this relates to the participants in this study as they negotiate their masculinity whilst undertaking healthful behaviours which 'promote' femininity. Subsequently this chapter will then address the influences upon the construction of the 'ideal' male physique. Finally the power of the 'gaze' will be discussed particularly between men and how the presentation of an 'ideal' male physique, particularly on holiday, can be used as a powerful tool to gain 'man credit' in order to prove ones worth to oneself and more importantly, others.

Appearance and the perceptions of health

Jutel and Buetow (2007) suggest that the external presentation of the body is a vital part of a health appraisal for both professional and lay people alike. Weight, muscle tone and body shape are commonly used as 'markers' of health. These 'markers' have become the 'normalized and idealized expectations' of what is considered a 'healthy' body and the body which deviates from these 'norms' has become marginalized by this deviation (Jutel and Buetow, 2007: 430). Indeed as Diedrichs et al. (2011: 263), argue for both men and women being overweight or underweight was considered as being unhealthy as well as being unattractive. As they note 'appearance was a measure not only of a person's beauty but also of their health'. When Kevin was asked about what being healthy meant to him, his opening remark was that it meant a lot because of the way people look at you:

Kevin: It probably means a lot because of the way people look at you and you obviously don't want to be overweight. I personally try to keep myself in shape. I play a lot of sport, which helps. I like to keep myself as healthy as I can. I do drink, I haven't got a strict diet, I wouldn't say, but I do try to go to the gym and play a lot of sport.

Kevin uses the word 'obviously' suggesting that the statement that follows speaks for its-self. This is what Gill et al. (2005) describe as being a taken for granted 'norm'. In other words feeling overweight which in turn may make you feel bad about yourself is understood within society as a negative state and as such will unquestionably result in feelings of inadequacy. In an image-conscious culture appearance is marketed through the media and other channels by the

health and beauty industries and others. This leads to appearance and health becoming interlinked and thus creating bodily appearance as an indicator of health (Jutel and Buetow, 2007). Spitzack (1990) uses the term 'aesthetics of health' to describe the way culturally constructed 'ideals' create what has come to be understood for both men and women as a 'healthy body'. These 'aesthetics of health' include having the 'correct' skin colour, muscularity, slenderness, etc. some of which are unattainable goals for many people and can pervasively lead to unhealthy behaviours in pursuit of the 'aesthetically' healthy body. When Rich was asked if he thought a person's health status could be judged by their bodily appearance he responded with:

Rich: Sometimes, yeah. The obvious one is if someone's overweight. But like I said before, that's not always down to what they eat, sometimes it's down to like a thyroid problem or something like that. But yeah you can tell by someone's skin, you know, they could have bad skin if they don't drink enough water, not bad skin but an off colour. I think yeah, because they say 'you are what you eat' don't they?

Although Rich moves away from the 'obesity' discourse somewhat in respect of the typical lack of a healthy diet and physical activity participation to expand his argument and add in other factors regarding why someone could be overweight such as a medical condition, he still contends that a person's health status can be 'judged' by their outward appearance. He then furthers his argument by talking about the skin and how this can be used as a gauge to judge a person's health status. Even though Rich had suggested that factors other than diet may affect a person's health status he then draws on the idiomatic phrase 'you are what you eat' to explain his point. The term implies that if you eat healthy food

then perceivably you will be healthy and vice versa. However it could be argued that Rich is using this to explain the aesthetics of health in that what you eat outwardly reflects your health status.

For the participants in this study water consumption was mentioned in regards of what constitutes a healthy diet. According to Gibson et al. (2012) although adequate intake levels of water (the term 'fluid' has been used to replace 'water' per se as water from sources such as foods, tea, coffee, etc all count towards adequate intake levels) have been suggested by various agencies including the WHO there is no real agreement as to what this adequate amount is. However, it is a widely regarded 'fact' that water consumption should be considered as part of what constitutes a 'healthy' diet. Both Rich and Simon drew on the health promotion script regarding 'water' as being the necessary liquid component of a healthy diet and the lack of adequate water intake was considered unhealthy and measurable by appearance. This is evidenced in the quote from Simon as this was of primary importance and concern for him as he 'worried about his complexion' and as such he drank water for this reason rather than health per se. Although Spitzack (1990) talks about skin colour, both Rich and Simon use the term 'bad' skin. For Simon this was something which he did do as he considered himself to have 'bad' skin whereas for Rich it was a way for him to assess if someone else was in good health or not.

Jutel and Buetow (2007) suggest that within contemporary society the 'health-equals-beauty' discourse is used to offer consumers the opportunity to buy into products, diet programmes, exercise routines, etc. that purport to aid health at the same time inspiring the individual to aim for a certain 'look', whether this be by losing weight, toning up or improving muscularity. Frost (2010) argues that

within a consumer society the construction of identity is bound up in what is worn, how it is worn alongside hairstyle, make up and body shape and size. Alexander (2003) sought to explore how masculinity is constructed within Men's Health Magazine as part of a postmodern consumer society, arguing that contemporary male identity is built upon consumption rather than production. Alexander coined the term 'branded masculinity' because by preying on male body insecurities certain industries such as fitness and leisure stand to profit from this. Within Men's Health Magazine the most promoted 'ideal' of the male body is one which is muscular, fashionably attired and has the appearance of being financially successful.

Simon was the only participant to openly identified as 'gay' and was the only participant who talked about his complexion as well as other appearance-based 'markers' such as having his hair cut every two weeks. As McNeill and Douglas (2011: 453) point out men are starting to recognise that 'appearance could contribute to one's personal and professional success' however this behaviour has to be constructed as 'manly' rather than narcissistic. Although the participants in this research spoke about their height as a 'marker' of appearance, conversely none of the other participants talked openly about their appearance as in terms of other 'markers' such as skin and hair and some found it difficult to articulate why when asked about their bodily projects and this may be because they are caught in the 'double-bind'. This is a phrase coined by Susan Bordo (1993) to describe how women can be caught between their struggle to be equal to men by being strong and aggressive whilst having to maintain their femininity at the same time. Bordo (1999) then argues that this

'double-bind' has now become relevant to men who are also caught in this dilemma when undertaking behaviours which are feminised.

Double-bind masculinity and self esteem

Norman (2011) uses the phrase 'practices of disembodiment' to describe the strategies men use as a way to explain or justify their 'double-bind' masculinity. He explains that within his research with 13-15 year old males, even though they talked about their concern with their bodies, these concerns were wrapped up in discourses of 'normalcy, healthy active living, heterosexuality and individualism' (Norman, 2011: 436). Robertson (2008) when investigating laymen's understandings of health, talks about the dichotomy which men have to try and resolve; firstly the discourse that men do not care about their health and secondly the pursuit of health as an ethical requirement of the active citizen (Clarke, 2005). Robertson (2008) terms this the 'don't care/should care' dichotomy. John had expressed no concerns with his body image at the present time and was not interested in going to the gym as he saw this 'as a waste of time and a waste of money really'. John then positions himself as a person who does do exercise as in running and playing football, but he only does the running to get himself 'fit' for football, which he enjoys:

John: Well I play football because I enjoy football, I love football. And I run to get myself fit for football really. Yeah it's getting my fitness; it's a lot to do with how long I can last in a football game rather than health.

Within the quote above John is talking in terms of his 'fitness', which is to some extent taking what Norman (2011) would describe as the 'healthy, active living'

stance where fitness and sport are linked with health. John though still disputes the 'health' link and suggests it is more to do with his performance on the pitch rather than anything else thus positioning his physical activity within a masculine context. It could be argued that John is distancing himself from the 'feminised' care-of-the-self discourse and positioning his masculinity in terms of his ability to perform sports wise. This it could be suggested is a coveted form of masculine representation as De Visser and Smith (2006) argue that sporting prowess is considered to be one of the main areas where men can demonstrate their masculinity. However even though John had a laissez-faire attitude to his body as he considered himself to be above average height and of a naturally slim build, he does concede the following point;

John: Don't get me wrong if I could click my fingers now and be pretty muscly, not overly muscly, be nice and toned I'd do it, but I don't see it's worth the time and effort

However, John still positions himself outside of having to put any effort into his body unless he could have a 'quick fix'. It could be argued that John is still caught up in the 'double-bind' of masculinity in as much as even if he does care he cannot be seen to care too much in the context of bodily appearance as this goes against the ideals of masculine embodiment (Grogan and Richards, 2002). For some young men their masculinity can be all they have to draw upon for their self-esteem (Seidler, 2007). For example, Kevin suggests that for him bodily appearance does affect the way you feel about yourself as the following quote illustrates:

Kevin: I think it does affect how you feel, because if you feel good about yourself then you feel a lot happier. Obviously if you feel overweight or bad about yourself, then you might feel a bit less confident around other people and stuff like that.

For Rich both how he perceived his diet as well as his bodily appearance affected the way he felt about himself:

Rich: Well I like to eat healthy because it makes me feel good, and if I eat badly I feel bad in myself, I don't feel...

When asked if this was mentally or physically replied:

Rich: Mentally. I feel like I'm doing myself an injustice. So I like to eat well, because I like to go to the gym and stuff. I feel that if I eat well I feel good as well.

When Rich was first asked if he went to the gym in order to achieve any specific goals at first positions his gym-going in terms of self-esteem:

Rich: Not really a look. I just feel... It's like eating, I feel like after I've been to the gym I feel good about myself, like I've done my activity for the day, I feel good and content type of thing.

Once again Rich positioned his 'healthy' behaviours in the context of 'feeling good about himself' rather than health per se, taking up the position of autonomy and control. Similarly, in the quote below, Bob talks in terms of personal achievement suggesting that he is in control of his body and what

happens to it, when Bob was asked his reasons for going to the gym he distances himself from the feminized discourses of appearance by emphasising the fact the he is 'not vain at all' and positions it in terms of personal achievement; a masculine concept;

Bob: No, I'm not vain at all. It's just; it's just a personal achievement. I don't like, like you see people in the gym wearing string vest tops and stuff like, but I just don't care really, it's a personal goal, I'm not really, I'm not doing it so other people think I look good, I'm doing it for my own benefit.

In the above quote Bob is establishing his autonomy and taking up the what Norman (2011) would describe as 'individualism' by distancing himself from the feminised discourse of appearance. Bob is also disparaging of a certain 'type' of gym-goes who wear 'string vest tops' (to show off their muscular physique perhaps?) who do 'care' about their appearance. It could be argued that even though Bob is distancing himself from the 'metrosexual' construction of masculinity by suggesting that he 'is not doing it so other people think I look good, I'm doing it for my own benefit' he is infact conforming to it in a roundabout way because he is working on his bodily appearance but wrapping it up in terms of his own autonomy and control.

Some of the participants in this research were to some extent reticent to admit to caring about their appearance in a narcissistic way and often positioned this in terms of self-esteem. They suggested that they 'didn't care' what others thought of them although the data would suggest that they perhaps did care particularly in respect of how important it was to them not to be fat or

constructed as fat by others. This is a paradox whereby they will not necessarily confess to being concerned about their body in one sense, arguably because being seen to care about one's appearance in a narcissistic way can be considered a feminine behaviour. However talking about their body in terms of not being fat legitimises their behaviour because the fat body is associated with being lazy, slovenly and deviant. The body is one area where 'control' a typical masculine attribute, is displayed for all to see and to 'display' a lack of 'control' is embodied by being 'fat'. Indeed, Bordo (1993) argues that the associations of the fat body are linked to moral issues such as laziness, lack of discipline and a lack of willingness to conform and are suggestive of being unsuccessful in life. The pressure on individuals to conform to the power of these discourses is such that to be seen to be overweight is considered immoral and shows an individual's lack of self-discipline and control and can lead to feelings of shame (Bordo, 1993).

Therefore in order to be viewed as 'successful' in life the 'correct' physique has to be displayed. One area where men can show control and discipline with the aim of achieving or indeed displaying the 'correct' physique when partaking in physical activity. Seidler (2007: 13) suggests 'the gym has taken the place of the cathedral as the spiritual home of masculinities'. He suggests that some men struggle against feelings of inadequacy particularly if they feel their traditional identities such as 'provider' are in question and we live in a state of uncertainty and this for men can be a bigger issue than for women, particularly in relation to work as no one is guaranteed a job for life. Seidler (2007) argues that men in order not to 'lose face' have to hide their emotional selves, as this can be seen as a sign of weakness and a lack of 'self-control'. One such way that men can

counter this is to show 'control' of their bodies, which can be all they have to draw upon for their feelings of self-esteem.

In the research by De Visser et al. (2009) with 18-21 year old men, when presented with the image of a male model suggested that any man who was overly concerned with his appearance was compromising his masculinity. However, Gough (2010) contends that hegemonic forms of masculinity, whilst still remaining powerful have begun to be deconstructed. He gives examples of UK soaps showing some men as passive and weak, whilst popstars obscure gender with their use of make-up and clothing. Gough (2010: 170) goes on to suggest that 'this postmodern scene dismantles the complacent foundations of malehood, frequently remoulding them into objects of ridicule'.

Within this research some of the participants were happy to admit that they undertook certain behaviours because they were interested in their appearance. For some participants going to the gym was an important part of achieving a 'desirable' body whilst for others sports participation was the main contributor. All of the participants bar two did some form of 'exercise' whether this was sports participation, going to the gym or a mix of the two. Josh and Dom were the only participants who did not partake in any specific form of physical activity. Josh, a 19-year old apprentice joiner, justified this by contending that he had a physically demanding job therefore this negated the need for him to do any exercise. Dom on the other hand, was dismissive of his lack of any form of physical activity, suggesting he 'couldn't be bothered' and then drew on the 'aesthetics of health' discourse suggesting that because he was 'happy with his physique' this did not require him to do any exercise. It could be argued that Dom judged his body in respect of fatness and because it

fell within what could be described as acceptable parameters, in other words he did not consider himself to be fat, then he did not need to partake in any physical activities.

In the quote below, Mike admitted that what he refers to as his 'healthy stuff' is more about his appearance than health per se because he smokes:

Mike: Well as I say, everyone always says to me, I think a lot of my healthy stuff is more about how I look than actually being healthy because obviously I smoke.

Most of the participants mentioned their participation in unhealthy behaviours namely drinking alcohol and smoking cigarettes. Courtenay (2000: 1389) argues that 'rejecting what is constructed as feminine is essential for demonstrating hegemonic masculinity'. One way that this 'rejection' can manifest itself is by undertaking 'risky' behaviours, two of which are, in the terms of public health rhetoric, consuming alcohol and smoking cigarettes. Therefore for Mike partaking in a 'risky' behaviour could be seen to emphasise his masculinity, negating his concern with his appearance. Most participants to some extent undertook what would be considered 'unhealthy' behaviours such as smoking and drinking. In the quote below Mike talks about 'blaming' people who are overweight for being in that position and then equates this to his addiction to smoking:

Mike: Yes, the people who are overweight, it is just like, well it's your own fault. But this is really contradictory because I smoke as well. I am really in to healthy eating, I go to the gym six times a week, but smoke

as well. Which is something I do want to stop but it is such an addiction, it is really, really difficult to quit smoking. And loads of thought processes going on and then part of me thinks well sometimes it can be an addiction like smoking that is not easy to get out of.

However, for Mike his gym going was likened to an 'addiction' he positioned it in terms of achievement which for him was to increase his muscle mass. He did this through doing weights at the gym:

Mike: Well, it is kind of addictive, when you see the results from the gym, it like spurs you on to keep going, and then you see more results and then it's like a, not like a downward spiral but you have to keep it under control thing.

Therefore even though Mike positioned his 'healthy' behaviours in the feminised context of appearance, it was important for him to be seen to be in control of his body and the way for him to do this was to have a physique which in his opinion reflected this. Even though Mike had described himself as having been 'chubby' and had originally started to go to the gym in order to lose weight, he was now trying to put weight on:

Mike: Yes, but good weight. But good weight yes, I am trying to put muscle on.

When asked if he had an 'ideal' weight he was trying to achieve Mike states 'Yes but I don't know what it is' he then concedes that it is not actually about the weight per se but is in fact to do with how he looks:

Mike: I wouldn't know what the weight was until I hit it. I think it is about looks and then when I look how I want to look, I will think right I am alright now.

When asked how he would know when he had achieved this goal he suggests that he 'judges' himself by using the mirrors in the gym as well as gauging the reaction of his friends:

Mike: Yes how I look and how I feel about myself. And my friends' reactions as well. I have got two or three friends who I am really close to who I see twice, three times a week. One of them I see every day and then I have got a few more I see once a month or something, if they come round they will say, 'you look good, you have put on a bit of size', I feel really good about myself.

Mike also had a diet which he suggested complimented his training regime and as such was an important component in enabling him to achieve or at least in trying to achieve his 'ideal' body. This was what he described as a high protein diet with lots of chicken and fish. Mike also took dietary supplements such as protein shakes and would consider doing steroids if he thought it was necessary to achieve his goals. He did not think there was anything wrong with steroids as he had a friend who done research into them and that the side effects and dangers were not what they were made out to be;

Mike: Because I have got friends who take steroids and I have got a friend who has just finished, he doesn't take them himself, but I have got a friend who has just finished university and who has researched a lot of

stuff to do with them. And I think not a lot of people know about steroids, they just think it is illegal, it is bad for you. But as in any drug, there is use and there is abuse. And I have got a friend who is on steroids and he only does short courses and has long periods off and lets his body recover and takes like hormone stuff after he has finished to get his body back to normal again and stuff like that. And I just think it gets such a worse press than someone smoking weed or someone taking cocaine or something like that.

Mike suggests that steroids get a 'worse press' than other illegal drugs. Kevin when asked if he would consider using steroids was on the other hand completely against the use of steroids and drew upon the 'worse press' stories disparaged by Mike.

Kevin: No. There is always like when you're in the gym there's obviously like the supplements which are legal, and then there's always the, in every gym there's always somebody who's on something like illegal steroids or growth hormones, stuff like that. There are a lot of things out there which is, it can get you your results a lot quicker, but also they have a very bad feel. You do hear stories about stuff like this, there are growth hormones side effects, like your hands grow, your forehead grows, stuff like that. I personally wouldn't want to risk, I wouldn't want to take anything because I think I'd be paranoid if I got a pain in my back or like that, thinking it was because I took stuff like that

The majority of participants in this research did or had at some point in time taken legal supplements such as creatine and / or also enhanced their diets with

such things as protein shakes. Research with male gym goes in Canada, highlights that the use of supplements is widespread and that the general consensus of opinion amongst users is that 'it can't hurt, it can only help' (Atkinson, 2007: 182). In neoliberal societies supplementation has come to be viewed as a 'quick fix' in the pursuit of an acceptable 'masculine identity'. The main consumers of sports supplements in North America are young men aged 16 to 30, which is estimated at 80% of supplements sold, the most popular of which are creatine and whey powder (Atkinson, 2007). Although Kevin was against the use of anything illegal, in the quote below he takes up the position that in his opinion anything which is legal must be also be safe:

Kevin: I'd be happy to take anything legal, yeah, because obviously it's been tested and stuff like that, and I think it's safe to be honest. If it's legal I always think it's going to be to be alright. If it's legal it means it's safe. So illegal obviously is something, there's obviously a reason why they banned it, there's obviously a reason. But I'd never take steroids or anything like that.

When Dave was asked about his opinion on supplements and if he thought it was a 'healthy' practice responded with:

Dave: Yeah I think supplements they can be. I've taken them myself before. Yeah, I think they can help you achieve your goals.

As well as supplementing his diet with protein shakes, Dave had also taken creatine and beta alanine, both of which (according to the body building website www.muscleandstrength.com) are popular supplements marketed to those

wanting to improve muscle mass and reduce body fat. The reason given by Dave as to why he considered this to be a 'healthy' practice was due to them helping achieve his goals by aiding recovery and improving strength. The data suggests that for the majority of participants in this study the use of legal supplements is an acceptable part of their lives and is something which was undertaken as a means to an end. The desire to achieve what they consider to be an ideal body is such that they are willing to ingest supplements. Similarly, as Atkinson (2007; 174) highlights of his participants 'consuming designer sports supplements has certainly become a standard form of "nutrition" in their athletic and social bodybuilding endeavours'. Clearly the same applies for the majority of participants in this study.

The data suggests that the majority of participants were willing to take supplements in order to help them achieve their goals, and that this was an acceptable part of having the discipline and control to acquire an ideal body, and this was a particularly important part of their masculine construction. In the following section I will discuss what the participants perceived to be their 'ideal' masculine physique and what influenced these perceptions and ideals.

Body image ideals and perceptions

As discussed earlier, the definition of health and what it actually means to individuals is in itself a contentious issue. The participants did talk about it from a personal perspective, for example 'not getting ill very often' but health was also talked about in regards of appearance, particularly in respect of not being fat. This is demonstrated in the quote below from Matt, who, when talking about health, suggests that appearance and health are being confounded:

Matt: I think that's been associated more and more with health now than it was before because of magazines like *Men's Health*.

Matt puts the 'blame' for body image and health becoming conflated in society at the door of the media particularly the media aimed directly at men such as *Men's Health*. This fits in with the argument put forward by Pope et al. (2000) that one reason is because of media images of what they describe as the 'supermale' in conjunction with the health and fitness industries looking to profit by exploiting male concerns. Gill et al. (2005) suggest that in Western societies the male body has gone from 'near invisibility to hypervisability' the result of which is the male body has become more sexualized and idealised. The result of this is that the male body has become a platform for masculine embodiment more so than traditional masculine identities such as employment. De Visser and McDonnell (2012) point out both power and strength as well as sporting prowess are representations of hegemonic masculinity. When participants were asked to describe their 'ideal' body the most commonly used word was 'athletic' as the quote below from Kevin illustrates:

Kevin: I'd say a bit tall like 6ft, 6ft 2, not much taller than that though because I think I wouldn't want to stand out too much above everyone. And quite an athletic build, not too muscley as in body builder types, more athletic look, like an athlete, something like that, more of an athletic build like that. I'd say about 6ft 2, about 85 kgs, something like that.

Steve gives a more succinct answer and described what he would consider to be the 'ideal' male body in the following way:

Steve: Muscular, not to have you know, like have weight lifters but athletic muscular

Simon in his description of an ideal physique contests the use of the phrase 'athletic' to describe a 'body type' on the grounds that people he knew who were athletes did not possess what was described as an 'athletic' physique. Instead he drew on the word or words 'ottermode' (or otter mode). According to *urbandictionary.com* a definition of ottermode is a 'Male body type combining skinny, muscular and very low body fat with well-defined abs'

Simon: I think the official term is ottermode, which is slightly toned with defined abs. Ottermode, I think that's the social term that's used. It usually sums up a physical body which is not particularly strong with all the (inaudible) of strength, if that makes sense, because of the focus on making this bit (points to his chest and shoulders) look all defined and they don't do any of the proper exercises. I don't like the term athletic because there's athletic people I know, very, very talented athletic people that don't have the athletic physic, so in my mind it's ottermode, that's the ideal that I should be striving for.

Simon suggests that 'ottermode' is an 'official' or a 'social' term, although as it was not used by any of the other participants, it seems pertinent to suggest it is not a commonly used term, although a Google search showed its usage, predominantly on fitness and body building sites and forums. John drew on the phrase 'upside down triangle' to describe the ideal but then also suggested that for a lot of men being 'muscle' was what they aspired to be:

John: Well it's the upside down triangle isn't it for a person my age, I know a lot of people who are completely hooked on the gym. I know people

who take steroids and it's just muscley, to be muscley is what a lot of men aspire to of my age.

Even though John suggests that a lot of people his age aspire to be 'muscley' this was not evident amongst the majority of participants in this study. Indeed, the 'body builder' look was one that was disparaged by almost all of the participants bar Mike whose ambition was to be as big as possible. For others though the 'body builder' look was one to be avoided.

John: A lot of them are [body builders], a lot of them look horrible. But to be honest that's only come out in my age group in the last ten years or so. I've noticed a lot of my age group just ... they're massive now, they just ... in my opinion it doesn't look good.

As well as not 'looking good' the 'body builder' look was one which was not considered healthy for a variety of reasons ranging from their perceived use of steroids and the association of other lifestyle practices such as illicit drug use and alcohol consumption. When John was asked if he thought that a person who embodied the body builder look was undertaking their physical activity due to its associations with a healthy lifestyle said:

John: No absolutely not. Yeah, well taking steroids isn't healthy anyway. No, I mean no, they're doing it just for their image, most people. A lot of people maybe are doing it for health, but most people I know who try to get muscley it's purely image based.

Kevin took up the same position as John when asked about what he would considered to be his 'ideal' body, responded with:

Kevin: I mainly work on cardio and stuff because I play football. So I try working with cardio, stuff like that, which does help trim down and stuff. And then I try to do a bit of weights to try and gain muscle, but you don't want to gain too much, because there's a fine line between athletic build and getting too big and I wouldn't want to get to the stage where I'm like a body builder size. You've got to find that and I personally think its looks better to be athletic than big.

In the research by De Visser et al. (2009) the body builder physique was not always viewed as masculine particularly if it was used as a means of 'display' rather than for competitive ends such as participating in sports. Matt is also disparaging of the physique and gives a feminised slant to his opinion, suggesting that not only is it an unhealthy lifestyle but that such men, in his opinion, also wear 'women's clothes':

Matt: It's probably more unhealthy than being overweight. Because that lifestyle where they are taking steroids and wearing women's clothing usually goes hand in hand. Like the people they hang around with stay up late, drink a lot, probably take drugs as well. So then it wouldn't be healthy, would it? I'd rather be probably overweight than be someone that looks like that

However, one of the reasons given by Kevin as to why he thought it was not healthy to be body builder size and as such was not one of his goals was that

he reasoned as they got older then the muscle would turn to fat, which was something which Kevin would wish to avoid:

Kevin: It probably isn't really healthy, no, because obviously once you stop training a lot of that will turn to fat. And then you do tend to see a lot of these body builders like when they get to 40 they've got big bellies because obviously when they stop training as hard and they're not as strict with their diet, the muscle deteriorates and they get fat and stuff like that. So obviously if you're an athletic build when your muscle does turn to fat, there's not as much muscle there obviously, so it is easy to maintain, so that's another reason I wouldn't want to get too big.

Ricciardelli et al. (2010: 73) found that within men's lifestyle magazines most of the male bodies on display were not overly muscular as in the stereotypical 'body builder' way but were what they describe as 'toned and muscular': In the statement above Kevin suggests that a 'body builder' physique is not healthy because once they stop training then the muscle can turn into fat. Bordo (1993) argues that the associations of the fat body are linked to moral issues such as laziness, lack of discipline and a lack of willingness to conform and are suggestive of being unsuccessful in life. When Josh was asked to describe his ideal body, did not use athletic or any other specific term to describe it but gave the rather brief answer:

Josh: Well, just not overweight.

Although some participants talked about not wanting to be 'skinny' and which it could be said is the representation of the stereotypical 'weak' man on the beach

getting sand kicked in his face. The overriding expression was that of the athletic frame. Although not being fat or constructed as fat by others was also an important component of their masculine embodiment. When Bob was asked if he thought there was a connection between health and bodily representation said:

Bob: Right, well yeah I do. Like, obviously you don't have to be massive and like ridiculous looking with muscles, that's unhealthy as well, when you go to the extreme, but it's like getting the balance right isn't it?

In the quote above Bob suggests that men who work out and 'go to the extreme' building their muscular frame are in some way 'ridiculous looking' suggesting that this masculine representation is not only unhealthy but also not something to be coveted, at least by himself. In the research by Bridges (2009) two main types of gym goers were identified; body builders and power lifters. The power lifters were judged by what they could lift and so their masculinity was constructed around their strength. Body builders on the other hand were considered to be 'gay' by the power lifters as they were viewed as 'watching' each other and positioned as 'caring' about their appearance as opposed to their strength.

Although Bob did not use the words 'power lifter' to describe his gym work it could be argued that because he took up the position of using the gym to improve his strength then this is the 'category' that he would conceivably fall into. When Bob was asked why he thought some men did go 'to the extreme' he does not make excuses for them per se but suggests a link between their desire for big muscles and having a mental illness. This is evidenced in the

quote below with Bob using the term 'bigorexia' (a lay term with a play on the eating disorder anorexia) implying that such men have 'probably got something wrong with them'. Although much evidence exists to the contrary (see for example Andersen et al., 2000), eating disorders are considered a form of mental ill-health and are typically thought of as a female concern mainly as a form of asserting 'control' in the pursuit of an acceptable feminine physique. Therefore associating bodybuilding with an eating disorder may act to further feminise this behaviour as well as stigmatising it with mental ill-health:

Bob: They've probably got something wrong with them haven't they like, bigorexia or whatever they call it, where they always see themselves too small. Yeah, yeah, well like anorexic people don't, they think they're always too fat don't they, there's like, is it, I'm not sure whether the technical term is bigorexia but something along those lines where they never feel like they're big enough because then you get people taking steroids and all sorts of things don't you?

A more clinical term rather than 'bigorexia' is that of muscle or body dysmorphia. Muscle dysmorphia according to Mosely (2009) 'is an emerging condition that primarily affects male body builders'. Pope, Phillips and Olivardi (2000) coined the phrase 'the Adonis complex' to describe the acts of men who want to build muscle and eliminate body fat, usually through the use of steroids and binge eating. They suggest that some men suffer from body dysmorphia in relation to muscle size in part due to media representations of the male body, together with other industries such as health and fitness which seek to profit from male insecurities. Both Bob and Matt describe the male 'body builder' image as being unhealthy. However for Matt this is put in a different context to Bob. Even

though they both talk about taking steroids, for Bob it seems like he can rationalise this behaviour as it is something which the 'body builder' has to do due to his perceived mental health condition whereas for Matt it is more simply a matter of lifestyle choice. Matt, when talking about men who he considers to be overly muscular also begins to link in aspects of what he describes as 'that lifestyle'. He suggests that such men take steroids as well as other drugs and then perversely adds that they also wear what he considers to be 'women's clothing' i.e. tight T-shirts to emphasise their muscularity. Matt positions himself outside of the body building rhetoric and belittles their masculine identity by implying that it has a 'feminised' edge to it in part due to the clothes they choose to wear, discrediting their masculine embodiment and positioning it as a subordinate construction of masculinity.

In his article on gender capital and male body builders, Bridges (2009) suggests that a body builder's masculinity is treated with respect and deference within the gym setting but outside of this it can become marginalized and subordinated. As one of his participants put it 'we're like freaks to a lot of people, but here [in the gym] we're like gods' (Bridges, 2009: 83). This locates male body builders in polar positions, within the gym culture they are the revered ones however outside of this arena the male body builder's masculinity can become marginalized and viewed in a negative sense by others. Therefore for the participants in this study having a body which was representative of control, revealed by its athletic frame was in the most part the one most desired by the participants. For others this 'overly muscular' identity was associated with drug taking, particularly steroid abuse which in itself was by most considered to be

'unhealthy' so even if the body 'looked the part' overall this was not considered to be representative of health in the main.

Rich disputed the idea that body builders were all steroid-takers and therefore unhealthy and suggested that some men were 'really healthy' due to the fact that they spent all day in the gym and ate an appropriate diet:

Rich: Not necessarily. I mean a lot of times, like from where I am at the gym I used to go to, I know a lot of people used to do steroids, but then there was other guys that just spent all their days in the gym and they were just really healthy, you know. They like had all steamed veg with fish and stuff like that. Yeah, I mean some guys do it not just to get big, just to be ... they set themselves a goal and they want to be really strong.

Therefore for the majority of participants in this study an 'athletic' physique was the most coveted. It showed control and a 'worked on' body whilst not being overly muscular which was constructed as part of an unhealthy lifestyle therefore not fulfilling its moral obligation and not fat which represented a subordinate form of masculinity. It could be argued therefore that their masculine identity had to fit with that of being 'healthy' in respect of their construction of the active citizen but also not overly so as to go too far was either representative of mental ill-health and / or narcissism both of which could be argued are representative of the feminine.

The influences upon the 'ideal' masculine embodiment

Leit et al. (2002) investigated how men's attitude towards their bodily appearance can be affected by images within the media. What they found was that students who were briefly exposed to muscular media images possessed a considerable divergence between the perceived level of their own muscularity and the level that they wanted to achieve as opposed to students who were not exposed to the media images. Although Leit et al. (2002) note that their study only showed participants media images for a brief amount of time and therefore cannot account for the effects of a lifetime of exposure to such images as is becoming more and more prevalent in contemporary society, they do conclude that exposure to such images does produce bodily dissatisfaction in men. In support of this Gray and Pope (2002) conducted research with university students in the USA regarding the effects of media representations of the 'ideal male body'. They concluded that exposure to such images has a significant effect on body dissatisfaction in man, mainly in respect of muscularity rather than fatness.

Although there was some debate around fitness and health, participants were aware that the appearance of the body even from a superficial point of view was considered to be representative of health. However for the majority of participants in this research the 'ideal' male body was one that was described as 'athletic'; not too skinny, too fat or too muscular. The majority of participants in this research spoke in terms of wanting to 'build muscle' and 'tone up' and 'get rid of the belly'. Rich talked about 'beefing up' and when asked about why some men want to 'beef up' and aspire to be more muscular he suggested that by

being bigger it gives them 'more of a presence'. This was particularly aimed towards men who he described as 'vertically challenged' and then added 'I think that a lot of men feel quite small'. Here it could be argued Rich moves between physiological and psychological considerations; it's not only that being physically short is a challenge to masculinity but feeling small as a man in a psychological context is also an important factor in how some men in his opinion, view themselves.

Rich: Well some men are vertically challenged shall we say, so they want to beef up to like be bigger, I don't know. I think that a lot of men feel quite small.

Seidler (2007) argues the gym has become the ultimate arena for the display of 'masculinity', suggesting that some men struggle against feelings of inadequacy particularly if they feel their traditional identities such as 'provider' are in question. Rich suggests that in his opinion there are three types of gym goers:

Rich: I think there's three types of people that go to the gym in my eyes, someone that just wants to do it for themselves and to get a bit fitter, someone that wants to be the big man and impress all the lads, and then someone that just wants to try and attract some more women or something.

However, Rich distances himself from the latter two discourse because he considered that by being fairly tall and of a 'normal' build then his gym-going was just about toning up muscle rather than 'bulking up' per se and he was not 'obsessive' about it like some men. Rich also positions his gym going in terms of

doing it for himself rather than that of wanting to impress others. When Bob was asked if he had an 'ideal' physique in mind replied:

Bob: Kind of, kind of yeah, but at the same time it's like a, it's more a personal goal of how strong I can get as opposed to how big I can get.

Similar to Rich, Bob positions himself in terms of personal achievement but Bob also positions himself and his gym going in terms of being strong rather than having an ideal body shape per se. it could be argued that 'strength' is a mark of hegemonic masculinity and as such for Bob achieving this was his goal:

Bob: Yeah kind of, so I set myself a target, for example like by this time next year I want to be able to bench press, 120 kilos for 10 reps and then I'll just keep working at it until I get there, and then I'll think like, "Oh, well now I'll try and do leg press to that or something".

For some of the men interviewed, earlier instances within their lives had had an impact upon their current perceptions and bodily practices. An example of this, as mentioned earlier, came from Matt who had perceived himself as being 'skinny' whilst at high school when compared to his rugby colleagues and as a result of this it had spurred him on to begin to alter his body to 'fit in' with what he saw to be the ideal. As Van Amsterdam et al. (2011) contend discourses regarding health and appearance can overlap particularly in the context of physical activity and sport and as such the discursive practices associated with these have created the knowledge how a 'normal' and 'desirable' body should be constructed For the participants in this study their masculinity was constructed in the most part as far as bodily representation went as being

'athletic' which was considered as not being too muscley but certainly not being fat. Whether described as 'ottermode' or an 'upside down triangle' as long as the body was neither fat or overtly muscular this was at least some way to achieving an acceptable physique. When Kevin was asked what he thought played a part in and influenced his idea of what would be considered to be his 'ideal' male physique responded with:

Kevin: Obviously the men's health magazines, like it might be footballers you see on TV, some rugby players, like your celebrities as well. Like that Gerard Butler and although I think he's bordering on body builder size, but he's got a good body and like David Beckham, footballers like that. He's 37 and he's still in good shape. You are influenced by the TV.

As well as being reproduced through media such as magazines and television the 'ideal' male body is also reproduced between men. Bourdieu (1984) uses the word '*Habitus*' to describe the social world pertinent to individual lives. The habitus is structured through the shared norms of a specific group around such components as habits, environment, appearance and sense of style. This is then expressed through the shared expression of dress, language, commodities, taste and preferences of the individuals and leads to the formation of social groups who identify with each other through these shared commonalities. When further discussing the influences on the 'ideal' male body and where the knowledge surround this may come from another source which was highlighted was that of sharing information between friends. Bob suggests that training together with his friends had become a source of knowledge and an arena for the sharing of tips:

Bob: A lot of it's through like a group of you might train together and you all get told something different, and you just try and see what works really. Or if someone's looking in really good shape and you say 'oh what have you been doing to get like that'?

Perhaps the *habitus* for some of the participants was 'fitting in' and being part of the gym culture and the sharing of the same norms and beliefs. However, as Flood (2008) has argued that homosocial relationships or heterosexual male to male friendships for some men do take precedence over male to female relationships. These bonds can then be used among groups of men to exclude women and thus further the patriarchal divide. Even though Mike talks about women who use the gym, in the first instance he positions them as knowing 'all the big lads' therefore giving some justification to their presence. However, further on in his statement Mike suggests that only two women come to the gym regularly however in this instance Mike separates the women from the other gym goers by suggesting that 'their cardio thing' is screened off from the rest of the gym and is a fraction the size of the weights room.

Mike: Yes, there is women that go but the women seem to know all the big lads, it is a really nice gym, I used to go to one in Middleton and I knew people because I went to school with them and I have lived in Middleton and I have gone to that gym and I have made so many friends, but everybody knows everybody. And I don't know whether they have all grown up together but I know a lot of people now just because it is so friendly. I think there is two women that come in on a regular basis, one is quite a young girl and one is an old lady but there

is a screen where their cardio thing is, you walk in and there is like a screen where the cardio stuff is. Then there is the rest.....

Mike: Yes. The cardio thing must be the size of this room and then the weights are like five or six times the size of this room. Most of the men just use, the athletic ones do, you see them on like the bikes and stuff, but not the big body builder lads, no

As the quotes have illustrated within a gym culture knowledge and ideas are shared between men regarding training programmes and diet. Therefore being part of a gym culture was an important part of their homosociality. This positions the participant as being a member of the *habitus* and of 'belonging' which is perhaps important for their self-esteem by being accepted as part of the group and having similar goals and ambitions. When Kevin was asked where he got most of his information in regards to his training regime replied:

Kevin: I do read a few magazines like men's health magazines sometimes, because my dad gets it. I won't buy it myself though, because I don't really buy magazines. If it's there, yeah, I'll read it. Yeah, stuff like that

For Kevin the sharing of information between friends was also an influence on his behaviours as the following quote illustrates:

Kevin: Share it, yeah. If your mate's looking in good shape, you might say to him what have you been eating or what have you been doing, and then you might pick up tips off them. And then you might, certain things benefit others more than other people, obviously. And then you might

pass that on to somebody else. You're basically getting it from other people.

This is further evidenced in the quote below from Mike who explained that he had been influenced by media such as Men's Health magazine but a far more important influence upon him at the present time was that of the people who he associated with:

Mike: I used to read Men's Health. The people who I associate with, my friends and the people in the gym influence me a lot by how they look because all my friends are quite big, there are a few rugby players and one of them is a prison officer and he is really big. And the gym I go to is like a body builders' gym, I think they influence me more than the media.

Seidler (2007) has argued that the gym has become the ultimate arena for the display of 'masculinity' and this was seen as a place for displaying masculinity but more as a place for sharing knowledge between peers. The gym was seen as a 'supportive' environment, one where male to male bonds could be built. However, for the participants in this study another area which was especially pertinent to be able to 'display' control of the body was that of being on holiday. During the interviews over and above the gym one of the main areas for the display of the male body was that of going on holiday and as such this next section will investigate this further. In the work by Thurnell-Read (2011) the stag weekend has become an arena for the 'display' of the male body, where the notions of control and rationality are thrown out of the window. He argues that 'control' of a different nature comes to the fore and takes on a different meaning

with the strong and powerful body being revered in terms of its ability to consume quantities of alcohol and cope with sleep deprivation. With 'man credit' gained in these areas, the fat male body can be legitimately celebrated and displayed. However, although in my research the 'lads' holidays could be viewed as a similar arena for the display of 'manly' qualities such as excessive drinking and lack of sleep, it was not considered as an arena for the display of the body which was not 'ideal' and definitely not fat. This next section will discuss why it was considered that being under the 'gaze' of other men (and women) that having an 'ideal' or at least an acceptable physique was considered to be an important part of going on holiday and gaining 'man credit'.

'Man credit' and the pursuit of the 'holiday body'

Frost (2010) in her review of the literature pertaining to body image and consumerism among young men argues that in order to gain approval and respect from other men, which she suggests is the 'ultimate accolade of masculinity', men need to display a 'worked on' body, one which is hard, sporty and fit. Furthermore to be deficient in such a physique leaves the body open to the judgement of others and as such produces a body which is then considered as 'girlie' and 'inadequate' (Frost, 2010: 67). This is supported by Nayak (2006) who explains that historically the male body was a 'marker' of 'industrial potential' However, within contemporary society and the lack of employment opportunities particularly in manual labour roles, young men have to 'prove their worth' in other ways in order to get 'respect within their peer group' (Nayak, 2006: 826). Freund et al. (2003) argue that in society today physical appearance plays a big role in achieving success in certain areas such as work and sexual

relations. Indeed, as Gard and Wright (2007) emphasise the shape and size of a person's body can predict their accomplishment as bodily appearance is visual evidence of the care taken and of the time, money and effort that has been invested in it.

Gill, et al. (2005) highlight that in their research with men aged between 15-35 years looking at bodily projects, that the majority of those interviewed were reluctant to admit that their 'bodily practices' were about being considered attractive and that appearing to be vain is a taboo subject for most men. However, drawing on the research by Mac an Gahill (1994), boys who cared about their appearance did not consider such behaviour to be 'girlie' but considered such behaviour as an expression of their sexuality and as a means of attracting a member of the opposite sex as well as establishing their membership of a certain 'group' and their position within it. Within this research there was a mix of both responses. To evidence this in respect of men who cared about their appearance, Mike stated that he only became interested in his body and appearance after he and his long-term girlfriend split up and he was 'back on the market':

Mike: I was with a girl for three years and I don't know whether, they say you get comfortable in a relationship and there is no need to impress sort of thing. And when I split up from her I think I thought, 'I am back on the market, I need to look good'. I think that is what it's to do with, what I perceive women to find attractive is a big strong muscly man. Yes, I don't know where I have got that from but that is just what I think, when I know that's not reality for a lot of women because I have got a lot of

female friends who are like, I don't like all those muscles. But maybe the girls I want to attract - that's what they like.

Within this research for some participants 'appearance' per se was a contested area from which they distanced themselves. Kevin in particular talked about a practice that, even though he did not participate in himself, knew people did undertake to enhance their appearance for a night out:

Kevin: I've never been one for doing that [going to the gym before a night out]. A lot of people do, because your muscles are pumped and you do look a lot bigger when you've just got out of the gym. But then the day after you get up and your muscles have lost all the blood and stuff like that. People do that. I know a lot of lads who will go to the gym for an hour and then go to town. Just to get blood in the muscles, obviously because it does make you look a lot bigger when you've been working out, your muscles are pumped and you look a lot bigger. So obviously they want to go out looking as big as they possibly can, so they go to the gym for an hour

Kevin saw this practice as being all about trying to 'impress people' whether male or female. In a heteronormative construction of masculinity, showing off the big, muscular physique underpins the hegemonic ideals of the male. Even though Kevin did not partake in the practice outlined above, he did feel it was important to have a body he felt comfortable with because if he was going to fall under the judgemental 'gaze' of others be it men or women then he wanted this to be done in a positive way;

Kevin: It's probably because you don't obviously want to be stared at because you don't want to feel uncomfortable, but you don't want people, if someone is going to look at you, you want them to look at you and not be looking at you like disgusted or anything, or it's horrible. If they're going to look at you, you at least want them to look at you and think yes he's in good shape.

In the quote below Dave also suggests that 'everyone wants a six pack' as similar to Kevin he sees the acquisition of such as resulting in being viewed in a different light even though Dave does not specify whether this would be in a good way or a bad way:

Dave: Like muscular but not like overly muscular, like a six pack, everyone wants a six pack. Because that's what's perceived as like the, you know the ultimate body you can get and I think people view you differently

Bordo (1999: 25) describes the bodily display of the well-toned and muscular physique as being 'fully dressed even when naked'. In other words the body which has been worked upon to appear as their ideal fitting in with the societal ideals and it is therefore 'dressed' by its muscular display. Men compete against other men whilst also identifying with them by using "markers of manhood' such as physical ability (Kimmel, 1994). De Visser and McDonnell talk about gaining masculine capital or 'man points' by partaking in typical masculine behaviours. One way to get masculine capital is working towards their ideal body and fitting in with what they perceive to be the ideal masculine physique, in other words getting approval from other men, gaining respect from them in arenas of display

such as the gym, sports participation and on holiday. This gaining of 'man credit' from approval from other men in the context of bodily appearance seemed of little importance to Josh as he suggested that he did not care what others thought of him as he succinctly put it:

Josh: I couldn't give a shit what people think

However earlier Josh had said that 'I never eat fruit or veg, and I'm not fat either' implying that maybe because his masculinity was not wrapped up in the 'obesity' discourse along with the pursuit of health and / or weight control through the consumption of a healthy diet it was not associated with that of a subordinate form of masculinity. Therefore this 'allowed' him to be dismissive of what others thought as feasibly this would not be in a negative light and he gained 'man credit' anyway. Kevin also took up a similar position to Josh when it came to discussing how it felt to be under the 'gaze' of others:

Kevin: Yeah, obviously you get different, some guys might look at you in a different way to the girls, like might be slightly jealous or they might, some guys like, I don't know, it's hard to describe really. You don't care what anyone thinks. If you feel comfortable with yourself, I think that's all that matters really. If other people don't like it, then it's their problem

However, It seems clear from the data in this research that being on holiday is an import milieu which brings the male body under the gaze and scrutiny of others where they are then judged against the 'norms'. Foucault (cited in Lupton, 1995) argues that within western society the body has become the objective of the discursive practices of society, these discourses define what

normal and abnormal behaviours are and influence society on what should and should not be done with the body. For some of the participants in this research it was more important to be working on the physique with the aim of getting ready for a holiday than for any other reason. This was both in the context of the 'lads' holiday as well as going away with a partner. For Matt in particular, this was the main focus of his exercise routine as the quote below illustrates:

Matt: It's down to personal preference I suppose because like I said, through the winter I don't exercise at all and I don't even think about it. It's all; my exercise programmes are always based around my holiday and looking good on the beach really. It's quite vain, I know, and I don't really understand why it happens. But it's personal preference. Like I say, I was, I spent a couple of years where I didn't train for ages and I didn't really feel any different, apart from I had less energy. I've got a lot more energy now I'm going to the gym regularly but if someone doesn't want to train at all... I know friends that just laugh when they think about going to the gym but I enjoy it. It helps me relax from...

Matt mentioned that at present he was working on his 'holiday body'. This involved altering his diet and his exercise routine to enable him to achieve an 'ideal' body ready for public display on the beach. When asked about what this involved said that he had cut down on things he perceived as unhealthy in his diet, not for reasons of health but because he was going on holiday and wanted a 'decent body for the beach'.

Matt: I suppose a balanced diet, making sure you get all the necessary vitamins and trying not to eat stuff that's perceived as unhealthy. So

like fast food, I don't know... excessive chocolate, crisps and stuff. I recently tried to cut down on everything that I perceive as unhealthy because I'm going on holiday and I want to have a decent body for the beach. I try and eat like decent food, so stuff that doesn't have that many additives, preservatives. I like quite fresh food as well. I like fresh stuff from the supermarket where I can.

As well as going to the gym, food was an important tool in achieving the 'holiday body'. For Matt eating food which he deemed natural and without any artificial components was important (this subject was discussed in more depth in Chapter Six), but once again this was only done in the context of him being able to achieve his desired body for his holiday. As the following quote illustrates when asked how significant he considered his diet to be in achieving this aim;

Matt: Yeah, 100 per cent, definitely. I've got an aim in my mind and that's what, that's why I suppose I'm trying to eat healthily because I know that that'll help me get to that aim. If I eat what I perceive to be unhealthy food, in my mind that's saying well, that's just another knock back to being where you want to be.

For Kevin diet was also considered a salient part of getting 'holiday ready' which involved 'tightening' his diet up by using 'protein shakes'

Kevin: Yeah you do. You change like; you cut all your saturated fats out. You start eating a lot of chicken, a lot of protein, like your protein shakes, going to the gym a lot more, cutting out, and through breakfast you might eat healthily like having egg and stuff like that, scrambled egg.

You just obviously tighten your diet right up in a short space of time, to try and get as much in as you can really

When asked further questions about this Matt stated that at the moment he was 'exercising like mad' to try and get himself to 'where he wanted to be' for his holiday. This involved increasing his body weight and working on the size and definition of his muscles. The way he assessed and monitored his progress was by taking pictures of himself so he could see the improvements he was making and that he was actually achieving what he had set out to do. It could be argued that being on holiday (particularly abroad or in hot weather) could be considered as one of the most salient arenas for a public bodily display. Although talking about the 'fat' male body Monaghan and Hardey (2009) suggest that how the body is perceived by others, particularly significant other such as family and friends can have an influence. The importance of the perceptions of significant others can play an important role in the perceptions men have regarding their body image. For example if significant others perceive their 'man' be it husband, son or whatever, to be overweight or fat then the well-publicised (although some would argue spurious claims regarding health) may play a major part in how the significant others react to and treat them. It could be argued that because Matt was going on holiday with his girlfriend that this had an influence upon his pursuit of his 'holiday body'.

This is further evidenced by Tim, a 22-year old engineering apprentice, but in contrast to Matt who was going on holiday with his partner, Tim had been on holiday with his male friends on a 'lads' holiday. Tim described himself as being 6ft 2" and felt that his height 'went in his favour' of feeling good about himself. For Tim one of the main components of what being 'healthy' meant to him was

that he was not fat or considered to be fat by other people. Tim did not go to the gym although he did participate in sport but not on a regular basis. However, Tim revealed that the only time he did go the gym was before he went on holiday and last year he had been on a 'lads' holiday and so he had gone to the gym all the time in order to improve his physique prior to the holiday. When asked why he did this he replied that he was not particularly interested in 'pulling' but more in wanting to 'look good' and 'more manly' particularly in and amongst his male friends. Indeed, for Tim being considered 'manly' was important but particularly when set in the context of not being considered 'gay' a subordinate masculinity. Therefore for Tim his masculine identity was positioned in terms of being considered heterosexual but for him this was constructed by having a desirable physique rather than in his ability to 'pull' women.

A reason for Tim perhaps positioning his masculinity in this way could perhaps be attributed to what had gone on in his life. Part of Tim's biography was that he had been living with his girlfriend but when they had split up about 2 years ago, even though he was in full time employment, he could not afford to live on his own and had had to move back into his parents' house. Even though Tim did not use the term 'inadequate' perhaps his masculinity had somewhat been undermined by the failure of his relationship and the fact that he had had to move back into his parents' due to a low paid job and as such had to prove his worth as a 'man' in other ways amongst his friends.

This fits in with the research by Brooks (2006) who investigated the social construction of masculinity in male-to-male friendships. In one of his interviews with Jack, a 40-year old man, whilst discussing body image and how he feels about his body Jack reveals how his feelings of inadequacy in other areas

considered to be masculine such as being in a poor financial position, not owning his own home or driving a nice car lead to him having feelings of anxiety and pushed him to work on having a good physique with a 'six-pack' in order to be seen as more masculine. It seems reasonable to suggest that this could also be attributed to Tim who felt like he had to show himself to be a 'man' among his friends because he felt inadequate in other areas. Although Tim had not set himself a specific goal other than to 'improve his physique' when Matt was asked if he had a specific goal to achieve before his holiday responded with:

Matt: I have a... At the minute, I've set it by, I have a minimum weight I want to achieve and then just on definition and size really. So I measured myself before, measured and weighed myself before I started training, took photos of myself so that I can put them next to each other at the end and say, I have actually achieved what I wanted. And I've set a minimum weight of 13 and a half stone to get up to, so I'm not that, I'm just over 13 at the minute.

When Matt was asked why he felt that he needed to pursue this goal for his holiday he justified this in terms of how he felt when he used to play rugby:

Matt: I don't know really. It's part... I've always been quite conscious of my size because when I was younger I was really tall and quite skinny. So I've always been quite conscious of being too skinny and then I used to play a lot of rugby as well and rugby players are generally considered to be quite big and I was never the biggest on my team. I was always playing against bigger guys, so...

Once again perhaps like Tim, feeling inadequate in other areas had led Matt to the pursuit of a body which fits in with hegemonic ideals as a 'representation' of his worth as a man. When Simon was asked if there was anything he was not so happy with in regards of his body, even though he was quite happy with his height and weight, he did have some concerns with the size of his arms and as he put it his 'pigeon chest'. Although Simon positions himself as having enough confidence not to be concerned over what he considers to be the 'problem' parts of his body, as he puts it 'the measure of the man surely can't be in the inches of his chest' he then goes on to contradict this. Simon then talks about how he consciously dresses to hide what he refers to as his 'problem areas' by 'always wearing long sleeves and rolling them up, that's how I dress myself, to hide that'. However, following on from this when asked how he would feel when on holiday about taking his top off replied:

Simon: Yes, you've hit the nail on the head there. God, I hate taking my top off. Yes, because unfortunately it suddenly becomes the situation where the measure of the man is in the chest or your arms and it's just this bit, (showing me which bit he means) it's that bit I'm very conscious of.

For Simon his masculine identity is somewhat positioned within the context of achievement. Simon has a university degree of which he is very proud and as such he justifies this by suggesting that his 'worth' to some extent can be measured by his academic success. Unfortunately when the situation calls for a 'bodily' display then this becomes a point of consternation:

Simon: Yes, because if I go back through all my holidays I have had that sort of initial trepidation of oh God, that's man's biceps are the size of my waist and I've got to sit next to him with my top off, with my pigeon chest, I can hardly wear my degree certificate to prove a point now can I? So yes, I do think about it, but in the end I just think bollocks to it. This is the body I've got and I've got to love it or hate it and quite frankly if I waste time hating it, then I'm going to waste a lot more time of enjoying the other aspects of my life. So yes, the top would come off, it would. Yes, bollocks to it, yes.

John was also asked about how he felt about his body and similar to Simon was happy with his weight and particularly his height of 6ft 1". When asked if he would do any 'bodily' prep before he went on holiday replied:

John No, no, absolutely not.

When asked if that would change if he felt unhappy with his body, replied:

John: Yeah I suppose. I suppose if I was overweight and I was going on holiday where you take your top off on the beach or whatever, I would try and lose weight I suppose. Yeah I suppose, well specifically two friends who are a bit overweight, I suppose they wouldn't take their tops off when they're on the beach because they're conscious of their image.

Even though Simon and John were not willing to spend their time working on their bodies to 'fit in' with what would be considered the 'ideal', albeit for different

reasons, other participants were willing to put in the time and effort in order to achieve this. Grogan and Richards (2002) argue that masculine embodiment promotes both strength and control but this has to be put into the context of not caring about one's appearance for to be seen to care undermines hegemonic masculinity. For the young men in this study the reasons for getting ready for going on holiday varied but the main consensus was to do with the presentation of the body. Dave was one of the participants who justified his behaviours in the context of autonomy. The notion that he would want to look good on the beach was not because he 'wanted to show off' but more to do with him feeling good about himself rather than what other people would think about him.

Dave: I wouldn't want to like show off, I just ... so you look I guess, I don't know just so that you feel better about yourself rather than what other people think.

However when Dave was asked how he would perceive other men who were perhaps overweight suggests that some men may not be ashamed, drawing perhaps upon their gaining 'man credit' in other areas to justify this

Dave Slightly. But I think it's like the person, not everyone might be ashamed and they don't care if they feel out of place or they've been ...I wouldn't judge them or anything, I wouldn't think anything badly about them.

Dave: Yeah slightly. Because I think you are in control of your body, in most cases, 99% of the time you are in control, like of what you do.

Conversely, even though some of the participants within this research justified their bodily practices in terms of improving sporting activity and not wanting to be fat others openly admitted that they did it for appearances sake. For Mike it was all about wanting to 'stand out' from the crowd and because as he put it 'I like to be the centre of attention'. Mike had been what he perceived as 'chubby' and had thus altered his diet and started going to the gym in the first instance to lose weight. However since losing the weight he was now in the process of putting weight on albeit as he describes it 'good weight yes, I am trying to put muscle on' and as the quote below illustrates being 'bigger' for his holiday is all about being looked at;

Mike: Maybe at first when I lost the weight it was I don't want people to look at me and think he's chubby, but now I definitely think I want to be bigger for my holidays so people will look at me.

He then justifies this further by suggesting that when he considered himself to be 'chubby', even though he knew he was not 'massive' he was conscious of his size and thought that people were looking at him and blaming him in a negative way for his physique;

Mike: I wasn't massive, I wasn't massive, just in my head I was. And I was just like I would sit at the pool with my arms crossed or something like that because I would have rolls when I sat down, yes maybe they'd think it's his own fault he is chubby, I didn't feel attractive.

Like Mike, Matt openly admitted that it was vanity which pushed him to work on his body ready for his holiday. However, Matt then moves away from this

position and justifies his bodily practices in terms of having more energy which would allow him to enjoy himself:

Matt: Vanity probably. I see that as an ideal and that's... It's just a personal thing I suppose. I know friends that really are just not interested in that at all but it's something, well I've always like to be quite, I'm quite athletic anyway and quite healthy, quite active and I think I see it as if I can get to that ideal, I'd be able to like have more energy to go and enjoy myself.

Some of the young men in this study were reticent to admit to wanting to be looked at saying they 'didn't care' what others thought of them but would then admit that it was important to them not to be fat or considered to be fat by others. Mike talked about how he would try and disguise his 'chubby' frame by crossing his arms because he felt that other people would blame him for being fat. A reason for doing this could be as Griffin (2012) writes that the field of medicine along with diet and nutritional industries are inclined to group together those regarded as 'fat', presupposing that 'fat' individuals share similar habits and characteristics. Due to the negativity associated with 'fatness' such as being considered lazy and unable to 'control' their gluttony, 'fat people are marked as socially othered and some-how less-than' (Griffin, 2012: 381). Mike adds at the end that he 'didn't feel attractive' thus his masculine embodiment is, he feels, under threat as he perceives himself as unattractive to the opposite sex. This supports the notion that heterosexuality has become the 'natural dominant norm' around which all gender identities are negotiated (Butler, 1990). As argued by Monaghan (2008) the 'fat' male body has become feminised and as such can result in it becoming regarded as a marginalised form of masculinity,

one to be hidden away and disguised which can lead to feelings of low self-esteem. This is evidenced in the quote below from Kevin when asked how he felt about having a body which he would perceive as 'ideal':

Kevin: I think it does affect how you feel, because if you feel good about yourself then you feel a lot happier. Obviously if you feel overweight or bad about yourself, then you might feel a bit less confident around other people and stuff like that.

Seidler (2007) suggests that for some young men their masculinity can be all they have to draw upon for their self-esteem. Seidler (2007: 13) writes that for young men 'masculinities can become performative often as a way of concealing inner emotional turmoil from others'. And as Butler (2009: 1) argues 'doing' gender is not done alone, it is done 'with or for another, even if the other is only imaginary'. For the participants in this research gaining respect from others revolved around the presentation of the self whether this meant appearing 'more attractive' to the opposite sex or not being judged negatively. For the participants in this research this involved working towards what they considered to be their ideal masculine body and fitting in with what they perceive to be a desirable body shape.

Kevin: You do tend to when you're going on like a lad's holiday. You tend to want to look a bit bigger obviously when you've got your top off on the beach. You want to look, so you might train a bit harder, less cardio, more, because you're not going to be running on holiday, so you don't really need your cardio. So you might do a bit more weights. You could carry more weights and put a bit of size on before you go on

holiday. So you do train different around what you're doing it for. Like when it's football season I tend to do more cardio. When its summer and I'm not doing football, I'm going and it's warm, I probably do change my training plan around like what you're going to do.

When asked why he did this replied:

Kevin: It's probably because you don't obviously want to be stared at because you don't want to feel uncomfortable, but you don't want people, if someone is going to look at you, you want them to look at you and not be looking at you like disgusted or anything, or it's horrible. If they're going to look at you, you at least want them to look at you and think yes he's in good shape.

When Rich was asked why he felt it important to have a body he would be happy to show off on the beach suggested that his reason for doing it was because he did not want to stand out from the crowd and have people staring at him

Rich: Because I like, you know, I'm a bit self-conscious anyway, so that's probably why as well. But you know, you don't want people staring at you. You feel if you're a bit more toned up you'd just blend in a bit more. Yeah, not to stand out no.

Rich justifies his position as he regards himself as being 'self-conscious' and if someone did look at him this would make him 'go into his shell'. When asked why he felt this way he replied:

Rich: I don't know, just the fact that if someone's looking at you, you feel that they might be judging you. I'm not sure, I don't know what they think. It's just the fact that if someone looks at you, I'm not sure, I just think, "Well why are you looking?" Do you know what I mean? I don't think, "What are they thinking?" I just think I've obviously got something different so that's why they're looking. I don't know, I can't explain it.

The power of the 'gaze' to control and to be controlled is further evidenced in the quote below from Rich.

Rich: Well I don't go for it myself. I mean it's a bit weird because some guys do it because they want to ... some guys do it because they want to attract female attention, but a lot of guys do it because they want to be, you know, more masculine and get credit off guys, but that's a bit weird, if you see what I mean? I don't see why you would want another guy to go, "Look at his arms." But a lot of guys do that

Even though Rich struggles to fully articulate what he means he does suggest that when other people look at you they are being judgemental of your outward appearance. When the participants were asked if they looked at other men, this was met with differing views. One participant responded with a definite 'no, why would I?' which suggested to me that I was inferring some sexual connotation or that there was a sexual agenda for the question. Apart from in the gym the participants in this research suggested that for them to look at other men was not something which they would do. As Rich suggested 'that's a bit weird' whereas in the gym context it was positioned in the sharing of knowledge rather than the gaining of 'man credit' per se. As Gastaldo (1997) argues the 'gaze' is

always around creating and promoting what has come to be considered the 'normative' lifestyle choices of contemporary society and nowhere is this evidenced more than in the presentation of the body. Further, as Freund et al. (2003) explain the individual body is part of the society in which it functions and as such it is shaped by the norms and practices of that society and in contemporary society being in possession of a presentable male physique is an important part of that construction.

Summary

This chapter has explored the empirical data in respect of appearance and how this can influence the perceptions of health. For the participants in this study Spitzack's (1990) notion of the 'aesthetics of health' discourse was still a paramount force in their construction of health. This was tied up in the majority of cases with the discursive practices of the 'obesity' discourse in as much as the health of an individual can be assessed by the bodily representation. In other words a body which is not fat is deemed to be healthy whereas the fat body is a visual representation of an individual's poor health status. Following this the 'double-bind of masculinity' was explored whereby a man undertaking what could be described as a 'feminised' behaviour has to position it in a masculine way. From the data it seems that for men who do undertake health promoting behaviours they do have to be set in a context which does not reflect a subordinate form of masculinity or imply a feminised behaviour. For example for the participants in this study physical activity was undertaken in the respect of sporting prowess or gym-going in order to achieve or at least be working to an 'ideal' physique.

What this 'ideal physique consisted of was then explore and what the influences were upon this. This then lead into what part the 'gaze' of oneself and others plays upon this representation and how the influence of male capital or gaining of 'man credit' can form an essential part of their construction of masculinity. When the 'gaze' was undertaken in the gym it seemed that the participants were happy to discuss their bodies and to judge others in respect of their achievements of their body building endeavours. This was a prime area for the sharing of knowledge and a legitimate arena to be under the 'gaze' of other men as well as for other men put their 'gaze' upon them. However when on holiday this seemed to be an arena to be under the 'gaze' of others but primarily in a judgemental sort of a way where it was paramount to gain 'man credit' by the display of an acceptable masculine physique.

Chapter 7: Concluding discussion

Introduction

Throughout the previous chapters I have explored the objectives (listed below) of the research in order to fulfil the overall aim of the study. The aim was to critically explore how young men aged 18-24 construct 'health' in terms of knowledge and beliefs and to explore what influence these factors may have on their own lifestyle practices particularly, but not exclusively, in regards of food and how this informs their masculine identity. I began the thesis with an introduction to the topic giving an account of the background to the study and why I was interested in this particularly area of research. Within the next two chapters I looked at the existing literature pertaining to the topic. The subsequent chapter then gave a narrative account of my methodology and research journey. Following this I then dedicated two chapters to the findings from the empirical data. This chapter will now bring together the evidence gathered from the literature review and empirical data and begin to draw to a conclusion this research project. In order to critically explore the aim the following four objectives were addressed:

- To explore young men's understandings of health and to what extent they are influenced by public health discourses pertaining to healthy lifestyle practices
- To examine young men's lived experiences of health behaviours and lifestyle practices
- To examine to what extent social constructions of masculinity affect young men's perceptions of health, body shape and size

- To explore young men's experiences of their bodies and identities and how these are influenced by societal constructions of masculinity

This chapter will discuss the findings from the data in relation to these objectives. It will then discuss the theoretical implications of this research project. Next It will address how this study contributes to knowledge and policy and practice. Subsequently it will provide an outline of possible future research areas before offering a final conclusion to this research study

Discussion of the four objectives

To explore young men's understandings of health and to what extent they are influenced by public health discourses pertaining to healthy lifestyle practices

The key finding in relation to this objective was that the participants in this research were greatly influenced by medicalized public health discourses emanating from health promotion campaigns. The current remit of public health is very much about illness prevention and as such health promotion rhetoric is based upon the premise that illness can be prevented or at least the risk of developing it can be reduced through the promotion of 'healthy' lifestyle choices, particularly diet and physical activity (Lupton, 1995). Drawing on Foucault's (1990) notion of governmentality which Flynn (2002: 163) suggests is 'about the disciplining and regulation of the population without direct and oppressive intervention'. It could be argued that health promotion initiatives are an example of this, in as much as they have the 'power' to influence what are the 'acceptable' behaviours to be undertaken by the individual. For example, all the participants drew upon the discourses associated with public health rhetoric to

describe what they considered to be 'healthy' behaviours. They talked about physical activity participation and the importance of consuming a healthy diet. They used terms such as 'balanced' to describe a healthy diet as well as drawing on the 5-a-day adage to express the importance of consuming adequate amounts of fruit and vegetables. This concurs with Van Amsterdam et al. (2012) who suggest that public health discourses are a powerful tool in the construction of beliefs and knowledge regarding healthy behaviours tool and as such did form the basis of the knowledge of the participants in this study. Health promotion rhetoric does tend to focus on the causes of health risks such as elevated blood pressure and cholesterol levels in the context of poor diet and lack of physical activity, and these risk factors are often linked to being overweight or obese.

Within western society 'expert' medical knowledge linked with Foucault's notion of governmentality is given the power to 'control' the individual body (Rose, 1999). 'Governmentality links the techniques of discipline and control of individual living bodies directly to state policies'. (Jones, et al., 2001: 596). Within a neoliberal society, the role of the active citizen is one which is given as that of the 'responsible' person, the one who takes care of themselves so as not to become a burden upon the resources of the nation (Clarke, 2005). Within the UK, a lot of emphasis is put upon the 'cost' to the country of the 'obese' not only in respect of the cost to their own health but more so in the 'cost' to the nation as a whole, in particular the NHS, funded through the taxes of the hard-working compliant citizen (Lupton, 1995). This has resulted in the obese person being 'blamed' for their lack of 'control' in respect of their own 'gluttonous' and 'lazy' lifestyle and subsequently putting themselves at 'risk' of ill health as a result.

Therefore, food choice, particularly set in the context of healthy eating, comes with a moral obligation (Delaney and McCarthy, 2014).

Foucault (1973) suggests that the creation of 'expert knowledge' such as that of the 'risk' to health of having what would be considered an 'obese' body is given the power to control individual thought and action. However, 'expert knowledge' can be contended and challenged, as the so-called 'experts' do not always agree with one another leading to conflicting opinions and advice being made public (Fleck, 1979). The findings in this study show that participants positioned themselves as being sceptical about the 'expert knowledge' upon which health promotion campaigns are based. The 'knowledge' gleaned from health promotion campaigns lead to confusion about what to believe and this in turn lead to the scepticism. As well as challenging the 'expert knowledge' another area highlighted was that of cynicism toward the government, in as much as they only 'looked after' the health of the nation in order to be seen in a positive light to secure votes as well as it being a money saving scheme. The participants challenged the integrity of the government and the reliability of the 'expert' knowledge. However, the overriding theme identified was that whether to secure votes or to save money the fundamental reason behind health promotion campaigns in the UK was to 'combat' the so-called obesity epidemic. Even though some of the participants did attribute 'obesity' to a number of other causes such as genetics and mobility problems, the main consensus was that the target of health promotion campaigns was indeed to reduce the number of 'obese' individuals by promoting healthy lifestyle practices.

Another outcome from this study was that the participants suggested improving one's diet and consuming more fruit and vegetables was something that was

considered to be a realistic aim for the population at large. Whereas, the majority of participants considered increasing physical activity levels was something which was perceived to be unrealistic for the majority of people. The findings suggest that the promotion of a 'healthy' diet (mainly in respect of the 5-a-day campaign) was at least, to some extent, achievable whereas expecting individuals to increase physical activity levels was not. Thompson and Kumar (2011) use the term 'othering' which they describe as an assumption by participants in their research that while they were able to make competent decisions in regards of their health, others were not. Similarly, the participants' responses in this study highlight a distancing of themselves away from the 'general population' as a whole or at least those in need of some 'intervention'.

The findings in this study have highlighted that the participants drew heavily on health promotion discourses, and overall did have what could be described as a sound knowledge of healthy lifestyle practices. Johnson (2002) suggests that when such discourses become embedded within the public psyche, they promote 'normalising' behaviours and self-regulation. That said even though the participants suggested that improving diet if not physical activity levels was something which they considered achievable for the population at large, conversely undertaking these behaviours was something which was not always readily practiced by the participants themselves. The next section will therefore explore the health behaviours and lifestyle practices of the participants in more depth to help explain their individual behaviours and what it is that influences these.

To examine young men's lived experiences of health behaviours and lifestyle practices

It is widely publicised within the UK as well as other westernised countries that men are poor at seeking advice and getting professional help with their health issues. This has resulted in among other things, a poorer life expectancy for men and as such an 'equality' gap has developed between men and women in respect of health (White and Witty, 2009). More often than not, the 'blame' for this 'gap' is put at the door of 'masculinity' (Courtenay, 2000), as it is suggested that men regard themselves as being in possession of a big, strong and robust body compared to the more feeble body of a woman. The findings from this study suggest that it may be the case that for the majority of participants, seeking professional medical advice was something they would not necessarily do "at the drop of a hat" but would do if they considered their problem to be serious enough. However, the reason given for their not seeking help was not positioned in terms of their masculinity but instead in terms of their age. Indeed, all participants considered themselves too young to bother with health checks and would only consider this if, like one participant, they had a family history which warranted it.

Over and above this, seeking medical help or having health checks of risk factors such as blood pressure and cholesterol levels was something which was not considered to be necessary for all the participants because of their age. Some participants did suggest that this may change as they got older but at the present time was not a concern for them. This fits with the research by Delaney and McCarthy (2014) who suggest that as we age we are more likely to encounter health problems linked to lifestyle choices and as such are more

likely to change health behaviours. For all the participants, health was defined in terms of a lack of a physical illness or symptoms. Therefore, because they did not get ill on a regular basis and were symptom free, they felt they had no need to seek medical advice. Illness was considered as being something tangible, therefore, the lack of any symptoms, particularly at a young age, did not warrant checking for 'risk' factors such as elevated blood pressure as these were not considered as pertinent to the majority of participants.

However, some of the participants did position 'health' in non-tangible terms such as those of self-esteem and "feeling good about yourself". Although the World Health Organisation's definition of health is contested by some, how the participants described what being 'healthy' meant to them was in line with the WHO (1986) definition. Most participants spoke about not getting ill very often. Similar to Robertson's (2006) findings, for some participants in this study, an important component of health was feeling good and being fit and able to do what they wanted to do physically. For example, being able to perform sports wise was one of the subject positions taken up by the participants in relation to how they defined their health status. For the majority of participants, being fit and healthy were often considered to be one and the same thing (Carsperen et al., 1985). One effect of this is that they often spoke about their health in terms of fitness (Hunt and MacLeod, 1987).

Foucault (1986) argues that 'power' is not only located within the institutions of the state but also within individuals who have the subjective power with which to resist the 'norms' of institutional power. As shown, most of the participants in this research showed both compliance and resistance to the health promotion discourses. Similar to the research by Thompson and Kumar (2011) looking at

health promotion strategies in New Zealand, all the participants in this research showed knowledge of health promotion messages, even if they did not necessarily act upon them.

These findings suggest that 'decisions' in regard to health behaviour are not straightforward and that decisions are based upon more than 'informed' choice. The participants justified their non-compliance to 'healthy' lifestyle choices for a variety of reasons. One of the main reasons given for their non-compliance was by drawing on the obesity discourse. Gracia-Arnaiz (2010) contends discourses associated with 'fatness' position the individual as being lazy and unable to 'control' their gluttony. Indeed, as Monaghan (2007) contends the 'gaze' of society upon the fat male body is becoming more of an issue. Therefore, as all the participants at the time of the study did not consider themselves to be fat or over weight then the health promotion messages did not apply to them. Similarly, for the two participants who did not undertake any physical activity the same reason applied. Some of the participants also negotiated their transgression from the moral obligation of the 'active citizen' (Clarke, 2005) by reason of their participation in other healthy behaviours. The participants did this by countering their lack of what would be considered healthy behaviours with not undertaking unhealthy behaviours such as consuming 'fast' food. This also 'worked' for some participants in reverse when they justified their unhealthy behaviours such as smoking with the fact that they were physically active and / or ate what they considered to be a 'reasonable' diet.

Statistics suggest that young men aged 16-24 are the poorest demographic within the UK at consuming a 'healthy' diet (National Health Survey for England, 2007). From the findings in this research, it has to be said that the majority of

the young men interviewed were and are interested in the foods they eat but not in the 'typical' way of eating to be 'healthy' i.e. five portions of fruit and vegetables per day. Lupton (1996) suggests that foods chosen to eat are more than just a way to refuel the body but are a representation of the self to others. Moore (2010) argues that health promotion discourses act to position 'healthy food' in a feminine context as they are associated with typical feminine behaviours such as 'care of the self'. The majority of participants in this study distanced themselves from the feminised context of 'healthy food' and constructed their diets in terms of masculine embodiment. They used technical terms such as 'high protein' and 'low fat' to describe their diets. The main reason given for the foods they chose to eat was constructed in these terms and was chosen because of the contribution they would make towards helping them achieve their goals in relation to building muscle.

Foods considered to be 'feminine' are usually those thought of as light and delicate. Typically, men's diets are perceived as being 'unhealthy' as they are usually considered to be high in consumption of red meat and fat (Sobal, 2005). For the majority of participants in this study fruit and vegetable consumption was something which was seen as a personal preference for themselves rather than as a means of being healthy. Four of the participants mentioned that they liked certain fruits such as bananas and oranges and would consume these regardless of any perceived health benefit. One participant said that he did not like any vegetables and considered it was only older people or people interested in their health that did. Another participant dismissed both fruit and vegetable consumption outright suggesting that as he did not have a problem with his weight and at his age the need to consume 'healthy' foods was not necessary

for him. This however, was not the case for the majority of the participants who included both fruit and vegetables in their diet. Salad however, seemed to fall into a category all of its own, salad in particular was viewed as a 'food' which the participants considered to be inappropriate for them to consume. Even though some participants suggested that they liked salad, and would consume it as part of a sandwich or a meal, they did say that they thought a man ordering or eating a salad would be beset with ridicule.

For most of the participants, a 'healthy' diet, particularly in regards of salad was considered as one which would be involved in weight loss, and this was predominantly attributed to women. Therefore, for a man to consume salad would result in ridicule from friends and work mates as this was a behaviour which would undermine their masculinity. Even though being disparaging of salad and calling it 'rabbit food' was considered to be old-fashioned and out-dated, the justification for not consuming it or for it not being considered appropriate was positioned in terms of it being inadequate for a man to consume as it "did not fill you up". Besides positioning themselves outside of the weight loss rhetoric men who did consume fruit and vegetables usually did this as part of their moral obligation as the active citizen (Clarke, 2005).

The data suggests that all the participants in this study still considered 'dieting' and 'weight loss' to be more of a concern for women than for men, suggesting that 'going on a diet' would be something that a woman would readily admit to whereas a man would not. A man 'admitting' he was on a 'diet' or choosing to eat a salad, which would suggest that he was trying to lose weight, would in their opinion be 'ridiculed' by his friend and work colleagues as this would be representative of a 'feminised' behaviour. However, even though the

participants positioned 'dieting' in their accounts as being a 'feminised' behaviour, they still did not want to be fat or constructed as fat by others. Participants still considered women to be more concerned with their weight per se than men. They tended to belittle weight-loss as something which they would consider as being 'easy'. The overriding opinion was that men would choose to go to the gym, whereas women would choose to alter their diet.

The data suggests that what the participants chose to eat did have some bearing upon their construction of masculinity. Rather than positioning their diet in the feminised context of weight loss or care of the self, the participants in this study positioned their diet in terms of how it could help them achieve their goals in pursuit of their 'ideal' body. Although participants were knowledgeable about what constitutes a healthy diet and drew on health promotion rhetoric by using terms such as 'balanced' alongside what could be described as more technical words such as 'vitamins and minerals', the way they chose to describe their diet was 'high protein' and 'low fat'. This 'high protein' diet would include things such as chicken and fish, which as Bourdieu (1984) suggested was considered 'feminine' food as it was seen as being light and delicate. However, for the participants in this study these foods were considered appropriate for them to consume because in their opinion, they were good sources of protein and as such were essential for building muscle. The data suggests that the participants in this study undertook certain, which would be considered 'healthy' lifestyle practices, but these were positioned in such a way so as not to undermine their masculine identity. The food they consumed was positioned in terms of the contribution it would make towards the acquisition of what they considered to be

their 'ideal' body, or at least go some way towards helping them achieve this rather than hinder them.

Meah and Watson (2009) argue that although it is a common assumption within the UK that cookery skills are declining among today's young people, it is not that straightforward. They reason that one generation should not be compared to another as there are different social and cultural factors at play which are embedded in individual practices. This study shows that the participants all had knowledge of food, and all had cookery skills. These skills may not have been in a traditional 'meat and two veg' way but they all were of the view that they were able to look after themselves and had the ability to cook a meal. Although the majority of participants talked about 'convenience' foods, contrary to popular belief, these were disparaged and not considered as an essential part of their diets. Indeed, one participant in particular, suggested that he was a better cook than his mum and could prepare and cook food from scratch whereas his mum relied more upon 'convenience' foods.

With the exception of two, all participants took part in some form of physical activity. One participant who did not participate suggested that he had a physically demanding job which involved a lot of lifting and carrying so he considered that he was active enough. The other participant drew on the obesity discourse and positioned himself as not needing to be physically active because he did not consider himself to be fat. For the majority of participants, physical activity, whether going to the gym or playing sports, was used as part of their masculine identity. However, the position taken up was often not to do with participation in respect of health per se but due to different expressions of masculinity such as; to improve sporting prowess; increase strength; build

muscle and physique. For the majority of participants who were physically active, the use of legal supplements was an acceptable part of their diet as they helped them achieve their goals in respect of obtaining their ideal body. No one admitted to taking illegal supplements such as steroids, although one participant did say he would consider their use to achieve his goals and that in his opinion, they got a “bad press” whereas he suggested they were no worse than any other illicit drug such as cocaine.

Even though most of the participants did not construct their lifestyle practices in terms of health they did take up the position of the ‘active citizen’ (Clarke, 2005) to some extent. However, overall they did not consider themselves to be in an ‘at risk’ group due to their age and body size thus doing it for health reasons was not thought to be relevant to them. Spitzack (1990) uses the term ‘aesthetics of health’ to describe how a ‘healthy’ body is judged by its outward appearance regardless of the individuals’ actual health status. Others such as Jutel and Buetow (2007) suggest that appearance plays an important role in health assessment and preservation. This next section will explore in detail the ‘aesthetics of health’ in regards of the participants in this study and will argue that this concept is still relevant in contemporary society.

To examine to what extent social constructions of masculinity affect young men’s perceptions of health, body shape and size

The main findings in regard of this objective are that the ‘aesthetics of health’ discourse is still relevant and is an important component of how health is judged and evaluated for the participants in this study. Similar to the research by Jutel and Buetow (2007) body size was considered the primary marker with which to

assess a person's 'health' status. All the participants still drew on the discourses of 'blame' for weight issues. A minority also drew on medical discourses, for example, thyroid problems as reasons for individuals being overweight or obese. However, the overriding notion was that of 'blame' primarily as a result of poor diet and lack of exercise which 'fits' with the predominant discourse associated with health promotion rhetoric.

For all the participants in this research not being fat or considered fat by others was an important part of their own 'health' identity. Aside from the association of 'fatness' with being lazy and gluttonous, Monaghan (2007) contends that the fat male body due in part to its softness has come to be regarded as feminine. The use of pejorative terms such as 'man breasts', or the portmanteau term 'moobs' (Roher, 2009) to describe a build-up of fat over the pectoral muscles furthers this feminisation. For all the participants, having a body which was not fat and as such having a body which they would display was of great importance to them. This was due to feeling they were under the potentially judgemental 'gaze' of others hence it was essential to be seen in a positive light. As Foucault (1973) argues the 'gaze' has the power to control behaviour and create what then become normative behaviours. Thus, power is given to the normalising 'gaze' to dictate normative behaviours, in this case those which prevent obesity. Adherence to these normative behaviours was then visually evidenced by the body; therefore, the presentation of a range of acceptable body images was paramount.

For some participants in this study masculinity was constructed and also contested between men. One of the ways this masculinity was constructed was by the presentation of an acceptable masculine physique. Gaining approval

from other men was for some of the utmost importance. For one participant in particular, wanting to be considered as 'manly' by his friends and peers was the reason he gave for working on his body. For this participant, the taking up of this position was not done specifically in the context of a heterosexual identity in as much as it did not have to be 'proved' by the conquest or as the participant put it, 'pulling' of women but rather in the display of an 'ideal' or at least a 'not fat' body. It could therefore be argued that for this participant, his homosocial relationships (Flood, 2008) are important to him in respect of his masculine identity.

De Visser and McDonnell (2013) suggest that men can gain 'masculine capital' or 'man points' by exhibiting stereotypical masculine behaviours, which then allows their participation in what would be considered feminine behaviours. An example of this is that on the 'stag' holiday, the 'fat' male body can become one that is revered and 'shown off' as this can be countered by the person's ability to gain 'man credit' in other ways such as excessive drinking (Thurnell-Read, 2011). Although De Visser and McDonnell (2013) talk about 'behaviours' rather than embodiment as such, it could be argued that the two things are inextricably linked in as much as one is representative of the other. For the participants in this study, the term 'man credit' was used and was something which could be gained by displaying a body which they considered to be 'decent'.

The data from this study suggests that one of the most salient areas for the display of the male body is that of being on holiday. Being under the normative 'gaze' of others whilst on the beach usually in swimwear was for the majority of participants in this study considered this to be one of the ultimate arenas for a public display of the 'ideal' body. For the majority of participants, the reason they

worked on their 'holiday body' was because they wanted to 'fit in' with the 'norms' and not stand out for reasons such as being fat which as was argued earlier can portray a 'feminised' and as such a subordinate form of masculinity. However, one participant wanted to be big and muscular and to stand out. He suggested the reason for this was that previously he had been fat and felt like he had had to cover himself up when on holiday. For the majority of participants, however, the 'body building' physique was not one that was coveted, in fact, it was disparaged by most with inferences of mental health issues, steroid use and homosexuality. De Visser et al. (2009) contend that a 'body builder' physique can be considered as not being masculine as it is used for display rather than sporting prowess and is therefore associated with narcissism and vanity. Furthermore, body builders even in a gym context were considered to be 'gay' by other gym users especially those that identified as power lifters as they 'watched' each other and cared about their appearance as opposed to building up their strength (Alexander, 2003).

It could be argued therefore, that for most of the participants in this study, their construction of masculinity was more related to having an acceptable masculine physique as opposed to traditional versions of masculinity such as that of 'breadwinner' or 'provider'. Such traditional versions of masculinity were not relevant to the participants in this study perhaps because none of them were married (three did have long-term partners with whom they lived) or had dependent children. It could be argued therefore, that their need to represent their masculinity in terms of a traditional construction was not one that had yet arisen and so other avenues for their expressing their masculinity had to be explored. Therefore, having an acceptable masculine physique was a more

appropriate way for the participants to 'show' their masculinity, at least at the present time.

Being in control of the body and working on it for display purposes albeit as a temporal project for some was undertaken either to fit in or to stand out from the crowd, but in a 'good' way. This section has examined the perceptions of the participants in regards of their masculine embodiment, and the data suggests that for the men in this study gaining 'man credit' is an important component in their construction of masculinity and one of the ways they can do this is by displaying a 'worked on' body. However, this 'worked on' body must conform to certain criteria otherwise it could be considered representative of a subordinate masculinity. Men's bodies are on display more and more within western society (Gill et al., 2005) and as such the influences upon men as to what is acceptable and desirable in a corporeal sense has increased. Subsequently, the following section will address what it is that influences this type of embodiment and what part this plays in the construction of masculinity.

To explore young men's experiences of their bodies and identities and how these are influenced by societal constructions of masculinity

The findings from this study suggest that one of the main influences on the participants' construction of the 'ideal' male body was that of the media. For the majority of participants, the 'ideal' male body was that described as 'athletic' although this terminology was disputed by one participant who used the phrase 'otter mode' instead. Specific words and phrases were also used to describe their 'ideal' body such as 'otter mode' and 'upside down triangle'. As mentioned

in the previous section, although one participant did want to be as big and muscular as possible and identified himself as a 'body builder type', for the majority of the participants in this study the 'ideal' male physique was what was described as athletic. Indeed as is highlighted by Ricciardelli et al. (2010) in men's lifestyle magazines the favoured representation of the male body is one that is toned and muscular rather than an overly muscular body builder type.

Alexander (2003) argues that contemporary masculinity is constructed around consumption rather than production and uses the term 'branded masculinity' to describe it. Magazines aimed at the male population such as *Men's Health Magazine* therefore, portray the 'ideal' male body as being muscular, fashionable and successful. For some of the participants in this study, men's magazines were used as one point of reference as an influence and also film stars such as Gerard Butler and footballers such as David Beckham. Although Simon was the only participant within this study who identified as being 'gay', the influences upon his and the other participants' constructions of an 'ideal' male body were very similar. Indeed, Simon himself suggested that the lines between gay and straight men were becoming blurred and this he attributed to men such as David Beckham. The reasons Simon suggested that he appealed to both was a) because he looked good in his underwear, which appealed to a gay man and b) he had everything a 'straight' man would covet such as a 'trophy wife' and exceptional sporting prowess, therefore, gaining 'man credit' (as discussed earlier).

The influence upon the ideal body was attributed all in all to media representations of an acceptable physique, for the participants in this study the acquisition of their 'ideal' male body played an important part in their

construction of masculinity. Being part of the *habitus* (Bourdieu, 1984) and fitting in with their friends was an important part of their masculine embodied identity. Some participants suggested that going to the gym and being part of this culture also had an influence on their masculine embodiment. The gym was seen for some participants as a place where they could go to and share information with each other, which produced a type of camaraderie between them. These participants talked about how seeing another gym goer being 'successful' in achieving their goals was an inspiration to them. This was one 'arena' where for some participants in this study the 'gaze' of others was not seen in a judgemental but in a supportive way. For the participants in this study watching each other in the context of the gym was not necessarily considered as gay where as in other research this has been the case. However, one participant did suggest that he would not look at other men and would consider it 'weird' if that was the case, *especially* in the gym. However, for the majority of participants whilst on holiday being under the 'gaze' of other men (and women) was considered to be judgemental rather than supportive as in the gym. This 'gaze' could also be considered as being heteronormative because for the majority of participants, the body on display had to be that of a worked on body, not, as has been argued earlier, a body constructed as fat as this is representative of a subordinate masculinity (Monaghan, 2008). Therefore, the need to conform to the 'norms' of an ideal worked on body to be judged as 'manly' to gain 'man credit' and to fit in with the *habitus* (Bourdieu, 1984) was an essential part of the masculine construction of the majority of participants in this study.

Theoretical implications

This study draws on Foucault's theory of governmentality and the associated medical 'gaze' of health professionals and Bourdieu's (1984) concept of the habitus and social capital. Drawing on a governmentality framework, it seems clear that the 'impact' of the power of the messages of health promotion rhetoric together with those of the 'obesity' epidemic play a pivotal role in the beliefs and knowledge of the young men in this study. Indeed, although the participants did show autonomy and non-conformance to the medical health 'messages' the power emanating from these discourses shaped their belief systems. As Foucault (1970) suggests where there is power, there is also the opportunity for resistance. The men in this study did question the reliability of the medical health 'messages' and the integrity of the government in 'promoting' them. Moreover, the participants did suggest autonomy and resistance to the messages due in part to their age and lack of 'assumed' medical risk factors such as being overweight. However, the power given to the medical discourses disseminated through health promotion campaigns associated with obesity are so strongly embedded within the 'knowledge' of the men in this study that regardless of a person's actual health status, health and appearance still go hand in hand.

Social capital (Bourdieu, 1984) was important for the participants; however, when looked at as 'masculine capital' or 'man credit' as a participant in this study described it, it became a much more important concept with which to analyse the empirical data. De Visser and McDonnell (2013: 5) suggest masculine capital is accrued 'via traditional masculine behaviours and used to

permit non-masculine behaviour'. The majority of participants did talk about the importance of social capital in regard to their family and friends and the influences of these upon their lifestyle, particularly when it came to passing on cookery skills and sharing meals together. However, it seemed clear that gaining 'man credit' was, to some extent, more important. For the majority of participants in this study 'man credit' was gained by the display of a 'worked on' body. Even the participants who did not specifically 'work on' their body still constructed their masculine identity as not being that of the fat man, therefore, perhaps they took it as a 'given' that they would accrue 'man credit' anyway. Aside from the gym, the main milieu for accruing 'man credit' was that of being on holiday where the body was under the judgemental 'gaze' of others and in order to gain 'man credit' an acceptable male physique had to be displayed.

It seems pertinent to suggest that the 'power' of the gaze to 'control' what have come to be regarded as 'normative' behaviours is always set in the context of how this is displayed by the body. In other words, the behaviours undertaken are not necessarily viewed as 'good' or 'bad' in relation to health but in how they are visited upon the corporeal body. Masculinity is not always about having power and having 'hierarchical' masculinities, but the majority of men in this study wanted to achieve an acceptable masculine identity just to fit in with the 'pack' and the main way to do this was by the display of an acceptable masculine physique. It could be argued that they do not want to have a representation of a subordinate masculinity such as that of the 'fat man' but do need to show some compliance to the acceptable bodily norms of contemporary society.

Contribution to knowledge

The language the participants used to describe their diets has moved away from the 'hunter gatherer' discourse into what could be described as a 'masculine' discourse but one more akin to their physical activity participation. The participants in this study used 'high protein' and 'low fat' to describe their diets. That is not to say that the diet they choose to eat is, in the context of public health discourse 'healthy', but it seems to be moving away from the 'typically' perceived 'masculine' diet towards one which includes foods previously considered 'feminine' such as chicken and fish. The reasons behind this shift are given over to the fact that they are considered to be good sources of protein thus contribute to building muscle. Therefore, it seems clear to suggest that for the young men in this study food is an important part of their lifestyle but only when set in the context of physical activity and the benefits it can bring to this rather than as health per se.

These findings add to the notion of masculine capital or 'man credit' as it was termed by one participant in this study and the pursuit of such as being an important component of masculine identity. Connell (1995, 2000) suggests that hegemonic masculinity is the most coveted form and that the pursuit of such a construction can form an integral part of masculine identity. However, not all the participants in this study wanted to be seen as the big, hard, strong man. It could be argued that their physical activity was in some way conforming to the ideals of hegemonic masculinity, but more often than not they constructed their identity as somewhere in the middle of the 'masculinity spectrum'; they wanted to 'fit in' but not to 'stand out' from the crowd. This construction was not always

positioned in a typical heterosexual way such as being successful with women. It took up the position of 'proving' to their friends and peers that they were a 'man' by the presentation of a body which was not fat or considered to be fat by themselves or others; therefore, their masculinity was 'proved' not by their sexual conquests but in their masculine embodiment.

Not only did not being 'fat' figure highly in the participant's assessment of 'health' of themselves and others whilst having a body which they would happily 'display' contributed towards their masculine identity it also furthered their self-esteem. Wills (2007) in her critique of National Institute for Health and Clinical Excellence (NICE) guidance on obesity suggests that in order to help young people change their behaviours, help should be provided to assist them to improve their confidence and self-esteem rather than being told about healthy eating and physical activity per se. The data from this study suggests that the association of fatness resulting in low self-esteem is still prevalent among the participants in this study, thus to build self-esteem and feel good about oneself one has to have an acceptable physique which fits in with the 'norms'. Therefore the discourses around the 'obesity epidemic' are still very much embedded concepts and greatly influence the knowledge and beliefs of the participants in this study.

Finally, this section draws attention to the researchers biography and how it adds to the insider /outsider debate particularly in respect of age, gender and occupation. It is difficult to say which, if indeed any, part of my biography had an effect upon the participants. Brown (2001) argues that gender is only one factor to take into account and that status relations and subject matter should be considered as key influences. Therefore, as a 48-year-old woman with a

background in health interviewing men, my age, gender and occupation may have had an influence upon them as they positioned me as an 'outsider' from the research population. However, as Wray and Bartholomew (2010) argue, the insider / outsider positioning is not always distinct and one can overlap the other. Furthermore Hopkins (2007) argues that our various positionalities and identities should be recognised as a crucial part to the conduct of ethical research.

Contribution to policy and practice

This study increases and adds to the knowledge pertaining to young men and their health beliefs, lifestyle practices and the influences upon these. The obesity discourse causes a focus to be put on appearance and as such may draw attention away from issues which may be a concern such as overuse of dietary supplements. Also young people tend to be ignored in health promotion campaigns which focus more on women, children and older people, therefore developing more pertinent campaigns in respect of masculine embodiment may be more beneficial to young men. However, it has to be borne in mind that health promotion campaigns were often seeing in a negative light both for reasons of mistrust of the evidence and government as well as being 'told what to do'. It is essential therefore that health-providers understand and listen to how young men perceive and construct health and advice and the influence that this has on their lifestyle practices. This could help in guiding health promotion policy and developing health promotion campaigns which have some relevance for young men.

Future Research

One of the main difficulties with this study was the recruitment of participants. Men are recognised as a hard-to-reach group (Sadler et al, 2010) as research with men tends to focus on the negative aspects of masculinity. Drawing on the research by Brown (2010) men found it either difficult or unnecessary to talk about 'health' as, unless they had suffered from ill-health, they thought talking about their own health status to be an irrelevant topic. To add to this debate, as has been discussed throughout this thesis, as health behaviours particularly in respect of food and diet are nearly always set in a feminine context that talking about them, particularly to a woman, is challenging to their masculine identity. Below are examples of areas that could be further examined in response to the substantive themes emerging from this thesis:

- Methodological issues; Recruitment for future projects should therefore be more pragmatic with the focus on more pertinent themes, for example physical activity rather than food and diet. Also looking at new media based methods for example on-line chat for conducting interviews (Back, 2007).
- Further research: to examine how the judgemental gaze of hegemonic masculinity influences men's perceptions of their bodies;
- To understand how health promoters interpret the links between identity and young men's constructions of health

Concluding Summary

To summarise, the aim of this study was to critically explore how young men aged 18-24 construct 'health' in terms of their knowledge, beliefs and behaviours. It examined what influence these factors may have on their own lifestyle practices, particularly, but not exclusively, in relation to food and how this informs their masculine identity. This study has shown that young men are interested in their own health albeit in relation to bodily appearance and physical activity rather than consuming a healthy diet. Their age was given as a reason for not consuming a healthy diet along with drawing on the obesity rhetoric in conjunction with the aesthetics of health discourse that fatness automatically equals unhealthiness. That is not to say that diet did not play an important part in their lifestyle practices but this was often set in the context of the neo-liberal construct of the responsible citizen rather than the feminised construct of 'care of the self'. Diet was also positioned as complementary to their physical activity participation, therefore the consumption of what they considered healthy foods was legitimised in this context. It seems fair to suggest that the masculinity-health context is a complex one. The young men in this study distanced themselves from the feminised behaviour of consuming a healthy diet for health and weight management and took up the masculine concept of autonomy and control. This autonomy and control was evidenced in the display of an acceptable masculine physique and this was particularly important when the body was brought under the judgemental gaze of self and others.

References

- Abernathy, R. P. and Black, D. R. (1996). Healthy body weights: An alternative perspective. *American Journal of Clinical Nutrition*, 63 (4): 485-515
- Adams, G., Turner, H. and Bucks, R. (2005). The experience of body dissatisfaction in men. *Body Image*, 2: 271-283
- Adams, J., Braun, V. and McCreanor, T. (2012). Gay Men Talking About Health: Are Sexuality and Health Interlinked? *American Journal of Men's Health*, 6 (3): 182-193
- Adams, J., McCreanor, T. and Braun, V. (2013). Gay men's explanations of health and how to improve it. *Qualitative Health Research*, 23 (7): 887-899
- Adams, M. and Coltrane, S. (2005). Boys and men in families: The production of gender power and privilege. In *Handbook of Studies on Men and Masculinities*. Kimmel, M S, Hearn, J and Connell, R W., (eds). London: Sage: 230-248
- Alexander, M., MacLaren, A., O'Gorman, K., Taheri, B. and Bourkel, T. (2011). "He just didn't seem to understand the banter": Bullying or simply establishing social cohesion?. *Tourism Management*, 33: 1245-1255
- Alexander, S. M. (2003). Stylish hard bodies: Branded masculinity in Men's Health Magazine. *Sociological Perspectives*, 46 (4): 535-554
- Andersen, A., Cohn, L. and Holbrook, T. (2000). *Making Weight: Men's conflicts with food, weight, shape and appearance*. Carlsbad: Gurze Books

- Annells, M. (1996). Grounded Theory Method: Philosophical perspectives, paradigm of inquiry, and postmodernism. *Qualitative Health Research*, 6: 379-393
- Ansari, Z., Carson, N. J., Ackland, M. J. and Vaughan, L. (2003). A public health model of the determinants of health. *Journal of Preventative Medicine*, 48: 242-251
- Appelbaum, L. (2001). The influence of the perceived deservingness on policy decisions regarding the aid to the poor. *Political Psychology*, 22 (3): 419-442
- Armstrong, D. (1995). The rise of surveillance medicine. *Sociology of Health and Illness*, 17 (3): 393-404
- Back, L. (2007). *The Art of Listening*. New York: Berg Publications
- Bacon, L. and Aphramor, L. (2011). Weight science: Evaluating the evidence for a paradigm shift. *Nutrition Journal*, 10 (1)
- Baggott, R. and Jones, K. L. (2011). Prevention better than cure? Health consumer and patients' organisations and public health. *Social Science and Medicine*, 73: 530-534
- Bailey, J. (2008). First steps in qualitative data analysis: transcribing. *Family Practice: An international Journal*, 25: 127-131
- Banks, M. (2007). *Using visual data in qualitative research*. London: Sage Publications
- Bassett, R., Chapman, G. E. and Beagan, B. L. (2008). Autonomy and control: The co-construction of adolescent food choice. *Appetite*, 50: 325-332

Bell, K and McNaughton, D. (2007). Feminism and the invisible fat man. *Body and Society*, 13 (1): 107-131

Bellieni, C. V. and Buonocore, G. (2009). Pleasing desires or pleasing wishes? A new approach to health definition. *Ethics and Medicine*, 25 (1): 7-10

Bennett, N. (2013). Horsemeat scandal's origin lies in the heart of our economic mode. *The Guardian*. Available online at:
<http://www.theguardian.com/environment/blog/2013/feb/22/horse-meat-scandal-tesco-food-supply-system>. Accessed 05.05.2014

Blaikie, N. (2007). *Approaches to Social Enquiry: Advancing Knowledge*. 2nd edition, Cambridge: Polity Press

Bloor, M.B., Frankland, J.L., Thomas, M.T. and Robson, K. (2001). *Focus Groups in Social Research: Introducing Qualitative Methods*. London: Sage Publications

Bordo, S. (1993). *Unbearable Weight: Feminism, Western Culture and the Body*. Berkeley: University of California Press

Bordo, S. (1999). *The Male Body: A new look at men in public and private*. New York: Farrar, Straus and Giroux.

Bourdieu, P. (1984). *Distinction: A Social Critique of the Judgement of Taste*. London: Routledge

Braun, V and Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research Psychology*. 3: 77-101

Bridges, T. S. (2009). Gender Capital and male body builders. *Body and Society*, 15 (1): 83-107

British Sociological Association. (2004) Statement of Ethical Practice for the British Sociological Association. Available online at: www.britsoc.co.uk. Accessed 30/01/2007

Brooks, M. (2006). Man-to-Man: Body talk between male friends. *Qualitative Inquiry*, 12 (1): 185-207

Broom, A., Hand, K. and Tovey, P. (2009). The role of gender, environment and individual biography in shaping qualitative interview data. *International Journal of Social Research Methodology*, 12 (1): 51-65

Brown, S. (2010). What makes men talk about health? *Journal of Gender Studies*, 10 (2): 187-195

Buchler, S., Smith, K. and Lawrence, G. (2010). Food risks, old and new: Demographic characteristics and perceptions of food additives, regulation and contamination in Australia. *Journal of Sociology*, 46 (4): 353-374

Buerkle, C. W. (2013). Metrosexuality can stuff it: Beef consumption as (heteromasculine) fortification. *Text and Performance Quarterly*, 29 (1): 77-93

Burgoine, T., Forouhi, N. G., Griffin, S. J., Wareham, N. J. and Monsivais, P. (2014). Associations between exposure to takeaway food outlets, takeaway food consumption and body weight in Cambridgeshire, UK: population based, cross sectional study. *British Medical Journal*. Available online at <http://www.bmj.com/content/348/bmj.g1464.pdf%2Bhtml>. Accessed 14/03/2014

Butler, J. (1990). *Gender Trouble: Feminism and the subversion of identity*. London: Routledge

Cairns, K., Johnston, J. and Baumann, S. (2010). Caring about food: Doing gender in a foodie kitchen. *Gender and Society*, 24 (5): 591-615

Campbell, H. and Fitzgerald, R. (2001). 'Follow the fear': a multi-sited approach to GM. *Rural Society*, 11 (3): 211-214

Campos, P., Saguy, A., Ernsberger, P., Oliver, E. and Gaesser, G. (2006). The epidemiology of overweight and obesity: Public health crisis or moral panic? *International Journal of Epidemiology*, 35: 55-60

Caraher, M. and Coveney, J. (2003). Public health nutrition and food policy. *Public Health Nutrition*, 7 (5): 591–598

Carsperen, C., Powell, K. E. and Christenson, G. M. (1985). Physical activity, exercise and physical fitness; definitions and distinctions for health research. *Public Health Reports*, 100 (2): 126-131

Casazza, K. and Thompson, O. (2009). Do Dietary Modifications Made Prior to Pubertal Maturation Have the Potential to Decrease Obesity: A developmental perspective. *Infant, Child, and Adolescent Nutrition*, 1 (5): 271-281

Chamberlain, K. (2004). Food and Health: Expanding the agenda for health psychology. *Journal of Health Psychology*, 9 (4): 467-481

Charmaz, K. (2006). *Constructing Grounded Theory: A practical guide through qualitative data*. London: Sage Publications

Cheng, S., Olsen, W., Southern, D. and Warde, A. (2007). The changing practice of eating: evidence from UK time diaries, 1975-2000. *The British Journal of Sociology*, 58(1): 39-61

Clarke, A. (2001). *The Sociology of Healthcare*. Harlow: Pearson Education Limited

Clarke, J. (2005). New Labour's citizens: activated, empowered, responsabilized, abandoned? *Critical Social Policy*, 25 (4): 447-463

Coffey, A. (1997). *The ethnographic self; Fieldwork and the representation of identity*. London: Sage Publications

Coffey, A. and Atkinson, P. (1996). Making sense of qualitative data analysis: Complementary strategies. Thousand Oaks: Sage

Cohen, L., Perales, D. P. and Steadman, C. (2005). The O Word: Why the focus on obesity is harmful to community health. *Californian Journal of Health Promotion*, 3 (3): 154-161

Connell, R. W. (1995). *Masculinities*. Oxford: Polity Press

Connell, R. W. (2000). *The Men and the Boys*. Cambridge: Polity Press

Connell, R. W. and Messerschmidt, J. (2005). Hegemonic Masculinity: Rethinking the concept. *Gender and Society*, 19: 829-859

Courtenay, W. H. (2000). Constructions of masculinity and their influence on men's wellbeing: a theory of gender and health. *Social Science and Medicine*, 50: 1385-1401

Crossley, M. L. (2002). The perils of health promotion and the 'barebacking' backlash. *Health: An interdisciplinary journal for the social study of health, illness and medicine*, 6 (1): 47-68

De Visser, R. O. and McDonnell, E. J. (2013). "Man Points": masculine capital and young men's health. *Health Psychology*, 32 (1): 5-14

De Visser, R. O. and Smith J. A. (2007). Alcohol consumption and masculine identity among young men. *Psychology and Health*, 22 (5): 595-614

De Visser, R. O., Smith, J. A. and McDonnell, E. J. (2009). 'That's not masculine': masculinity, capital and health-related behaviour. *Journal of Health Psychology*, 14 (7): 1047-1058

Dean, M. (1999). *Governmentality: Power and Rule in Modern Society*. London: Sage Publications

Delaney, M and McCarthy, M. B. (2014). Saints, sinners and non-believers: the moral space of food. A qualitative exploration of the beliefs and perspectives on healthy eating of Irish adults aged 50-70. *Appetite*, 73: 105-113

Deutsch, J. (2005). 'Please pass the chicken tits': Rethinking men and cooking at an urban firehouse. *Food and Foodways*, 13: 91-114

Diedrichs, P C., Lee, C. and Kelly, M. (2011). Seeing the beauty in everyday people: A qualitative study of young Australians' opinions on body image, the mass media and models. *Body Image*, 8: 259-266

Dolan, A. (2011). 'You can't ask for a Dubonnet and lemonade!': working class masculinity and men's health practices. *Sociology of Health and Illness*, 33 (4): 586-601

Dyson, S. and Brown, B. (2006). *Social Theory and Applied Health Research*. Open University Press: Maidenhead

Eisend, M. (2010). A meta-analysis of gender roles in advertising. *Journal of the Academy of Marketing Science*, 38: 418-440

Evans, J., Rich, E. and Davies, B. (2004). The Emperor's new clothes: Fat, thin and overweight. The social fabrication of risk and ill health. *Journal of Teaching in Physical Education*, 23: 372-391

Fiddes, N. (1992). *Meat: A natural symbol*. Routledge: London

Finkelstein, J. (2003). The taste of boredom: McDonaldization and the Australian food culture. *American Behavioural Scientist*, 47 (2): 187-200

Fleck, L. (1979). *Genesis and the development of scientific fact*. London: Chicago University Press

Flood, M.(2008). Men, sex and homosociality: How bonds between men shape their sexual relations with women. *Men and Masculinities*, 10 (3): 339-359

Flynn, R. (2002). Clinical governance and governmentality. *Health, Risk and Society*, 4 (2): 155-173

Forgeard, M. J. C., Jayawickreme, E., Kern, M. L. and Seligman, M. E. P. (2011). Doing the right thing: Measuring wellbeing for public policy. *International Journal of Wellbeing*, 1 (1): 79-106

Foucault, M. (1973). *The Birth of the Clinic*. London: Routledge

Foucault, M. (1980). Body/Power. In Gordon, C. (ed). *Power/ Knowledge: Selected Interviews and other writings 1972-1977*. New York. Pantheon Books: 55-62

Foucault, M. (1986). *The History of Sexuality, Volume 3: Care of the Self*. London: Penguin

Foucault, M. (1988). Technologies of the self. In Martin, L. H., Gutman, H. and Hutton, P., (eds). *Technologies of the self: A seminar with Michel Foucault*. Baltimore: University of Massachusetts Press: 16-49

Foucault, M. (1990). *The History of Sexuality, Volume 1: An Introduction*. London: Penguin

Freund, P.E.S. and McGuire, M.B. (2003). *Health, Illness and the Social Body*. 4th edition, New Jersey: Prentice Hall

Frost, L. (2010). Doing bodies differently? Gender, youth, appearance and damage. *Journal of Youth Studies*, 6 (1): 53-70

Fullagar, S. (2002). Governing the healthy body: Discourses of leisure and lifestyle within Australian health policy. *Health*, 6 (1): 69-84

Furedi, F. (2005). *Culture of Fear*. London: Continuum Publishing

Gair, S. (2012). Feeling their stories; Contemplating empathy, insider/outsider positionings and enriching qualitative research. *Qualitative Health Research*, 22 (1): 134-143

Gard, M. and Wright, J. (2005). *The Obesity Epidemic: Science, Morality and Ideology*. London: Routledge

Gastaldo, D. (1997). Is Health Education Good for You? Re-thinking health education through the concept of bio-power. In Petersen, A and Bunton, R (eds). *Foucault; Health and Medicine*. London: Routledge, 113-134

Germov, J. and Williams, L. (1999). Dieting women: self-surveillance and the body panopticon. In Sobal, J. and Maurer, D. (eds). *Weight issues: Fatness and thinness as social problems*. New York: Aldine de Gruyter: 117-132

Gibson, S., Gunn, P. and Maughan, R. J. (2012). Hydration, water intake and beverage consumption habits among adults. *Nutrition Bulletin*, 37: 182-192

Giddens, A. (1991). *Modernity and Self-identity: Self and society in the late modern age*. Cambridge: Polity Press

Gill, R., Henwood, K. and Mclean, C. (2005). Body Projects and the Regulation of Normative Masculinity. *Body and Society*, 11 (1): 37–62

Gilman, S. L. (2004). *Fat Boys: A slim book*. University of Nebraska Press. United States of America

Gough, B. (2006). Try to be healthy, but don't forgo your masculinity: Deconstructing men's health discourse in the media. *Social Science and Medicine*, 63: 2476-2488

Gough, B. (2007). 'Real men don't diet': An analysis of contemporary newspaper representations of men, food and health. *Social Science and Medicine*, 64 (3): 326-337

Gough, B. (2010). 'Biting your tongue': negotiating masculinities in contemporary Britain. *Journal of Gender Studies*, 10 (2): 169-185

Gough, B. and Conner, M. T. (2006). Barriers to healthy eating amongst men: A qualitative analysis. *Social Science and Medicine*, 62 (2): 387-395

Gracia-Arnaiz, M. (2010). Fat bodies and thin bodies. Cultural, biomedical and market discourses on obesity. *Appetite*: 55: 219–225

Gray, D. E. (2014). *Doing Research in the Real World*. 3rd Ed. London: Sage Publications

Green, A. I. (2010). Remembering Foucault: Queer theory and disciplinary power. *Sexualities*, 13: 316-338

Groenewald, T. (2008). Memos and Memoing. In Given, L. M. (Ed.), *The SAGE Encyclopaedia of Qualitative Research Methods*. Thousand Oaks: Sage Publications: 506-507

Grogan, S. and Richards, H. (2002). 'Body Image': Focus groups with boys and men. *Men and Masculinities*, 4 (3): 219-232

Guarte, J. and Barrios, E. B. (2006). 'Estimation under purposive sampling'. *Communications in Statistics: Simulation and Computation*, 35 (2): 277-284

Hansen, J., Holma, L., Frewerb, L., Robinson, P. and Sandøe, P. (2003). Beyond the knowledge deficit: recent research into lay and expert attitudes to food risks. *Appetite*, 41: 111-121

Health Survey for England (2007): *Healthy Lifestyles: Knowledge, attitudes and behaviour*. Leeds: The Health and Social Care Information Centre

Hearn, J. (1996). Is masculinity dead? A critique of the concept of masculinity / masculinities. In Mac An Gahill, M. (ed). *Understanding Masculinities*. Buckingham: Open University press. 202-217

Heimtun, B. (2012). The friend, the loner and the independent traveller: Norwegian midlife women's social identities when on holiday. *Gender, Place and Culture*. 19 (1): 83-101

Herrick, C. (2007). Risky bodies: Public health, social marketing and the governance of obesity. *Geoforum*, 38: 90-102

Herzlich, C. (1973). *Health and Illness: A social psychological analysis*. London: Academic Press

Hollows, J. and Jones, S. (2010). 'At least he's doing something': Moral entrepreneurship and individual responsibility in Jamie's Ministry of Food. *European Journal of Cultural Studies*, 13 (3): 307-322

Hopkins, P. E. (2007). Positionalities and knowledge: Negotiating ethics in practice. *ACME: An International Journal for Critical Geographies*, 6 (3): 386-394

Howard, S., Adams, J. and White, M. (2012). Nutritional content of supermarket ready meals and recipes by television chefs in the United Kingdom: cross sectional study. *British Medical Journal*. Available online at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3524368/>. Accessed 14.01.2014

Huberman, M and Miles, M. (1994). Data management and analysis methods. In *Handbook of Qualitative Research*. Denzin, N and Lincoln, Y. eds. Thousand Oakes: California. 428-444

Hunt, S. M. and Macleod, M. (1987). Health and behavioural change: some lay perspectives. *Community Medicine*, 9 (1): 68-76

Inthorn, S. and Boyce, T. (2010). 'It's disgusting how much salt you eat!': Television discourses of obesity, health and morality. *International Journal of Cultural Studies*, 13 (1): 83-100

Johnson, C. (2002). Heteronormative Citizenship and the Politics of Passing. *Sexualities*, 5 (3): 317-336

Jones, P. (2003). *Introducing Social Theory*. Cambridge: Blackwell Publishing

Jones, R., Pykett, J. and Whitehead, M. (2010). Big Society's little Nudges; The changing politics of health care in an age of austerity. *Political Insight*. 85-87

Joyce, P. (2001). Governmentality and risk: setting priorities in the new NHS. *Sociology of Health and Illness*, 23 (5): 594-614

Jutel, A and Buetow, S. (2007). A Picture of Health?: unmasking the role of appearance in health. *Perspectives in Biology and Medicine*, 50 (3): 421-434.

- Keane, A. (2003). Too hard to swallow? The palatability of healthy eating advice. In Caplan, P., (ed). *Food, Health and Identity*. London: Routledge. 193-205
- Keleher, H. (2004). 'Why build a health promotion programme base about gender?' *Health Promotion International*, 19 (3): 277-279
- Kelly, A. and Ciclitira, K. (2011). Eating and drinking habits of young London-based Irish men: a qualitative study. *Journal of Gender Studies*, 20 (3): 223–235
- Kim, Y. (2011). The pilot study in qualitative enquiry: Identifying issues and learning lessons for culturally competent research. *Qualitative Social Work*. 10 (2): 190-206
- Kimmel, M. (1995). *The Politics of manhood*. Philadelphia: Temple University Press
- Kimmel, M. S. (1994). Masculinity as Homophobia: Fear, same and silence in the construction of gender identity. In Brood, H and Kaufman, M., (eds). *Theorizing Masculinities*. London: Sage. 119-141
- Kumanyika, S., Jeffery, R. W., Morabia, A., Ritenbaugh, C and Antipatis, V. J. (2002). Obesity prevention: the case for action. *International Journal of Obesity*, 26: 425-436
- Lapadat, J. C. (2010). Thematic analysis. In *Encyclopaedia of Case Study Research*. Mill, A. J., Durepos, G. And Wiebe, E. Eds. Thousand Oakes: Sage Publications: 926-928
- LeBesco, K. (2011). Neoliberalism, public health and the moral perils of fatness. *Critical Public Health*, 21 (2): 153-164

Leit, R. A., Gray, J. J. and Pope Jr, H. G. (2002). The media's representations of the ideal male body: A cause for muscle dysmorphia? *International Journal of Eating Disorders*, 31: 334-338

Linhorst, D. M. (2002). A review of the use and potential of focus groups in social work research. *Qualitative Social Work*, 1 (2): 208-228

Lomas, J. (1998). Social capital and health: Implications for public health and epidemiology. *Social Science and Medicine*, 47 (9): 1181-1188

Ludvigsen, A. and Sharma, N. (2004). *Burger Boy and Sporty Girl: Children and young people's attitudes towards food in school*. Ilford: Barnardos

Lupton, D. (1995). *The Imperative of Health: Public Health and the Regulated Body*. London: Sage Publications

Lupton, D. (1996). *Food, the body and the self*. London: Sage Publications

Lupton, D. (1999). *Risk*. Routledge: London: Sage Publications

Lupton, D. (2005). *Lay discourses and beliefs related to food risks: An Australian perspective*. *Sociology of Health and Illness*, 27 (4): 448-467

Lupton, D. (2006). Sociology and Risk. In Mythen, G and Walklate, S., (eds). *Beyond the Risk Society: Reflections on Risk and Human Security*. London: Open University Press: 11-24

Lyons, A. C. and Willott, S. (1999). From Suet Pudding to Superhero: Representations of Men's Health for Women. *Health*, 3: 283-302

- Mason, J. (2004). *Qualitative Researching*. 2nd ed. London: Sage Publications
- McArdle, K. A. and Hill, M. S. (2009). Understanding Body Dissatisfaction in Gay and Heterosexual Men: The Roles of Self-Esteem, Media and Peer Influence. *Men and Masculinities*, 11 (5): 511-532
- McMullan, M. (2006). Patients using the internet to obtain health information: How this affects the patient-health professional relationship. *Patient Education and Counselling*, 63: 24-28
- McNay, L. (1996). *Foucault: A critical introduction*. Cambridge: Polity Press
- McNeill, L. S. and Douglas, K. (2011). Retailing Masculinity: Gender expectations and social image of male grooming products in New Zealand. *Journal of Retailing and Consumer Services*, 18: 448-454
- Meah, A and Watson, M. (2011). Saints and Slackers: Challenging discourses about the decline of domestic cooking. *Sociological Research Online*, 16 (2)
- Miles, S. (1998). *Consumerism as a way of life*. London: Sage Publications
- Mintel. (2009). The social dynamics of 18-24 year old males – US. Available online at <http://oxygen.mintel.com/display/393519/>. Accessed 24.02.2011
- Monaghan, L. F. (2007). Body Mass Index, masculinities and moral worth: men's critical understandings of 'appropriate' weight-for-height. *Sociology of Health and Illness*, 29 (4): 584–609

Monaghan, L. F. (2008). *Men and the war on obesity: A sociological study*. London: Routledge

Monaghan, L. F. (2013). Extending the obesity debate, repudiating misrecognition: Politicising fatness and health (practice). *Social Theory and Health*, 11: 81-105.

Monaghan, L. F. and Hardey, M. (2009). Bodily sensibility: vocabularies of the discredited male body. *Critical Public Health*, 19 (3): 341-362

Monaghan, L. F., Hollands, R. and Pritchard, G. (2010). Obesity Epidemic Entrepreneurs: Types, practices and interests. *Body and Society*, 16 (37): 37-71

Mooney, K. M. and Walbourn, L. (2001). When college students reject food: not just a matter of taste. *Appetite*, 36: 41-50

Moore, S. E. (2010). Is the healthy body gendered? Toward a feminist critique of the new paradigm of health. *Body and Society*, 16 (2): 95-118

Mosely, P. E. (2009) Bigorexia: Bodybuilding and muscle dysmorphia. [*European Eating Disorders Review*](#). 17 (3): 191-198

Murray, S. (2008). *The 'Fat' Female Body*. London: Palgrave MacMillan

Naidoo, J. and Wills, J. (2009). *Health Promotion*. 3rd edition, London: Bailliere Tindall

Nath, J. (2011). Gendered fare? A qualitative investigation of alternative food and masculinities. *Journal of Sociology*, 47 (3): 261-278

National Audit Office. (2001). *Tackling obesity in England*. The Stationery Office: London

National Health Service (2012). *Choices: Obesity*. Available at: <http://www.nhs.uk/conditions/Obesity/Pages/Introduction.aspx> (accessed 26/01/2014)

National Health Survey for England (2007): *Healthy Lifestyles: Knowledge, Attitudes and Behaviour*. Available online at www.ic.nhs.uk/webfiles/publications/hse07

Nettleton, S. (1996). Women and the new paradigm of health and medicine. *Critical Social Policy*, 16 (37): 33-53

Nettleton, S. (1997). Governing the Risky Self: How to become healthy, wealthy and wise. In Peterson, A and Bunton R., (eds). *Foucault, Health and Medicine*. London: Routledge: 207-222

NHS Choices (2013). Available online at:
<http://www.nhs.uk/chq/pages/1127.aspx?categoryid=51&subcategoryid=166>.
Accessed 23.10.2013

Norman, M. E. (2011). Embodying the double-bind of masculinity: Young men and discourses of normalcy, health, heterosexuality and individualism. *Men and Masculinities*, 14 (4): 430-449

Nyak, A. (2006). Displaced masculinities: Chav's, youth and class in the post-industrial city. *Sociology*, 40 (5): 813-831

O' Doherty Jensen, K. and Holm, L. (1999). Preferences, quantities and concerns: socio-cultural perspectives on the gendered consumption of food. *European Journal of Clinical Nutrition*, 53: 351-359

Oakley, A. (2005). *The Ann Oakley Reader: Gender, Women and Social Science*. Bristol: The Policy Press

Office of National Statistics. (2013). *Life expectancy at birth and at age 65 for local areas in England and Wales, 2010-12*. London: Office for National Statistics

Ong, B. K. (2012). Grounded Theory Method (GTM) and the Abductive Research Strategy (ARS): a critical analysis of their differences. *International Journal of Social Research Methodology*, 15 (5): 417-432

Paddison, J. and Flett, R. (2005). Age and gender differences in the stages of change for six health-related behaviours; a pilot study in New Zealand. *Health Education Journal*, 64: 372-381

Palmatier, R. A. (2000). *Food: A Dictionary of Literal and Nonliteral Terms*. Westport: Greenwood Press

Parsons, T. (1951) *The Social System*. London: Routledge

Pattie, C. and Johnston, R. (2011). How Big is the Big Society? *Parliamentary Affairs*, 64 (3): 403-424

Perry, M. (2013). Available online at <http://www.builtlean.com/> . Accessed 14.01.2014

Petersen, A. (1996). Risk and the regulated self: The discourses of health promotion as politics of uncertainty. *Journal of Sociology*, 32 (1): 44-57

Petersen, A. (1997). Risk, governance and the new public health. In Petersen, A. and Bunton, R., (eds). *Foucault, Health and Medicine*. London: Routledge: 189-206

Petersen, A. and Lupton, D. (1996). *The New Public Health*. London: Sage Publications

Pope, H G., Phillips, K. A. and Olivardia, R. (2002). *The Adonis Complex: How to identify, treat and prevent body obsession in men and boys*. New York: Touchstone

Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948

Rail, G., Holmes, D. and Murray, S. J. (2010). The politics of evidence on 'domestic terrorists': Obesity discourses and their effects. *Social Theory and Health*, 8 (3): 259-279

Rayner, M. and Scarborough, P. (2005). Research Report: The burden of food related ill health in the UK. *Journal of Epidemiology and Community Health*, 59:1054-1057

Reed, K. (2013). Beyond hegemonic Masculinity: The role of family genetic history in men's health accounts. *Sociology*, 47 (5): 906-920

Reilly, J. (2006). The impact of media on food choice. In Shepherd, R. and Raats, M., (eds). *The psychology of food choices*. Wallingford: CAB International: 201-226

Renner, B., Knoll, N. and Schwarzer, R. (2000). Age and body make a difference in optimistic health beliefs and nutrition behaviours. *International Journal of Behavioural Medicine*, 7 (2): 143-159

Ricciardelli, R. and Clow, K. A. (2013). The portrayal of elements historically associated with masculine and feminine domains in lads and metrosexual men's lifestyle magazines. *Masculinities and Social Change*, 2 (2): 116-145

Ricciardelli, R., Clow, K. A. and White, P. (2010). Investigating Hegemonic Masculinity: Portrayals of Masculinity in Men's Lifestyle Magazines. *Sex Roles*, 63: 64-78

Rich, A. (1980). Compulsory heterosexuality and lesbian existence. *Journal of Women in Culture and Society*: 5 (4): 631-660

Rich, E. (2011). 'I see her being obese!': Public pedagogy, reality media and the obesity crisis. *Health*, 15 (1): 3-21

Richardson, D. (2010). Youth masculinities: Compelling male sexuality. *British Journal of Sociology*, 61 (4): 737-756

Ritzer, G. (2001). *Explorations in the Sociology of consumption: Fast food, credit cards and casinos*. London: Sage Publications

Robb, S. (2011). How obesity is shaping our world. *BBC News Magazine*: Available at <http://www.bbc.co.uk/news/magazine-12354738>. Accessed on 24/02/2011

Robertson, S. (2008). 'Not living life in too much of an excess': Laymen understanding health and wellbeing. *Health: An interdisciplinary Journal for the Social Study of Health, Illness and Medicine*, 10 (2): 175-189

Robson C. (2002). *Real World Research*. 2nd ed. Oxford: Blackwell Publishers

Rogers, R. A. (2008). Beasts, Burgers, and Hummers: Meat and the crisis of masculinity in contemporary television advertisements. *Environmental Communication*, 2 (3): 281-301

Roher, F. (2009). Just what is it about moobs? *BBC News Magazine*. Available online at <http://news.bbc.co.uk/1/hi/magazine/7855763.stm>. Accessed on 08.01.14

Roos, G., Prattalla, R. and Koski, K. (2001). Men, masculinity and food: interviews with Finnish carpenters and engineers. *Appetite*, 37: 47-56

Rose, N. (1999). *Powers of Freedom: Reframing Political Thought*. Cambridge: Cambridge University Press

Ruby, M. B. and Heine, S. J. (2011). Meat, morals and masculinity. *Appetite*, 56: 447-450

Rustin, M. (2008). New Labour and the theory of globalization. *Critical Social Policy*, 28 (3): 273-282

Rysst, M. (2010). "Healthism" and looking good: Body ideals and body practices in Norway. *Scandinavian Journal of Public Health*, 38 (5): 71-80

Sabo, D and Gordon, D. F. (1995). *Men's health and illness: Gender, power and the body*. Thousand Oakes: Sage

Sadler, G. R., Lee, H.-C., Lim, R. S.-H. and Fullerton, J. (2010), Research Article: Recruitment of hard-to-reach population subgroups via adaptations of the snowball sampling strategy. *Nursing & Health Sciences*, 12: 369–374. doi: 10.1111/j.1442-2018.2010.00541.x

Scambler, G. (2012). Health inequalities. *Sociology of Health and Illness*, 34 (1): 130-146

Scarborough, P., Bhatnagar. P., Wickramasinghe, K. K., Allender, S., Foster. C. and Rayner, M. (2011). The economic burden of ill health due to diet, physical inactivity, smoking, alcohol and obesity in the UK: an update to 2006–07 NHS costs. *Journal of Public Health*, . 33 (4): 527-535

Schee, C. V. and Kline, K. (2013). Neoliberal exploitation in reality television: youth, health and the spectacle of 'celebrity' concern. *Journal of Youth Studies*, 16 (5): 565-578

Schilt, K. and Westbrook, L. (2009). Doing Gender, Doing Heteronormativity: "Gender Normals," Transgender People and the Social Maintenance of Heterosexuality. *Gender and Society*, 23 (4): 440-464

Schofield, T., Connell, R W., Walker, L., Wood, J F. and Butland, L. (2000). Understanding men's health and illness: A gender-relations approach to policy, research and practice. *Journal of American College Health*, 48 (6): 247-256

Schwalbe, M. and Wolkomir, M. (2001). The masculine self as problem and resource in interview studies with men. *Men and Masculinities*, 4 (1): 90-103

see for example <http://www.muscleandstrength.com/articles/stacking-creatine-and-beta-alanine-for-better-results.html>

Seidler, J. V. (2007). Masculinities, bodies and emotional life. *Men and Masculinities*, 10 (1). 9-21

Sellaeg, K. and Chapman, G. E. (2008). Masculinity and food ideals of men who live alone. *Appetite*, 51: 120-128

Shildrick, T., Blackburn, S. and MacDonald, R. (2009). Young people, class and place. *Journal of Youth Studies*, 12 (5): 457-465

Short, F. (2006). *Kitchen Secrets : The Meaning of Cooking in Everyday Life*. Oxford: Berg Publishers

Shugart, H. (2008). Managing Masculinities: The metrosexual moment. *Communication and Critical / Cultural Studies*, 5 (3): 280-300

Simpson, M. (1994). Here come the mirror men; Metrosexual men wear Paul Smith, use moisturizer, and know that vanity begins at home. *The Independent*, 22

Sixsmith, R. and Furnham, A. (2009). A content analysis of British food advertisements aimed at children and adults. *Health Promotion International*, 25 (1): 24-32

Sloan, C, Gough, B and Conner, M. (2010). Healthy masculinities? How ostensibly healthy men talk about lifestyle, health and gender. *Psychology and Health*, 25 (7): 783-803

Smalley, S. E., Wittler, R. R. and Oliverson, R. H. (2004). Adolescent assessment of cardiovascular heart disease risk factor attitudes and habits. *Journal of Adolescent Health*, 35: 374-379

Sobal, J. (2005). Men, Meat and Marriage: Models of Masculinity. *Food and Foodways*, 13: 135-158

Spitzack, C. (1990). *Confessing excess: Women and the politics of body reduction*. New York: State University of New York Press.

Stevenson, C., Doherty, G., Barnett, J., Muldoon, O. T. and Trew, K. (2007). Adolescents' Views of Food and Eating: Identifying Barriers to Healthy Eating. *Journal of Adolescent Health*, 30: 417-434

Stibbe, A. (2004). Health and the social constructions of masculinity in Men's health magazine. *Men and Masculinities*, 7 (1): 31-51

Stoker, G. (1997). Introduction. In Marsh, D. and Stoker, G. Eds. *Theory and methods in Political Science*. London: Macmillan Press. 3-16

Swenson, R. (2009). Domestic Divo? Televised Treatments of Masculinity, Femininity and Food. *Critical Studies in Media Communication*, 26 (1): 36-53

Sylwester, K and Pawloski, B. (2011). Daring to be darling: Attractiveness of risk takers as partners in long- and short-term sexual relationships. *Sex Roles*, 64: 695-706

Szreter, S and Woolcock, M. (2004). Health by association? Social capital, social theory, and the political economy of public health. *International Journal of Epidemiology*, 33: 650-667

Talbot, K .and Quayle, M. (2010). The perils of being a nice guy: Contextual variation in five young women's constructions of acceptable hegemonic and alternative masculinities. *Men and Masculinities*, 13(2): 255-278

The Strategy Unit. (2008). *Food Matters: Towards a Strategy for the 21st Century*. London: Cabinet Office

Thiel, D. (2007). Class in construction: London building workers, dirty work and physical cultures. *The British Journal of Sociology*, 58 (2): 227-251

Thom, B. (2003). *Risk-taking behaviour in men: Substance use and gender*. London: Health Development Agency

Thompson, L and Kumar, A. (2011). Responses to health promotions campaigns: resistance, denial and othering. *Critical Public Health*, 21 (1): 105-117

Toerien, M. and Durrheim, K. (2001). Power through knowledge: Ignorance and the real man. *Feminism and Psychology*, 11 (1): 35-54

Tonkiss, F. (2010). Using Focus Groups. In Seale, C. *Researching Society and Culture*. 2nd edition, Sage; London.

Triggle, N. (2010). *Obesity marketing campaign 'cut'*. BBC online. Available at <http://www.bbc.co.uk/news/10541190?true> (accessed 26.01.2014)

Triggle, N. (2011). *Fat patients 'prompts ambulance fleet revamp'*. BBC online. Available at <http://www.bbc.co.uk/news/health-12287880> (accessed 24.02.2011)

Van Amsterdam, N., Knoppers, A., Claringbould, I. and Jongmans, M. (2011). A picture is worth a thousand words: constructing (non-) athletic bodies. *Journal of Youth Studies*, 15 (3): 293-309

Varul, M. Z. (2010). Talcott Parsons, the Sick Role and Chronic Illness. *Body and Society*, 16 (2): 72–94

Walklate, S and Mythen, G. (2010). Agency, reflexivity and risk: cosmopolitan, neurotic or prudential citizen? *British Journal of Sociology*, 81 (1): 45-62

Walliman, N. (2006). *Social Research Methods*. London: Sage Publications

Walsh. M. (2001). *Research made real*. Cheltenham: Nelson Thornes Ltd

Wanless, D. (2004). *Securing good health for the whole population*. London: Her Majesty's Treasury

Wardle, J., Haase, A. M., Steptoe, A., Nillapun, M., Jonwutiwes, K. and Bellisle, F. (2004). Gender differences in food choice: The contribution of health beliefs and dieting. *Annals of Behavioural Medicine*, 27 (2): 107-116

Wardle, J., Robb, K. and Johnson, F. (2002). Assessing socioeconomic status in adolescents: the validity of a home affluence scale. *Journal of Epidemiology and Community Health*, 56: 595-599

Welsh, M C., Robinson, T L. and Lindman, L S. (1998). Sex differences in health attitudes and choice of health behaviours. *Psychological Reports*, 83 (3): 1161-1162

Wenlock. R. and Farron. M. (2000) *National Diet and Nutrition Survey: Young People Aged 4–18 Years*. . 1. Report of the Diet and Nutrition Survey. London: The Stationery office

West, C and Zimmerman, D H. (1987). Doing Gender. *Gender and Society*, 1 (2): 125-151

Wheatley, E. E. (2005). Disciplining bodies at risk: Cardiac rehabilitation and the medicalization of fitness. *Journal of Sport and Social Issues*, 29 (2): 198-221

White, A and Witty, K. (2009), Men's under use of health services – finding alternative approaches. *Journal of Men's Health*, 6 (2): 95-97

White, A. and Witty, K. (2010). *The Tackling Men's Health evaluation study*. Leeds: Leeds Metropolitan University

White, P. G., Young, K. and McTeer, W. G. (1995). Sport, masculinity and the injured body. In Sabo, D. F. and Gordon, D. F., (eds). *Men's Health and Illness. Gender, power and the body*. Thousand Oakes: Sage. 158-182

Wickman, M E., Anderson, N L R and Greenberg, C S. (2008). The adolescent perception of invincibility and its influence on teen acceptance of health promotion strategies. *Journal of Paediatric Nursing*, 23 (6): 460-468

Wiggins, S. (2004). 'Good for you' Generic and individual eating advice in family mealtimes. *Journal of Health Psychology*, 9: 535-547

Wilkinson, S. (2004). Focus Group Research. In Silverman, D. Ed. *Qualitative Research: Theory, Method and Practice*. London: Sage: 177-199

Wills, W. J. (2005). Food and eating practices during the transition from secondary school to new social contexts. *Journal of Youth Studies*, 8 (1): 97-110

Wills, W. J. (2007). Obesity Rules: The NICE guidelines miss the point. *Community Practitioner*, 80 (10): 14

Witty, K. and White, A. (2011). Tackling men's health: implementation of a male health service in a rugby stadium setting. *Community Practitioner*, 84 (4): 29-32

Wolf, N. (1990). *The Beauty Myth*. London: Chatto and Windus

World Health Organisation. (1986). *The Ottawa Charter for Health Promotion*. Switzerland: World Health Organisation

World Health Organisation. (2004). *Global Strategy on Diet, Physical Activity and Health*. Switzerland: World Health Organisation

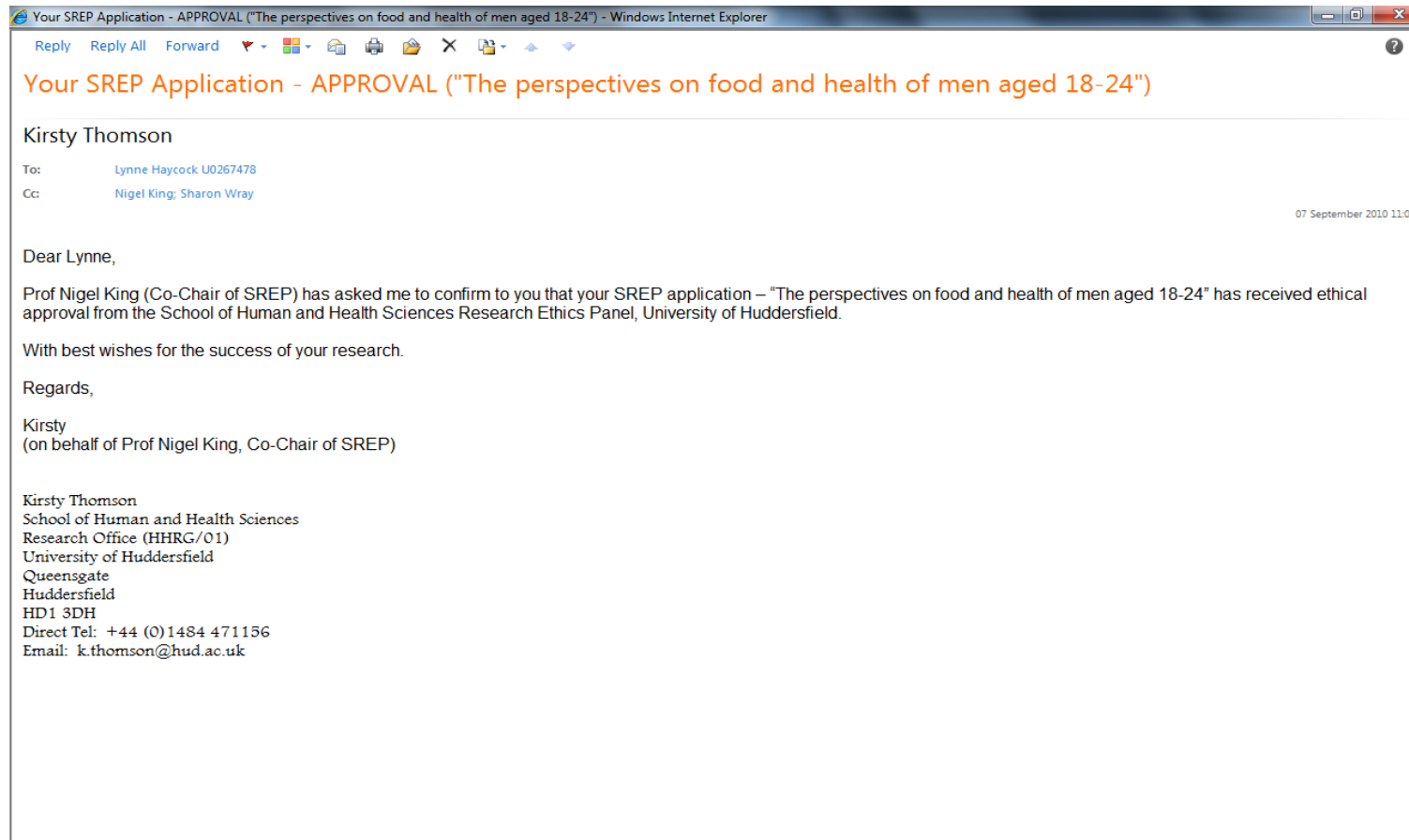
Wray, S. and Bartholomew, M. (2010). Some reflections on outsider and insider identities in ethnic and migrant qualitative research. *Migration Letters*: 7 (1): 7-16

Wright, J. (2009). Biopower, biopedagogies and the obesity epidemic. In Wright, J and Harwood, H., (eds). *Biopolitics and the 'Obesity Epidemic': Governing Bodies*. Oxford: Routledge: 1-14

Zerger, S., Strehlow, A. J. and Gundlapalli, A. V. (2008). Homeless young adults and behavioral health: An Overview. *American Behavioral Scientist*, 51 (6): 824-841

Appendices

Appendix 1: Ethical approval



Appendix 2: The Research Participants

Overall 17 men aged 18-24 years old were interviewed for this study. All participants identified as White British apart from Steve who identified as Mauritian. Only Simon described himself as homosexual with the rest as heterosexual. The following section will give a brief account of their age, profession, educational status, class identity and their living arrangements:

Focus group participants

Matt	24-year old engineer, degree educated. Middle class. Lives with girlfriend
Jack	21-year old engineering student (on work placement). Middle class. Lives with parents
Connor	21-year old engineering student (on work placement). Middle class. Lives with parents
Bill	22-year old engineer, degree educated. Middle class. Lives alone

Individual interview participants

Matt	24-year old engineer, degree educated. Middle class. Lives with girlfriend
John	21-year old mechanic, dropped out of university. Lower middle class. Lives with parents
Dave	23-year old gym instructor, degree educated. Working class. Lives with parents

Steve	24-year old engineer, degree educated. Middle class. Originally from Mauritius, lives alone
Rich	24-year old engineer, degree educated. Middle class. Lives with girlfriend
Bob	21-year old engineering student (on work placement). Middle class. Lives with girlfriend
Mike	23-year old Social Work student. Working class. Lives alone
Josh	19-year old apprentice joiner. Working class. Lives with brother
Dom	20-year old cement factory worker. Working class. Lives with brother
Kevin	20-year old engineering apprentice. Working class. Lives with parents
James	18-year old haulage company worker. Working class. Lives with mum
Simon	24-year old university worker. Working class but aspiring to be middle class. Lives in a shared house
Tim	22-year old engineering apprentice. Working class. Lives with parents

Appendix 3: Focus Group Information Sheet

TITLE OF PROJECT: Men aged 18-24; perspectives on food, health and identity

Information Sheet

Researcher: Lynne Haycock

Contact details: email lynne.haycock@hud.ac.uk Office number 01484 471839

Thank you for agreeing to participate in this research

The purpose of this study is to explore the perceptions of health and food choices of men aged 18-24. This could lead to developments in the promotion of healthy eating initiatives in the future which are more appropriately aimed at younger men.

This information sheet outlines the purposes of the research and provides a description of your involvement and rights as a participant.

The research is for an MPhil/PhD being undertaken at Huddersfield University, the data collected from this study will be analysed and used primarily to write a dissertation, but will also form part of conference presentations and journal articles.

The methods to be used to collect information for this study will be 2 focus groups followed up with semi-structured interviews. The focus groups and interviews will be recorded if permission is given.

You will be required to participate in one focus group and one semi-structured interview. There will be 8 voluntary participants within each group. Each focus group participant will be asked to bring along two images, one which to them represents

'good' health and one 'bad' health, these will then be used as a tool to aid discussion. Following on from this, at a later date, a semi-structured interview will be conducted to discuss in more depth any pertinent issues identified from the focus groups.

It is estimated that both the focus groups and the semi-structured interviews will each last approximately one hour and will be held on-site at #####, but will be outside of your normal working hours.

I guarantee that the following conditions will be met:

- Your real name will not be used at any point of data collection, or in the written report; instead, you and any other person and place names involved will be given pseudonyms that will be used in all verbal and written records and reports.
- If you grant permission for audio taping, no audio tapes will be used for any purpose other than to do this study, and will not be played for any reason other than to do this study.
- Your participation in this research is voluntary; you have the right to withdraw at any point of the study, for any reason, and without any consequences.
- You may, if you wish, receive a summary of the research report before it is handed in, so that you have the opportunity to suggest changes to the researcher, if necessary.
- Abiding by the data protection act, any information collected, written or recorded will be kept safely and securely and will not be shared with any third parties.

Appendix 4: Focus Group Consent form

TITLE OF PROJECT: Men aged 18-24: Perspectives on food, health and identity

Researcher: Lynne Haycock

Focus group consent form

- I have been fully informed of the nature and aims of this research and consent to taking part in it.
- I understand that I have the right to withdraw from the interview at any time without giving any reason, and a right to withdraw my data if I wish.
- I give my permission/do not give my permission for my interview to be tape recorded.
- I give permission to be quoted (by use of pseudonym).
- I understand that the recordings will be kept in secure conditions at the University of Huddersfield.
- I understand that no person other than the interviewer and their supervisors will have access to the recording.
- I understand that my identity will be protected by the use of pseudonym in the research report and that no information that could lead to my being identified will be included in any report or publication resulting from this research.
- I agree to keep the confidentiality of the group discussion

Name of participant

Signature

Date

Name of researcher

Signature

Date

Two copies of this consent form should be completed: One copy to be retained by the participant and one copy to be retained by the researcher

Appendix 5: Themes derived from pilot study

Original themes	Subthemes
Masculinities: Care of the self 'female' behaviour Subordinate masculinity	Eating salad would get laughed at Fast food / kebab shop – male dominated environment Body builder – freaky / not healthy / steroid use Body builder – feminised, 'wears women's clothes' Salads – girl food – gendering of food Healthy not perceived 'as being so like feminine as it used to be' OK to stay healthy
Risk: Healthy foods Unhealthy food Good behaviours; bad behaviours bravado peer pressure conformity resistance	Fast foods always bad for you Healthy foods insubstantial, not liked, not always convenient Chicken, healthy, protein Older people like healthy food Temptation of bad foods Compliance – getting some fruit in Resistance – not fat / too young to bother Importance of meat – regional identity Things in moderation Too much sugar Calories, fat Blame society / obesity epidemic rhetoric
Knowledge: Public health rhetoric; Media representations; TV advertising;	5-a-day Balanced diet Physical activity Media -Jamie Oliver Chicken = healthy / protein Keeping healthy, keeping active Healthy meal = vegetables and fruit Exercise makes you healthy Not getting fat / obesity Medical discourse – diabetes, BP, cholesterol Realistic goals v unrealistic goals Food as science 'proven to contain vitamins'
Body Image: Weight/dieting obesity medical discourse weight / health correlations	Athletic build – preferred Laziness / blame /obesity Eating salad, trying to lose weight Being in good shape Not being fat as justification Being fat - unhealthy Anorexic worse than being fat – aesthetics of health Overly big – not natural / steroids

Appendix 6: Interview Information Sheet

TITLE OF PROJECT: Men aged 18-24; perspectives on food, health and identity

Information Sheet

Researcher: Lynne Haycock

Contact details: email lynne.haycock@hud.ac.uk Office number 01484 471839

Thank you for agreeing to participate in this research

The purpose of this study is to explore the perceptions of health and food choices of men aged 18-24. This could lead to developments in the promotion of healthy eating initiatives in the future which are more appropriately aimed at younger men.

This information sheet outlines the purposes of the research and provides a description of your involvement and rights as a participant.

The research is for an MPhil/PhD being undertaken at Huddersfield University, the data collected from this study will be analysed and used primarily to write a dissertation, but will also form part of conference presentations and journal articles.

The methods to be used to collect information for this study will be 2 focus groups followed up with semi-structured interviews. The focus groups and interviews will be recorded if permission is given.

You will be required to participate in one semi-structured interview.

It is estimated that the semi-structured interviews will last approximately one hour and will be held at a mutually convenient time and location.

I guarantee that the following conditions will be met:

- Your real name will not be used at any point of data collection, or in the written report; instead, you and any other person and place names involved will be given pseudonyms that will be used in all verbal and written records and reports.
- If you grant permission for audio taping, no audio tapes will be used for any purpose other than to do this study, and will not be played for any reason other than to do this study.
- Your participation in this research is voluntary; you have the right to withdraw at any point of the study, for any reason, and without any consequences.
- You may, if you wish, receive a summary of the research report before it is handed in, so that you have the opportunity to suggest changes to the researcher, if necessary.
- Abiding by the data protection act, any information collected, written or recorded will be kept safely and securely and will not be shared with any third parties.

Appendix 7: Interview Consent Form

TITLE OF PROJECT: Men aged 18-24: Perceptions of Food, Health and Identity

Researcher: Lynne Haycock

Interview consent form

- I have been fully informed of the nature and aims of this research and consent to taking part in it.
- I understand that I have the right to withdraw from the interview at any time without giving any reason, and a right to withdraw my data if I wish.
- I give my permission/do not give my permission for my interview to be recorded.
- I give permission to be quoted (by use of pseudonym).
- I understand that the audio file will be kept in secure conditions at the University of Huddersfield.
- I understand that no person other than the interviewer and supervisory team will have access to the recording.
- I understand that my identity will be protected by the use of pseudonym in the research report and that no information that could lead to my being identified will be included in any report or publication resulting from this research.

Name of participant

Signature

Date

Name of researcher

Signature

Date

Two copies of this consent form should be completed: One copy to be retained by the participant and one copy to be retained by the researcher

Appendix 8: Indicative interview topics

Food / choices

Knowledge; healthy foods, what they choose

Avoidance of bad foods

Contents; vitamins, protein, carbohydrates, fat,

Fast food, convenience

Importance of meat / regional identity

Cooking skills

Social relationships

Family; sharing of knowledge; cookery skills

Influence; mother, father, girlfriend

Meal times; sharing food with significant others

Work environment

Friends; peer pressure, fitting in

Gym buddies

Health Promotion

Knowledge of messages

Disbelieve in them / changing information

Confusion / mixed messages

Aim of messages; reduce weight, obesity epidemic, save money government and NHS

Adherence; too young to bother, difficulty in sticking to it, cost

Aimed specifically at overweight

Meaning of health and health behaviours

Physical wellbeing

Perform sports wise

Not getting ill, lack of illness

More energy

Being able to perform to full potential

Lack of disease; diabetes, high blood pressure

Justification of other behaviours; smoking, drinking

Health knowledge

Blood pressure, Cholesterol

Illnesses – Cancer, diabetes

Healthy weight

BMI

Being active

Balanced diet

Body image and health

Fitting in, standing out, showing off

Watching and being watched 'gaze'

Holiday body

Lad's holiday

Masculine image, man credit

Project, discipline

food choices / high protein, low fat

Not being fat / obese

Fitting in with friends

Terminology; otter mode, upside down triangle

Athletic build

Influences: sports players, actors

Physical activity

Fuelling up; correct food choices

Complement training

Endurance

Food as science

Aggressive

Height, presence, strength

Monitoring progress, pictures,
measuring, lifting more weights, reps

Supplements; protein shakes,
steroids, creatine

Sharing knowledge with others,
getting knowledge from others

Appendix 9: Diagrammatic plan of findings chapters

