DISSERTATION FROM THE
NORWEGIAN SCHOOL OF
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Stein Egil Kolderup Hervik

“I have a pacemaker and hip replacement, but I’m up and running.”

Rural Norwegian men’s meanings related to health, body and physical activity

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Dedication

To my Dad.

I know you would have been proud to see this dissertation completed

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Elverum, 6.9.2016

Stein Egil Kolderup Hervik

Summary

The overall aim of this study is to create an understanding of how a heterogeneous sample of 18 men of different ages, education and ethnic backgrounds, living in or close to a rural town in Hedmark County in Norway, construct and express meanings related to health, body and physical activity. The data was compiled through individual in-depth interviews and analysed through a process informed by grounded theory. The aim of the study has been operationalized into four objectives: to understand how the participating men: 1) construct and express meanings related to health, 2) understand and express responsibility for health, 3) construct and express meanings related to their bodies, 4) construct and express meanings and values related to physical activity. The four papers that constitute this dissertation each answer to its respective objective.

Paper 1 deals with how the men talked about their own bodies. Three main themes were found: 1) the body as functionality in relation to their everyday life and in relation to sport and physical activity; 2) the body as physical and mental health; 3) the body as appearance both in relation to how their bodies were perceived by others and in relation to their own perception of their body. One of the conclusions drawn is that the men expressed their relationship with their bodies in conflicting and complex ways, including concerns which can be interpreted as gendered and age-related.

Paper 2 explores the men's understandings of individuals' responsibility for health vis-à-vis that of the state. The individual's main responsibility was to act in specific ways in order to maintain good health. However, little blame was placed on those who did not act in the expected way. The state's main responsibilities were to facilitate the healthy lifestyle of individuals and to act as a safety net for those in need. The state was also considered to be responsible for providing free universal health care regardless of the reason for the need. It is argued that the political and societal values of Norway are reflected in the men's talk about responsibility for health, alongside neoliberal ideas found in other Western societies.

In Paper 3, the men's perceptions of and meanings related to health are examined. The men talked about health as well-being and the good life which could be achieved through experiencing good functionality, absence of illness and pain, good relations with family and friends, belonging to the community, and satisfactory body shape and weight. The men's understanding of "health as well-being and the good life" is argued to be a reflection of the high living standards and good health profile in Norway. However, it was prominent in the

men's talk about health that their health biography shaped how they understood and expressed health.

The purpose of Paper 4 is to understand the meanings the men expressed in relation to physical activity. The main finding is that the men preferred to be outdoors when undertaking physical activity. They emphasized the sensory experience of nature, the enjoyment and pleasure of outdoor activities, and the importance of fresh air as meanings and values related to being active outdoors. The importance the men attached to being outdoors when undertaking physical activity is understood to be formed by the local and national contexts.

In this dissertation the findings from the study are discussed especially in relation to the local and national contexts of the study, and in relation to gender. Through the theory of fields from Pierre Bourdieu, it is discussed how the men's expression of meanings related to health, body and physical activity are social practices within social fields. These fields are social arenas where, through their social practices, the men struggle to acquire different forms of capital, including masculine capital. The gender perspective of this study is strengthened by the inclusion of the theory of hegemonic masculinity from Raewyn Connell. Through her theory, the men's practices can be understood as gendered and as formed by and expressions of local and national hegemonic masculinity.

Sammendrag

Det overordnede formålet med denne studien er å skape en forståelse av hvordan et heterogent utvalg på 18 menn med ulik alder, utdanningsbakgrunn og etnisk bakgrunn, som bor i eller i nærheten av et lite tettsted i Hedmark i Norge, konstruerer og uttrykker meninger knyttet til helse, kropp og fysisk aktivitet. Studiens data ble generert gjennom individuelle dybdeintervjuer og analysert gjennom en prosess inspirert av grounded theory. Det overordnede målet med studien er operasjonalisert i fire delmål: å forstå hvordan de deltakende mennene: 1) konstruerer og uttrykker meninger knyttet til helse, 2) forstår og uttrykker ansvar for helse, 3) konstruerer og uttrykker meninger relatert til kroppen sin, 4) konstruerer og uttrykker meninger og verdier knyttet til fysisk aktivitet. De fire artiklene som utgjør denne avhandlingen svarer på hvert sitt delmål.

Artikkel 1 omhandler hvordan mennene snakket om sin egen kropp. Tre hovedtemaer ble funnet; 1) kropp som funksjonalitet i forhold til hverdagen deres og i forhold til idrett og fysisk aktivitet; 2) kropp som fysisk og psykisk helse; 3) kropp som utseende både i forhold til hvordan kroppene deres ble oppfattet av andre og i forhold til sin egen oppfatning av kroppen. En av konklusjonene som er trukket i artikkelen er at mennene uttrykte komplekse forhold til kroppen sin – forhold som kan tolkes som kjønnede og aldersrelaterte.

Artikkel 2 utforsker menns forståelse av individets vis-à-vis statens ansvar for helse. Det enkelte individets hovedoppgave var å handle på bestemte måter for å opprettholde god helse. Lite skam ble imidlertid lagt på de som ikke opptrer på den forventede måten. Statens hovedoppgaver var å legge til rette for sunn livsstil for enkeltindividene og å fungere som sikkerhetsnett for de som trenger det. Staten ble også ansett for å være ansvarlig for å gi gratis universelle helsetjenester uavhengig av årsaken til behovet. I artikkelen argumenteres det for at de politiske og samfunnsmessige verdiene i Norge er reflektert i måten mennene snakket om ansvar for helse, iblandet nyliberalistiske oppfatninger som i større grad finnes i andre vestlige samfunn.

I artikkel 3, blir mennenes oppfatninger av- og meninger knyttet til helse undersøkt. Mennene oppfattet god helse som velvære og det gode liv, noe som kunne oppnås gjennom å oppleve god kroppslig funksjonalitet; fravær av sykdom og smerte; gode relasjoner til familie og venner og tilhørighet til fellesskapet; og tilfredsstillende kroppsfasong og vekt. Mennenes forståelse av "helse som trivsel og det gode liv" argumenteres for å være en refleksjon av den høye levestandarden og den gode helseprofilen i Norge. Det var imidlertid fremtredende i

mennenes meninger om helse at deres egen helsebiografi formet hvordan de oppfattet og uttrykte helse.

Formålet med artikkel 4 var å forstå meningene mennene uttrykte i relasjon til fysisk aktivitet. Hovedfunnet er at mennene foretrakk å være utendørs når de var fysisk aktive. De la vekt på sanseopplevelse av natur, gleden ved utendørs fysisk aktivitet og friluftsliv, og viktigheten av frisk luft som verdier knyttet til det å være fysisk aktiv utendørs. Den store betydningen mennene knyttet til å være utendørs når de var i fysisk aktivitet forstås i artikkelen å være formet av den lokale og nasjonale konteksten.

I denne avhandlingen er funnene fra studien diskutert særlig i forhold til den lokale og nasjonale konteksten av studien, og i forhold til kjønn. Gjennom Pierre Bourdieus feltteori er det diskutert hvordan meningene mennene knyttet til helse, kropp og fysisk aktivitet kan forstås som sosiale praksiser innenfor sosiale felt. Disse feltene er sosiale arenaer der mennene, gjennom sine sosiale praksiser, kjemper om ulike former for kapital, inkludert maskulin kapital. Kjønnsperspektivet i denne studien er styrket gjennom å inkludere Raewyn Connells teori om hegemonisk maskulinitet. Ved bruk av hennes teori er det diskutert hvordan mennenes praksis kan forstås som kjønnede og som formet av- og uttrykk for lokale og nasjonale hegemonisk maskuliniteter.

List of papers

Paper 1

Hervik, S. E., & Fasting, K. (2014). 'It is passable, I suppose' – Adult Norwegian men's notions of their own bodies. *International Review for the Sociology of Sport*. doi:10.1177/1012690214557709

Paper 2

Hervik, S. E. K., & Thurston, M. (2016). 'It's not the government's responsibility to get me out running 10 km four times a week' - Norwegian men's understandings of responsibility for health. *Critical Public Health*, 26(3), 333-342. doi:10.1080/09581596.2015.1096914

Paper 3

Hervik, S. E. K. (in press). "Good health is to have a good life" – how middle-aged and elderly men in a rural town in Norway talk about health. *International Journal of Men's Health.*

Paper 4

Hervik, S. E. K., & Skille, E. (2016). 'I would rather put on warm clothes and go outdoors, than take off clothes to be indoors' – Norwegian lay men's notion of being outdoors during physical activity. *Sport in Society*, 1-15. doi:10.1080/17430437.2016.1179731

Table of contents

1. Introduction

In March 2015, student Mackenzie Pearson published an essay called "Why Girls Love The Dad Bod" [1] on the community news webpage The Odyssey. The essay went viral, and in important media channels such as *The New York Times* (US), *The Times* (UK), The *Herald Sun* (Australia) and the national broadcasting company NRK (Norway), the alleged trend of the *dad bod*, and its effects and consequences, were discussed. The global public discourse on the dad bod encompassed a wide range of themes: men's body ideals, how men relate to their own body, the body image pressure experienced by men, men's health, men's exercise and eating habits, and the double standards of body ideals between men and women, were among the topics discussed. The dad bod discourse is one example of public attention given to men's relation to health, body and physical activity. In research, there has been an increasing focus on men's relation to health, body and physical activity during recent decades (e.g. Calasanti, King, Pietilä, & Ojala, 2013; Lohan, 2009; Monaghan, 2008; Robertson, 2007). However, health and health-related phenomena and practices cannot be fully understood outside of the context in which they emerge (Robertson, 2007). Men's relations to health, body and physical activity in a specific rural context were chosen to be the focus of this study.

In research, a wide range of approaches have been used to understand health, body and physical activity. One way of approaching these phenomena is through the study of lay perspectives. Through these studies, non-expert people's own everyday understandings and experiences are examined (Bolam, Gleeson, & Murphy, 2003; Warwick-Booth, Cross, & Lowcock, 2012). Studying lay perspectives on health, body and physical activity can be advantageous in several ways. Firstly, an increased understanding of lay perspectives can be an advantage for health-related policy-making (Entwistle, Renfrew, Yearley, Forrester, & Lamont, 1998). Bowling (2006) argues that if expert's scientific understandings and lay perceptions differ widely, there is a danger that policies based solely on expert knowledge can seem irrelevant to the general public. On the other hand, policies that are informed by lay perceptions are more likely to achieve public involvement (Jopp et al., 2015). While Bowling and Jopp et al.'s arguments are developed in relation to ageing, it can be argued that the same

[1] "The dad bod is a nice balance between a beer gut and working out. The dad bod says, 'I go to the gym occasionally, but I also drink heavily on the weekends and enjoy eating eight slices of pizza at a time.' It's not an overweight guy, but it isn't one with washboard abs, either." (Pearson, 2015, 1st paragraph)

reasoning about increased relevance for the public when policies are informed by lay perceptions also could be made in relation to health, body and physical activity. Secondly, lay perspectives can challenge the established knowledge of experts (Robertson, 2006). Robertson argues that research on lay perspectives on health "has been significant in influencing a cultural shift away from a wholly bio-medical approach and towards a more integrated and holistic understanding of health and wellbeing" (p. 176). Thirdly, inclusion of lay perspectives in research can contribute to increasing an understanding of the relationship between the individual's actions and the societal structures within which the individual acts (Popay, Williams, Thomas, & Gatrell, 1998; Robertson, 2006). Popay et al. (1998, p. 619) further claim that "explanations for what people do and why – and which, in turn, shape social actions" are embedded within the lay perspectives on health. Fourth, and according to Blaxter (1997), lay talk also provides accounts of social identity. By expressing their notions about a phenomenon, lay persons express something more about themselves and their identity (Blaxter, 1997).

Through a series of 18 in-depth interviews with a heterogeneous group of middle-aged and elderly men in rural Norway, this study explores how lay men talk about and understand health, body and physical activity. Through the analysis of their talk about these phenomena, an attempt has been made to understand how their different social backgrounds such as immigrant status and educational level, and their shared national and local context are reflected in their perspectives. A particular focus in this dissertation is to understand how masculinity is done through talk about health, body and physical activity. With these reflections over the purpose of the study in mind, it seems safe to claim that it fits well into a sociological tradition. A further positioning of this study in the academic field is outlined and examined in Chapter 2 – "Defining the field".

This study was carried out in Hedmark, a rural county in Norway. The context of the study, both the national context of contemporary Norway and the local context of Hedmark, is outlined and described in Chapter 3. Popay et al. (1998) stressed the importance of considering both the historical and geographical context in which lay perspectives are expressed in order to understand how macro structures impact on people's lives. "Places have histories and people have biographies which they articulate through stories and narratives" (Popay et al., 1998, p. 636). The context, according to Popay, can be conceptualised as the "location of 'structuration' – the interrelation of the conscious intentions and actions of individuals and groups and the 'environment' of cultural, social and economic forces in which

people exist." (p. 635) As early as the 19th century, scholars such as Wilhelm Dilthey and Max Weber acknowledged the importance of knowing the context in which social phenomena occur in order to truly be able to understand social phenomena (Ormston, Spencer, Barnard, & Snape, 2014). Further, Popay et al. (1998) argue that sensitivity for context may allow us to understand the local dynamics of social class. I suggest that this not only applies to the local dynamics of class, but also the local dynamics of gender, age and ethnicity. In Chapter 4 – "Literature review", earlier studies on how lay people in different contexts express and relate to health, body and physical activity, are presented and described.

In order to understand men's notions of health, body and physical activity in this study, it has been a goal to understand how masculinity is reflected in the participating men's talk. Important to bear in mind is that the men participating in this study should not be viewed as a homogeneous group, hence sensibility to reflections of the men's differing ethnic backgrounds, class and age in their talk is also important. In Chapter 5, relevant theoretical sociological perspectives that have been used to conceptualise and understand the men's perspectives are outlined. To discuss the men's understanding and expression of health, body and physical activity as a form of social practice, the theory of practice from Pierre Bourdieu has been used. In order to strengthen the gender perspectives in the discussion of the men's perspectives, the theory of hegemonic masculinity from Raewyn Connell has been included.

Subsequently, the aim and the four objectives of the study are presented and elaborated in Chapter 6. In Chapter 7 – "Methodology" the epistemological reflections, methodological approaches for the data collection and the analysis of the data are outlined and discussed. Further, the limitations, the ethical issues and the quality of the study are accounted for.

This dissertation includes four papers which are attached at the end; each answers to its objective. A short summary of each of the four papers is presented in Chapter 8. Following the presentations of the findings, a discussion of findings related to the main purpose of the study is given. A particular focus of the discussion is given to the findings on how masculinity is reflected in the men's talk (Chapter 9). Finally, in Chapter 10, some concluding thoughts are presented, together with the potential implications and impacts of the study.

2. Defining the field

In the academic discipline of sociology there are multiple sub-disciplines. As the purpose of this study is to understand how lay men talk about health, body and physical activity, this study is relevant for several sub-disciplines of sociology. I consider this study especially relevant for health sociology, sociology of the body, and sociology of sport. These three sub-disciplines of sociology, I claim, are both strongly related and partially overlapping. This is seen, for example, in the analysis of the healthism discourse from Crawford (1980),[2] where good health is considered achievable through bodily control and bodily practices such as physical activity and exercise.

Sociology of sport is "a sub-discipline of sociology that studies sport as parts of social and cultural life" (Coakley & Pike, 2014, p. 10). Even though much research and writing in sport sociology focuses on organized, competitive sports, scholars also study other physical activities (e.g. Pike, 2015; Rinehart & Sydnor, 2003; Sisjord, 2015). Wheaton (2015) argues that "informal non-competitive sporting activities have long-been and remain a central part of the sporting landscape" (p. 635). Hence, this study is relevant to the academic field of sociology of sport since men's notions of physical activity is examined.

Sociology of the body and sociology of sport are related sub-disciplines of sociology. In this study, the men's notion of their own body is examined. When studying individuals, the body should be acknowledged, since people both are and have bodies (Turner, 2013). Shilling (1991) claimed that the body has been largely marginalized in sociology, and called for more focus on the body. Since then, however, the works of scholars such as Bryan S. Turner (2013), Mike Featherstone (2006; 2010), Chris Shilling himself (2012) and many others, have raised sociological awareness, interest and knowledge about the body. In studies within sociology of the body, one aims at understanding the body in the social and the social in the body (Cregan, 2006; Shilling, 2012). In this study, a focus is on an understanding how the participating men construct and express meanings related to their body in the social and cultural contexts of their everyday lives. Hence, this study is relevant to the sociological sub-discipline sociology of the body.

[2] The healthism discourse has been defined as "the preoccupation with personal health as a primary – often *the* primary – focus for the definition and achievement of well-being; a goal which is to be attained primarily through the modification of lifestyles" (Crawford, 1980, p. 368) (italics in original).

The third sub-discipline of sociology that this study is of relevance is sociology of health. As mentioned above one of the main themes in sociology has been to understand the dynamic relationship between agency and structure (the individual and society); this is also the case in sociology of health (Cockerham, 2007; Morrall, 2009; G. H. Williams, 2003). Nettleton (2013) argues that there are many topics and approaches that have been researched in sociology of health.

> These include the analysis of medical knowledge, lay perceptions of health and illness, the experience of health and illness, social and cultural aspects of the body, the analysis of interactions between patients and health professionals, the patterned nature of health and illness in relation to the wider social structure, and the social organization of both formal and informal health care. (Nettleton, 2013, p. 6)

Since one aim in this study is to understand how men with different backgrounds living in the same context (structures) construct and express meanings related to health (agency), I claim it is relevant to the sociology of health.

3. Context of the study

Social phenomena such as health, body and physical activity are, as mentioned above, contextual and need to be understood as part of a country's broader socio-cultural and historical context (Blaxter, 2010; Ettorre, 2010; Robertson, 2007). Thus, sensitivity to both the particularity of Norwegian culture and the local context is important in order to understand the ways in which the participating lay men construct and express meanings related to health, body and physical activity. In the following section, a brief presentation is given of some of the most relevant aspects of Norwegian society to this study – the welfare state system, social division and physical activity.

3.1. National context – Norway

The population of Norway is approximately 5.2 million (Statistics Norway, 2016c). Norway is a social democratic welfare state (Copeland et al., 2015; Esping-Andersen, 1990; Huber & Stephens, 2000; Raphael, 2015; Raphael & Bryant, 2015), in which equality of the highest standards is pursued (Esping-Andersen, 1990). The ideology of social democracy has dominated Norway during the post-World War 2 era (Sejersted, Adams, & Daly, 2011). In 1969, oil was discovered on Norwegian offshore territory (Norwegian Ministry of Petroleum and Energy & Norwegian Petroleum Directorate, 2016). Since the 1970s, the considerable income from the petroleum industry has contributed significantly to make Norway a wealthy country. In fact, Norway was ranked as the 2nd wealthiest country in the world in 2014 by the World Bank (The World Bank, n.d.). That being said, the Norwegian welfare system was well established before the "Norwegian oil adventure" began (Birkelund & Petersen, 2010).

Norway has also been ranked as one of the most gender-equal countries in the world (United Nations Development Programme, 2015). Even so, Norway is a "gender unequal" society (Midtbøen & Teigen, 2014; Statistics Norway, 2016a). For example, women in general have a weaker association to the labour market than men (e.g. larger proportion of part-time positions), and immigrant women have an even weaker association (Midtbøen & Teigen, 2014). In 2015, there were almost 670,000 immigrants and more than 135,000 Norwegians born to immigrant parents in Norway (Statistics Norway, 2015b). These two groups have backgrounds from 223 different countries and independent regions; persons with an immigrant background from Poland make up the largest group in Norway with nearly 100,000 (Statistics Norway, 2015b). Compared to much of the rest of Europe, the majority of the Norwegian population experience a secure financial situation, with good access to

material and social benefits (Statistics Norway, 2016b). However, there is an increase in social inequality in contemporary Norway where people with a low level of education have not had the same level of improvement of living conditions as those with higher education (Statistics Norway, 2016b). According to Dahl, Bergli, and Wel (2014) there are significant differences in health and lifestyle related to social inequality in Norway.

Similar to the other Nordic countries, Norway has been described as having a very positive health profile in terms of several health-related aspects such as long life expectancy, low infant mortality and ability to ensure good health for the most vulnerable in the population (Bambra, 2012). Raphael (2014) points out that the Nordic welfare states of Finland, Sweden and Norway have "enviable health profiles" (p. 10).

Norway is also one of the leading countries in promoting health through public policy (Raphael, 2014). Universalism is often emphasized as a prominent feature of the Norwegian and Nordic, welfare state models (Dahl et al., 2014; Johnsen, 2006). Universalism is the principle that services shall include everyone, and not aim solely at particularly disadvantaged groups (Dahl et al., 2014). The Norwegian government's goal for public health policy is to reduce social health differences. This is a goal shared across political party lines (Dahl et al., 2014). The universalism ideal also applies to the health care system (Johnsen, 2006). Hence, health care is mainly considered as a public responsibility, and approximately 80% of the health care system expenditures in Norway are financed over the state budget (Kristiansen & Pedersen, 2000).

Norwegian government policy not only deals with the health care system, but also states: "The government is of the opinion that the public health work must in greater extent take as starting point the society's responsibility for the health of the population" (Helse- og Omsorgsdepartementet, 2007). The 2007 *National Strategy to Reduce Social Inequalities in Health* emphasizes four priority areas: 1) to reduce social inequalities that contribute to inequalities in health, 2) to reduce social inequalities in health-related behaviour and use of health services, 3) to target initiatives aimed at promoting social inclusion, and 4) to develop knowledge and cross-sectoral tools to ensure that the measures implemented increasingly achieve their intended purposes (Raphael, 2014).

The Norwegian government's focus is primarily directed towards the state's responsibility for health. "Even though it is important to underline the possibility to choose, and the actual responsibility of the individual – especially when it comes to lifestyle – social health disparities are mainly political and social issues. Since they follow very clear social

patterns, the principle cause of the disparities is not the individual's conscious choice of lifestyle" (Helsedepartementet, 2003, p. 47, my translation). This understanding is further emphasized by the government which states that "the health of the population is … a result of developments and political choices outside the reach of the individual" (Helsedepartementet, 2003, p. 7, my translation). According to Vallgårda (2011), through policy documents, the Norwegian government specifically points to a number of possible health-harming behaviours where a government must take responsibility, including poor nutrition, lack of physical activity, and smoking. Added to the responsibility of the state are other health-related aspects such as social support, living conditions and anti-mobbing measures (Vallgårda, 2011).

The social democratic Norwegian health policy differs from more neoliberal health systems which, according to Ayo (2012), are often found in other Western countries. The health view that is most concurrent with neoliberal politics is the healthism discourse (ibid.). "Healthism" as a concept was described as early as 1980 as a dominant cultural image that not only individualises health but also turns it into a commodity (Crawford, 1980). The notion of health as something for which each person is responsible and in control of, combined with a holistic model of health, invites an assumption of guilt for illness and bad health (ibid.). "Illness becomes one's own fault not simply through a carelessly unhealthy lifestyle, but also because of character failings or weakness of will" (Blaxter, 1997, p. 754).

In an earlier cross-sectional study among the Norwegian population aged 19-79, 76% stated that they exercised at least once a month (Vaage, 2004). However, the frequency of activity and level of intensity decreased with increasing age. Anderssen (2009), on the other hand, concluded that the activity level was relatively stable in the adult Norwegian population until the age of 70 when there was a distinct decline in the activity level. The activities in which people participated also changed with increasing age (ibid.). In her analysis of the data from the large study "Norwegian Monitor on Social and Cultural Change 2013"[3], Fasting (2015) found that 73-79% of men aged from 35 to approximately 90 years were physically active one or more times per week. There were only small differences between age groups of men older than 35 years (age 35-44 – 77%; age 45-54 – 75%; age 55-64 – 73%; age 65-older – 79%) (Fasting, 2015).

[3] A biannual survey on representative samples of the Norwegian population aged 15 years and above.

In common with other countries, participation in physical activity in Norway is patterned in particular ways, not just in relation to age. Related to class differences, there is also a correlation between education and physical exercise in the Norwegian population – people with a higher educational level exercise more than others (Anderssen, 2009; Vaage, 2009). Gender can also be considered a determinant for an individual's level of physical activity. Fasting and Sand (2008) found that more women (78.1%) than men (70.7%) in Norway participated in some sort of physical activity or sport at least once a week. This pattern was especially clear in the age range 20-66 years (Fasting & Sand, 2008).

Outdoor activities (the Nordic *friluftsliv* [4] way) are the most prevalent form of physical activity in the population, especially hiking, but also cycling, skiing and swimming (Odden, 2008). According to White Paper no. 40 (1986/1987) *friluftsliv* includes spending time in nature and being physically active outdoors in leisure time, enjoying a change of scenery and experiencing the beauty of nature (Miljøverndepartementet, 2001). This implies that there is a dimension to *friluftsliv* which is not found in other forms of physical activity.

In 2004, 95% of the adult population participated in some form of *friluftsliv* at least once during the year, and the average number of days devoted to *friluftsliv* during the year, was 96. Altogether, 31% participate in *friluftsliv* more than 100 days a year, and 34% have *friluftsliv* as their main leisure activity (Odden, 2008). There are only small differences between men and women in outdoor activities (Odden, 2008). Studies in Norway show that people with high education and high income participate in *friluftsliv* more than others (Krange & Strandbu, 2004; Odden, 2008; Vaage, 2004, 2009). Another analysis of data from Norwegian Monitor shows that age is also related to patterns in outdoor activities: 85% and 56% of people aged 25-44 years and 67 years and above respectively had undertaken at least one short hike in the woods or in the mountains during the previous twelve months (Statistics Norway, 2014).

[4] "What? *Friluftsliv* is a Norwegian tradition for seeking the joy of identification with free nature. Why? – The emphasis on identification with free nature in accord with the Norwegian tradition of *friluftsliv* has intrinsic values and lifestyles imposed by modernity. How? – Through conwayorship, a sharing of the experiences of free nature in accord with the patterns of thought and values of the Norwegian tradition of *friluftsliv* in smaller groups for the joy of identification, as well as for finding in modernity routes towards lifestyles where nature is the home of culture" (Faarlund, 2007, p. 56).

3.2. Local context – Hedmark

The local context of this study is Hedmark, one of the 19 Norwegian counties. Hedmark is geographically the largest county in southern Norway. There were several reasons for choosing Hedmark as the location for this study. First, I am employed at Hedmark University of Applied Sciences (HUAS) and which has funded the project. Research at HUAS is required to be "directed towards work- and social life with regional, national and international perspectives" (Hedmark University of Applied Sciences, 2014, my translation). Hence, a study that is sensitive to both the local and national contexts creates data that can be discussed in relation to existing national and international studies and international theory. Since the data is published internationally, this fits well into HUAS's goals for research.

Second, Hedmark has a somewhat special health profile, geography and demography, which makes it an interesting context for this study. The percentage of the population attending higher education in Hedmark is low compared to the Norwegian average (Folkehelseinstituttet, 2014). The county has the second lowest percentage of inhabitants with education above secondary school level of all Norwegian counties (Folkehelseinstituttet, 2010). Compared to the rest of Norway, Hedmark scores lower on several health-related variables (e.g. larger prevalence of obesity, more social inequality, and a higher prevalence of mental disorders and illnesses) (Folkehelseinstituttet, 2016). Moreover, a large proportion of the population in Hedmark is physically inactive compared to the Norwegian average (Folkehelseinstituttet, 2014).

Hedmark borders with Sweden, and is one of two counties in Norway without a coastline. Apart from a few urban areas, Hedmark is a rural county with a low population density (7 persons per km^2 compared to 16.5 persons per km^2 in Norway as a whole). Only 55% of the Hedmark population live in urban areas, compared to 78% of the total Norwegian population. Hedmark is Norway's most important county regarding both forestry and arable area (Thorsnæs, 2013). Over half of the area is forested (Hedmark Fylkeskommune, 2013). Due to the large forested area, there is much wildlife in Hedmark. Hunting and harvesting from the nature are important activities in the county. During 2014-15, approximately 16% of the male inhabitants of Hedmark were active hunters, compared to 6% nationally (Statistics Norway, 2015a). During the hunting season 2013–14, 6930 moose were felled in Hedmark County (Statistics Norway, 2015c), with a total value of 70-80 million Nkr (Miljøstatus Hedmark, 2013). In a study of patterns of outdoor activities in Norway it was found that harvesting activities, such as fishing, hunting, berry- and mushroom-picking are activities undertaken by

residents in the rural areas (Statistics Norway, 2014). Due to the inland location, there are relatively warm summers and cold, snowy winters. In summary, there are many natural opportunities for typical rural activities and winter sports. Hence hunting, hiking and skiing are important elements of the local culture.

4. Literature review

Even if social phenomena – such as health, body and physical activity – are contextual (cf. Blaxter, 2010; Ettorre, 2010; Robertson, 2007), findings from studies in other contexts are sources for understanding the phenomena in general. In the following section, existing literature on lay perspectives on health, body and physical activity is outlined followed by a summary of previous research on rural masculinities.

4.1. Lay perspectives on health, body and physical activity

Several studies from a number of different countries have explored how people relate to and account for their health, body and physical activity. As mentioned in the introduction, lay perspectives are important because they have policy and public health relevance. According to Popay et al. (1998) and Entwistle et al. (1998), lay knowledge is rooted within one's life-world, and hence differs from and challenges those of health professionals and researchers. The alternative views in lay perspectives therefore have legitimacy and can add value to health-related research (Entwistle et al., 1998). According to Bowling (2006), the subjectivity in lay studies should be considered "a strength, and the challenge to research is to capture this" (p. 134). Arguably, if one succeeds in capturing the subjective perceptions in lay notions, the possibility to understand the individual's beliefs, meanings and actions is increased.

Two early studies on lay conceptions of health were carried out by Herzlich (1973) in France, and by R. Williams (1983) in Scotland. Bishop and Yardley (2008) argue that these two studies describe three similar dimensions of health. First, health can be something one *is*. In other words, one is either healthy or not (Herzlich, 1973). Second, health can be something one *has*, in the sense that health relates to possessing strength rather than weakness (R. Williams, 1983). Third, health can be something one *does* in that it provides functional fitness for work or other activity (R. Williams, 1983).

The work on lay perceptions of health was extended in the late 1990s through Blaxter (1997) who argues that lay views of health and illness are complex concepts. In the Health and Lifestyle Survey, a study of 9000 women and men in UK in the mid-1980s, Blaxter (1990) identifies five main categories in lay people's perspectives of health: 1) Health as not ill, 2) Health as physical fitness, vitality, 3) Health as social relationships, 4) Health as a function, and 5) Health as psychosocial well-being. Blaxter's (2010) study also shows that

how people define health varies in relation to social position, that is in relation to age, class and gender.

Little is known about lay perspectives on health in a Norwegian context. However, Fugelli and Ingstad (2009) show that there are differences in the Norwegian population in how people define health, and how health relates to different aspects of their lives. In spite of these differences, six main themes emerged from their analysis of interviews with a heterogeneous sample of 80 persons from all over Norway. These six themes were: 1) Health is well-being; 2) Health is function; 3) Health is nature; 4) Health is good mood; 5) Health is coping; 6) Health is energy (Fugelli & Ingstad, 2001). An important finding emphasized by Fugelli and Ingstad (2009) is that the participant largely expressed positive definitions of health.

Robertson (2006) contributes to increase the understanding of gender in lay perceptions of health by exploring the relationship between masculinity and health. He concludes that masculinity plays a role when it comes to men's notion of health. He found, through a qualitative study among 20 lay men, that the men expressed that they did not think much about their health. Through his study, Robertson shows that a man should not be too occupied with his own health. However, Robertson (2006) also found that the men clearly stated that the individual has responsibility for his own health. In other words, at the same time as the men expressed importance related to being in control and being able to act responsibly and rationally in relation to health, they expressed that they were not thinking much about their health. Thus, it is not just being too pre-occupied with health that puts dominant masculine ideals and values at risk; to take insufficient care of one's health also moves away from masculine ideals (Robertson, 2006). Hence, Robertson argues that men have to manage "two conflicting discourses: First, that 'real men' do not care about health and second, that the pursuit of health is a moral requirement for good citizenship: what I term the 'don't care/should car' dichotomy" (p. 178). Accordingly, men have to balance between caring about their health and body, and simultaneously display an attitude towards not caring.

This discursive conflict of health-related masculinity is also described by Farrimond (2012), who contrasts the notion of the different masculinities of the "action man" who seeks health-related help with the "Neanderthal man" who does not. According to Robertson (2006), men have to balance the tension between control and release of control in relation to health in order to maintain a healthy and "appropriate" masculinity. Robertson (ibid.) further argues, with reference to Saltonstall (1993) (who states that "the doing of health is a form of

doing gender" (p. 12)), that both doing and giving the appearance of not doing health becomes a way of doing gender.

Verdonk et al. (2010) found that a sample of Dutch men aged 23-56 years of different educational levels and professions, did not care about their health until something was seriously wrong. The same tendencies have been found among rural men (aged 24-64 years) in Australia (O'Kane, Craig, & Sutherland, 2008). This could be viewed as one way of balancing the discursive dichotomization of don't care/should care in male health.

However, it is important not to treat, or understand men as a homogeneous group in relation to health beliefs and health practices. Robertson and Gough (2010) even argue that it is not sufficient to recognize men's diversity in respect of health-related behaviours by focusing on differences in social backgrounds (e.g., race, class). They point to the importance of the context and the situation and stage of life, noting that men's relation to health "can vary in the same man at different times and in different locations" (p. 233). For example, age and gender are intertwined in how people make sense of their health (Calasanti et al., 2013) and their bodies (Pietilä & Ojala, 2011). Most research on masculinity and men's health has ignored age relations, and the impact age has on the way men do health and gender (Calasanti et al., 2013). Most studies on ageing have either ignored gender or focused on women's ageing (Calasanti, 2004; Hearn, 1995; Pietilä & Ojala, 2011). Through a qualitative study of a heterogeneous group of 24 adult and elderly Irish men, Richardson (2010) found that the majority of the men expressed that in relation to health they needed to be individually responsible and to act according to this responsibility in order to be responsible citizens. There were tendencies in the study that experiences such as becoming and being a father, ageing and health crises, further heightened the sense of responsibility for one's own health.

How lay people talk about and relate to physical activity is gendered (Hauge, 2009; Hauge & Haavind, 2011; Monaghan, 2008; Tudor-Locke et al., 2003; Wright, O'Flynn, & Macdonald, 2006), and so also is people's relation to and notion of their bodies in terms of body ideals and body practices (Monaghan & Hardey, 2009; Monaghan & Malson, 2013). In a qualitative study, Monaghan (2008) found that English men expressed complex and gendered notions of physical activity. Both when the men talked about physical activity as a health-related practice and as a practice to regulate body size, they expressed complex and gendered notions (Monaghan, 2008). In a qualitative study on Dutch workers, Verdonk, Seesing, & de Rijk (2010) found that adult men used sports and exercise to display and achieve masculinity.

Existing theory and research seem to establish that "real men" are supposed to be unconcerned with their appearance, and rather should desire a well-functioning body in sports, work and everyday life (Jackson & Lyons, 2012). A qualitative study of 24 middle-aged men from Finland and the USA showed that how a body functions is what matters for men, and that they relate the body's functionality to health. Any other focus on the body, such as attractiveness, struck the men as effeminate and should therefore be avoided (Calasanti et al., 2013). In a qualitative study of 20 adult English men, all the participants focused largely on the functionality of the body. However, a minority in this study attached importance to the appearance of the body as well (Halliwell & Dittmar, 2003). So even if existing research establishes that "real men" should not be concerned about their looks, some studies have found that males are, in fact, increasingly pre-occupied with their bodily appearance (Drummond, 2002; Frost, 2003; Hervik & Fasting, 2014; Ricciardelli & White, 2011; Tager, Good, & Morrison, 2006).

Another example of a gendered issue on bodies is the issue of overweight and obesity. Through a qualitative study on overweight men, Monaghan (2008) shows that the overweight body is negatively viewed and often related to females and femininities, and thus the overweight male body is often considered as feminine, and representing a form of marginalized masculinity. Even so, the men participating in Monaghan's study expressed a masculinization of the male overweight body based on their bodily strength and often combined with a history of fitness and sport. On that basis, Monaghan argues that the overweight adult male body is somewhat more acceptable and less stigmatized than the overweight female body. He further argues that the degradation of obesity and the overweight body therefore reproduces a masculine dominance – the masculine male body, fit or fat, over the female body. However, the degradation of the obese body can also be understood as one dimension of which some men (obese or overweight) are suppressed in a male hierarchy.

4.2. Rural men and rural masculinities

Given the *rural context* of this study, and the fact that throughout I have explored *men's* notion of health, body and physical activity, it is beneficial to give an account of existing research on rural men. In the current literature, rural contexts have often been described as being characterized by patriarchal gender roles, and as dominated by stereotypical masculinities (Brandth, 2002; Bryant & Pini, 2009; Bye, 2009; Campbell & Bell, 2000; Little, 2002; Shortall, 2002). Rural masculinities are often negatively contrasted with more urban

ideals of masculinity (Aure & Munkejord, 2015; Bull, 2009; Stenbacka, 2011; Trell, van Hoven, & Huigen, 2014). According to Bye (2009), in the Norwegian public discourse, the rural man has often been portrayed as a marginalized loser.

In the literature on rural masculinities, men's involvement in numerous gendered practices has been discussed (Brandth, 2002). It has been argued that men create, act and express their gendered and masculine identities through involvement in physical labour (as logging and farming) (Brandth, 2002, 2006; Brandth & Haugen, 2005; Bye, 2009), hunting (Brandth, 2002; Bye, 2003, 2009), fishing (Brandth, 2002; Bull, 2009; Gerrard, 2013) and local leisure activities (Bye, 2009; Kenway & Hickey-Moody, 2009; Trell et al., 2014). Through these practices, men, according to Aure and Munkejord (2015), construct rural masculine identities through "hard physical labour, independence, toughness, and mastery of technology and nature" (p. 4). According to Bye (2003), outdoor activities, especially fishing and hunting, have been considered as important practices in constructing rural hegemonic masculinities due to their association with toughness, wildness and male camaraderie. In a study of Norwegian young rural hunters, Bye found that stereotypical masculine practices such as drinking, rough language and toughness are important components when men participate in outdoor activities with other men. Aure and Munkejord (2015) found that being outdoors is an important part of being a rural man in Norway. However, they argue that the dominant forms of outdoor recreational masculinities they identified in their study were "non-suppressive and do not legitimate men's domination over women" (Aure & Munkejord, 2015, p. 14).

A qualitative study by Nilsson, Hagberg, and Grassman (2013) of 11 unmarried and childless older rural men in Sweden illustrates the intersection of rurality, masculinity and older age on notion of the body. Nilsson et al. (2013) argue that the rural older men construct masculinities with reference to their bodily abilities to function and work earlier in life. As the men's bodily capacity diminished, and hence their rural masculine identity changed, they articulate their masculine identity through a logic expressed by Nilsson et al. (2013, p. 58) as "what I have done is who I am".

Recent research on masculinities in Norway, reveal alternative constructions of rural masculinities (Bye, 2009). These are masculinities constructed around homemaking, egalitarian fathering and contributing to the community (Brandth & Overrein, 2013; Bye, 2009). Bye (2009) found that the young Norwegian rural men participating in her study had flexible views concerning rural men choosing to work in "what used to be women's

professions" (p. 285), for example in the health and care sector, even though they were very pre-occupied with stereotypical masculine rural practices.

5. Aim and objectives of the study

The aim of this study is to establish an understanding of how a heterogeneous sample of men of different ages, education and ethnic background, living in or close to a rural town in Hedmark in Norway, construct and express meanings related to health, body and physical activity. The overall aim of the study has been operationalized into four objectives, where the objective has been to understand how the participating men:

1) construct and express meanings related to health
2) understand and express responsibility for health
3) construct and express meanings related to their bodies
4) construct and express meanings and values related to physical activity.

Each of these four objectives is examined and discussed in its respective paper. A summary of each paper is given in Chapter 9, and the papers are attached at the end of the dissertation (paper 1, 2, 3 and 4).

In the following section, the theoretical perspectives used to discuss and understand the findings of the study are presented.

6. Theoretical perspectives

In this study, the aim is to understand the men's (agent's) construction and expression of meanings related to health, body and physical activity (practice) in the context of their lives and their different and shared socio-cultural backgrounds (structure). The relationship between society's structures and the individual's agency is one of the most important issues discussed in sociology (Giddens & Sutton, 2013). Through his theory of practice, the French sociologist and anthropologist, Bourdieu, offers theoretical concepts that specifically aim at bridging the gap between structure and agency (Giddens & Sutton, 2014). Thus, Bourdieu's theory of practice offered helpful perspectives when attempting to understand the agents' practices in the context of this study.

Further, as this study aims at understanding aspects of men's life, it was considered relevant and beneficial to include gender theory into the theoretical perspectives. The theory of hegemonic masculinity from the Australian sociologist, Connell, has been a significant contribution to the theoretical understanding of gender for the last decades. Connell's theory of hegemonic masculinity (1987, 1995, 2005) is one of the most referred and applied gender theories in recent gender research. In the current study, the theory of hegemonic masculinity has contributed with useful perspectives on masculinity in the understanding of the men's construction and expression of meanings related to health, body and physical activity.

6.1. Bourdieu

Based on his empirical studies in France in the mid-1960s, Bourdieu (1984) develops a description and way of understanding French culture and how people with different social positions differ in preferences, taste and ways of living their lives. Bourdieu (1984) paints a picture, or rather draws a social map over what he refers to as the social space of France. Hence, the social space comprises social relations in the French society. More generally, Bourdieu (1989) elaborates on the concept of social space by explaining that it is constituted by the symbolic power relations between people and groups in a certain context. Hence, the social space in this study is a representation of the symbolic power relations between people and groups in the context of contemporary Hedmark.

The social space consists of many social fields (Bourdieu, 1989). Bourdieu (1996) defines a field as "a network of objective relations (of domination or subordination, of complementarity or antagonism, etc.) between positions" (p. 231). Typical fields described are the legal, literary, philosophical or sports field which, according to Bourdieu (1977), are

defined by struggles and conflicts over the field's practice, and the struggle over capital.[5] The symbolic power relations in a specific part of society (field), and hence the position a particular person (agent) occupies in a field, is the result of the specific rules and values of the field, the person's capital and habitus (Bourdieu, 1984).[6] However, the concept of field is a somewhat diffuse concept that both Bourdieu and others after him have used in slightly different ways (Prieur, Sestoft, Esmark, & Rosenlund, 2006).

Agents are not only positioned in the social fields based on the volume of appropriate capital, but also in the social space. Agents are

> distributed in the overall social space (…) according to the overall volume of capital they possess and (..) according to the structure of their capital, that is, the relative weight of the different species of capital, economic and cultural, in the total volume of their assets. (Bourdieu, 1989, p. 17)

Bourdieu (1985) elaborates whereby the volume of capital not only positions the agents within a field, but also positions the agents within the social space: "[T]he position of a given agent within the social space can thus be defined by the positions he occupies in the different fields, that is, in the distribution of the powers that are active within each of them" (p. 724).

In this study, the participating men are considered agents who hold different positions in the social space of Hedmark. They are agents doing social practice and struggling for the appropriateness and accumulation of forms of capital in different fields. Based on Bourdieu's conceptualisation of fields, it is difficult to identify one particular field comprising lay perspectives of health, body and physical activity. Hence, in this study the men's construction and expression of meanings related to health, body and physical activity are not considered as fields of their own. Rather, I consider the lay men's construction and expression of meanings related to health, body and physical activity to be social practices that are carried out in a wide

[5] Capital is the resources that are contested within a field, and appears in many forms (e.g. economic, social and cultural) (Bourdieu, 2011). The theoretical concept of capital is further developed later in this section.

[6] A person's habitus is both how social relations are constituted within the self, and how the self is constitutive of social relations (Lawler, 2004). The theoretical concept of habitus is also further outlined later in this section.

range of fields in which the men are agents. Nevertheless, these practices are related to accumulation of different forms of capital.

Capital is defined as "accumulated labour" (Bourdieu, 2011, p. 81). Bourdieu employed four basic forms of capital, which the agents in a field are struggling for. These include three general capital forms – economic, social and cultural, and one field specific – symbolic (Bourdieu, 1977, 1990, 2011). Bourdieu elaborates on the general forms of capital:

> Capital can present itself in three fundamental guises: as economic capital, which is immediately and directly convertible into money and may be institutionalized in the form of property rights; as cultural capital, which is convertible, on certain conditions, into economic capital and may be institutionalized in the form of educational qualifications; and as social capital, made up of social obligations ('connections'), which is convertible, in certain conditions, into economic capital and may be institutionalized in the form of a title of nobility. (2011, p. 82)

According to Bourdieu, these forms of capital are interrelated. Thus, one form of capital, given certain factors, can be converted into other forms. In addition to the basic forms of capital, Bourdieu employed several other forms depending on the society or the field studied (Prieur et al., 2006).

Bourdieu discussed a form of capital with basis in the body – "embodied capital" (Bourdieu, 1977, 2011). In his writings, Bourdieu mainly analysed embodied capital as a sub-division of cultural capital; as a cultural resource invested within the body. Bourdieu (1978) argues that sport is "to the boys' physical capital what the system of beauty prizes and the occupations to which they lead – hostess, etc. – is to the girls" (p. 832). Later scholars have broadened the concept of embodied capital. Shilling (1991) argues that

> 'the physical' is too important to be seen merely as a component of cultural capital. The management and development of the body is central *in its own right* to human agency in general, and to the production of cultural and economic capital and the attainment and maintenance of status. (p. 654)

However, the term used in work related to this form of capital has varied. Wacquant (1995), for example, used the phrase "bodily capital" when outlining the meaning of the body among

professional boxers, related to the labour and the skill of boxing. Wacquant (1995) elaborates on the boxers' "use of their body as a *form of capital*" (p. 65) – a bodily capital. He further specifies the boxers' bodily capital as pugilistic capital defined as a specific capital, which the boxers can accumulate through training and acquiring skills, and which the boxers can convert to "recognition, titles and income streams" (p. 67). This is in line with Bourdieu's own logic in so far as bodily capital is convertible into other forms of capital, and according to Shilling (2004), especially economic, social and cultural capital. The accumulation and conversion of bodily capital among the boxers in Wacquant's (1995) analysis, I would argue, appears to be a quite instrumental process. The person (boxer) acquires skills and physical abilities, and consequently acquires bodily capital – which through the labour of boxing is converted into economic, social and symbolic capital. It is in this matter important to bear in mind the context of Wacquant's study – a poor, urban area of Chicago.

Rather than referring to embodied capital or bodily capital, Shilling uses the term "physical capital" when he further develops the concept of embodied capital from Bourdieu. According to Shilling (2004), the term physical capital not only refers to the potential within the body to perform labour, which can directly be realised in other forms of capital such as economic capital. He also elaborates on "the value placed upon the size, shape and appearance of the flesh" (p. 474) as a form of physical capital. Shilling (2003) further elaborates on physical capital and its possibilities for conversion to other forms of capital in the following way. The production of physical capital refers to the development of bodies in ways which are recognized as possessing value in social fields, while the conversion of physical capital refers to the translation of bodily participation in work, leisure and other fields into different forms of capital." (p. 111). In line with the focus on the shape of the body in the healthism discourse, and the arguably, high value of physical capital in the contemporary world, the body is important for understanding the individual in the social. Giddens (1991) argues that "[w]e have become responsible for the design of our own bodies" (p. 102). Bourdieu's study of the distinction in France in the 1960s showed that the working classes attached importance to a strong muscular male body, and that they tended to develop an instrumental and functionalistic view on the body (Bourdieu, 1984). Arguably, this could be a reflection of the working class' focus on the potential conversion of physical capital to economic capital. The middle-class, on the other hand, was to a much greater extent occupied with the body's appearance – "their body-for-others" (Bourdieu, 1984, p. 213). Hence, great

value was attached to a slim and discrete muscular, toned body in the middle-class. This could be a reflection of the middle-class' focus to convert physical capital into social capital.

I would claim that in the context of contemporary Western societies, the value and importance of this latter aspect of physical capital should not be overlooked.[7] According to Shilling (2003), physical capital develops through an interrelationship between the given social environment, habitus and taste. This means that individuals have unequal opportunities to acquire valued physical capital, as accumulation requires investment of, for example, spare time and economic capital (Shilling, 2003). The physical capital is often developed through diet, exercise and health regimes (Shilling, 2008). In the terms of Bourdieu, engagement in physical activity could be understood as an investment in physical capital. In fact, Bourdieu (1984) elaborates on this thought himself, and includes a class perspective. He argues that the people from different classes, with their different schemes of perception and appreciation, will consider the costs and benefits of engaging in different sport activities. Accordingly, people from different classes will choose different sporting activities to gain immediate or long-term physical attributes (health, beauty, strength etc.), as well as social, economic and symbolic benefits (Bourdieu, 1984).

Bourdieu describes how the classes are defined by the distribution of various forms of capital (Bourdieu, 1984). According to Bourdieu, this distribution of capital is the fundamental basis of habitus (ibid). Bourdieu (1977) understands habitus as structured and structuring structures, or systems of durable and transposable dispositions. Habitus is "socialized subjectivity" (Bourdieu & Wacquant, 1992, p. 126), and according to Lawler (2004), habitus is "Bourdieu's way of theorizing a self which is socially produced" (p. 111). A person's habitus is manifested in how that person behaves and conducts her- or himself, and also in dispositions, attitudes and tastes (Bourdieu, 1984). Because habitus is social, it carries

> the traces of the lines of division and distinction along which the social is organized. That is, class, race, gender, sexuality, and so on, are all marked within the habitus. Further, and because these social distinctions are hierarchical, not all habitus are worth the same. (Lawler, 2004, p. 112)

[7] For example with reference to the value of the appearance and shape of the body in the above-mentioned healthism discourse as outlined by Crawford (1980)

Lawler (2004) pointed out that habitus "'makes sense' only in the context of specific local contexts or 'fields'" (p. 112). Habitus is structured through the cultural and social context in which a person is socialized (Bourdieu, 2001). Wacquant (2005) defines habitus as "the way society becomes deposited in persons in the form of lasting dispositions, or trained capacities and structured propensities to think, feel, and act in determinate ways, which then guide them in their creative responses to the constraints and solicitations of their extant milieu" (p. 318). Building on this, the participating men's practices (construction and expression of meanings related to body, health and physical activity) are formed by their habitus, and thus are cultural and contextual.

As mentioned above, I do not consider the phenomena explored in this study as social fields of their own. Instead of viewing the men's construction and expression of meanings related to health, body and physical activity as fields on their own, I argue that they are social practices that are acted out in different fields in a social space in which the participating men are agents. Rather than being fields in which the battles of capital and positions between different agents are fought, I consider these phenomena as practices through which an agent can both accumulate and display different forms of capital in many fields.

6.2. Gender

In a social construction perspective, gender is created by people through their interaction with others (Lorber, 2000). West and Zimmerman (1987, p. 126) proposed an understanding of gender as a "routine, methodological, and recurring accomplishment" in daily social interaction. They further conceptualised gender practices as "doing gender". A person can never not do gender; doing gender is unavoidable (Ferrell, 2012). It is the individual man or woman who does gender, and thereby expresses masculinity or femininity. However, doing gender comprises social practices which are interactional and socially and culturally situated . Hence, gender is not an individual property (West & Zimmerman, 1987).

Gender is closely related to power. Kimmel (2004, p. 105) argues that "it is impossible to explain gender without adequately understanding power – not because power is the consequence of gender differences, but rather because power is what produces those gender differences in the first place." Connell (1995; 2005) bases her theory on hegemonic masculinity largely on power. According to Connell (2005), gender is not an expression of static basic biological or chemical properties, but the designation of a social construction

based on the body. Practice on the basis of gender structure is found in all spheres of social life (Connell, 2005). The major axis of power in the European and American gender order according to Connell (2005) is the overall oppression of women by men. This male oppression of women forms a dominance relationship between the sexes.

In later research, it has been emphasized that there are multiple masculinities and femininities (Connell, 1995). Masculinities are a part of the larger system of gender order (ibid.), and has attracted increasing attention in research during the last decades (Nilsson et al., 2013; Pringle, 2008). Hegemonic masculinity is a term used by Connell to conceptualise this gendered power relation, inspired by the concept "hegemony" by Gramsci, Hoare, and Smith (1971). Connell (2005) elaborated the concept of hegemonic masculinity to demonstrate that not only is masculinity and male domination defined in relation to femininity, but also that there are competing masculinities (hegemonic, complicit, subordinate, and marginalized) that are hierarchically structured in terms of dominance. This hierarchy of masculinities is defined in terms of race, class, sexuality, age, etc. (Connell, 1995, 2005). In that regard, according to Connell (1995), it is important not to reduce different masculinities into simplified categories or stereotypes in order to "prevent the acknowledgement of multiple masculinities collapsing into a character typology" (p. 76). Hegemonic masculinity can be defined as the pattern of gender practices that include the currently applicable accepted answer to the constant challenge of the legitimacy of male dominance, and that guarantees some men's dominance, and women's and subordinate masculinities oppressed positions (Connell, 2005). In other words, hegemonic masculinity is the gender practice that for a specific period of time and within a specific context is the current strategy to maintain masculine domination (Connell, 2005). When the conditions for the defence of the masculine dominance have changed, the basis for the dominance of a certain type of masculinity has ended and a new hegemony can be formed (ibid.). Hence, all male dominance over women and subordinated masculinities can be challenged. The gender order is thus dynamic and changeable, even if there is resistance to change. Feminism has challenged and exercised resistance to the gendered power structure, but despite this, the overall structure is maintained (dominant men and subordinate women) (ibid.).

Connell's theory of hegemonic masculinity has nevertheless been criticized and challenged. One of the criticisms to which the theory of hegemonic masculinity has been subjected is that it creates a simplified static typology (Connell & Messerschmidt, 2005; Demetriou, 2001; Whitehead, 1999). Connell and Messerschmidt (2005) address the criticism

of the theory of hegemonic masculinity for creating static typology, and argue that since gender relations are always arenas for tension, a version of masculinity that previously provided a solution to this tension by stabilizing patriarchal power is certain to be challenged today as well as in the future. Based on the understanding of gender and masculinities/femininities as ever-present in social interaction, and as such contextual and changeable over time and in different cultures, neither the gender order nor masculinities/femininities are static. Hence, it is beneficial to view gender as relational, multidimensional, structural, contested and dynamic (Connell, 2012; Morgan & Hearn, 1990).

On this background, masculinity is understood to be a fluid, socially constructed concept constructed differently in different contexts (Coles, 2009). Hence, sensitivity to the context is therefore of great significance when the theoretical framework of hegemonic masculinity is applied to the understanding of gendered practices. According to Connell and Messerschmidt (2005), the theory of hegemonic masculinity can be applied at three levels in order to make sense of masculinities and gendered practices : 1) The local level, which is "constructed in the arenas of face-to-face interaction of families, organizations, and immediate communities, as typically found in ethnographic and life-history research" (p. 849); 2) The regional level, which is "constructed at the level of the culture or the nation-state, as typically found in discursive, political, and demographic research" (ibid); and 3) The global level, which is "constructed in transnational arenas such as world politics and transnational business and media, as studied in the emerging research on masculinities and globalization (ibid.). In relation to this study, it is therefore important to understand that local and regional hegemonic masculinities (and hence the hierarchy of men and masculinities) are constructed in geographical, cultural and historical contexts.

Connell and Messerschmidt (2005) argue that hegemonic masculinities are constructions that do not necessarily correspond to the lives of actual men. These constructions, however, express widespread ideals, fantasies and desires, and they "articulate loosely with the practical constitution of masculinities as ways of living in everyday local circumstances" (Connell & Messerschmidt, 2005, p. 838). Thus, specific local versions of hegemonic masculinities vary according to local context, and as such differ somewhat from each other. Aure and Munkejord (2015, p. 14), for example, argue: "The rural place is an important component in the construction of local masculinities and gender relations." The local hegemonic masculine practices are materialized in cultural frameworks provided by a regional hegemonic masculinity (Connell & Messerschmidt, 2005). Following this argument

from Connell and Messerschmidt (2005), the regional hegemonic masculinity in Norway creates a cultural framework in which masculinities in the local context are materialized through daily practices and interactions. Both the local context (here: the rural place – Hedmark) and the regional context (here: the social democratic welfare state Norway) are significant in the social construction and reconstruction of masculinities. This theoretical approach to gender and masculinity gives an opportunity to make sense of- and analyse how the local and regional hegemonic masculinities are reflected in the way the participating men talk about health, body and physical activity. According to Berg and Longhurst (2003), masculinities should be considered as related to both time and geography. It is important to be sensitive to- and try to understand the context in which masculinities are constructed, acted and expressed. According to Campbell and Bell (2000), geographical perspectives in studies of men and masculinities contribute by emphasizing the importance of the local setting for masculine identity construction. Local settings are "often connected to certain values, affects and notions that give rise to stereotypical understandings based on class, gender, sexuality, and ethnicity" (Gottzén, 2013, p. 3).

Several writers have argued for the need of a distinction between hegemonic and dominant masculinities (Aure & Munkejord, 2015; Coles, 2009; Hearn, 2007). This is based on an understanding that hegemonic masculinities are, per se, suppressive, while it might be argued that some masculinities are dominant without being hegemonic. Coles (2009) criticizes the theoretical concept of hegemonic masculinity for not accounting for the variety of dominant masculinities that can exist in a context or a field, and how these are interconnected. Coles (2009) further argues that if hegemonic masculinity is one form of masculinity that is culturally exalted over other masculinities, then this disregards the complexities of various dominant masculinities that also exist. Connell and Messerschmidt (2005) rectify this by pointing at the three levels of hegemonic masculinities (local, regional and global) and argue that this renders possible multiple hegemonic masculinities. Coles (2009) maintains his critique by arguing that to consider multiple hegemonic masculinities runs counter to original definitions of hegemony since it then would be possible that one form of masculinity can be hegemonic locally, but subordinated regionally.

Another theoretical approach to theorizing gender that has contributed to an understanding of the men's meanings related to health, body and physical activity is offered by Bourdieu. In his book "Masculine domination" Bourdieu (2001) writes the following about gender:

> The biological appearances and the very real effects that have been produced in bodies and minds by a long collective labour of socialization of the biological and biologicization of the social combine to reverse the relationship between causes and effects and to make a naturalized social construction ('genders' as sexually characterized habitus). (p. 3)

Through acknowledging this "naturalization" of the socially contstructed differences between men and women, Bourdieu lays the ground for an understanding of the power differences between the sexes.

Bourdieu argues that throughout history masculine domination has been part of the doxa. Doxa, in a Bourdieuian sense, is what in the natural and social world is self-evident or taken-for-granted (Bourdieu, 1977). Hence, masculine domination has become so "natural" that it is not perceived as a dominance relation, neither by the dominating nor the dominated (Bourdieu, 2001). This is, according to Bourdieu (2001), the strongest form of legitimacy. If masculine domination is completely embodied, it then becomes a part of the individual's habitus (ibid.). The natural given and embodied masculine dominance is a symbolic relation of power not exercised through conscious logic, but through one's forms of perception, assessment and action – one's habitus (ibid.). Thus, one cannot choose to accept or reject the masculine domination, but unconsciously, and because of one's habitus, follows the effects of it. The symbolic masculine domination is an invisible power that can only be exercised with the complicity of those who do not know they are under it, or even do not know that they use it (ibid.). Men's symbolic dominance over women exists and is maintained as an effect of symbolic violence that the dominant exercise over the dominated. As opposed to physical violence, symbolic violence is "a gentle violence, imperceptible and invisible even to its victims, exerted for the most part through the purely symbolic channels of communication and cognition (more precisely, misrecognition), recognition, or even feeling" (Bourdieu, 2001, pp. 1-2).

6.3. Further development of the theoretical perspectives of Bourdieu and Connell

In this section, I argue for the benefits of the combined use of the two theoretical perspectives in the discussion of the findings of this study. Bourdieu's theory of practice offers a conceptual framework for theorizing the structure/agent problem and understanding the agent's practice. However, Bourdieu's theoretical understanding of gender in his original writings has been criticized for not grasping the complexity of gender (Connell &

Messerschmidt, 2005). Connell, on the other hand, offers a theoretical framework for gender relations, although, with insufficient potential for theorizing practice. Connell's theory of hegemonic masculinity has been criticized for underestimating men's subjectivity and agency (Giddens & Sutton, 2013; Whitehead, 1999).

Hence, I suggest an integrated theoretical framework where the perspectives from the theory of hegemonic masculinity are used to strengthen the gender perspectives in Bourdieu's theories. Bourdieu's view of masculine power is also mainly directed to power relations between men and women, and less towards the power relations between men. However, it is possible to apply theoretical concepts from Bourdieu and create a Bourdieuian understanding of a power hierarchy between men in terms of masculinity. One possible way to apply Bourdieu's concepts on gender is, for example, to argue that men in a dominant position (hegemonic masculinity in Connell's concept) act out symbolic violence towards men with subordinate masculinities. Arguably, this can be understood as a form of symbolic power relation similar to those described by Bourdieu between men and women. With further reference to Bourdieu's concepts, men acting a dominant masculinity would, as I understand Bourdieu's framework, have a habitus well-fitted to gain a good position in a given field.

I would further claim that the theory of practice from Bourdieu can contribute to filling gaps in Connell's theory of hegemonic masculinity. I propose this bold theoretical caper of combining the theories of Bourdieu and Connell, well aware of Connell and Messerschmidt's (2005) criticism of Bourdieu's view on gender relations for being functionalistic, and hence "seeing the gender relations as a self-contained, self-reproducing system" (p. 844). However, I would argue that this criticism aimed at Bourdieu's original perspectives does not precisely strike the further-developed gender perspectives based on Bourdieu's theoretical concepts by scholars as Coles (2009), Krais (2006), and Robinson and Robertson (2014). I find that their works and theoretical developments allow for a more nuanced and dynamic understanding of gender relations than the original writings of Bourdieu.

Applying Bourdieu's theory of practice and the concept of capital in a discussion of masculinity, can offer one way of understanding why certain forms of masculinity become hegemonic in given contexts. In his attempt to develop Bourdieu's gender perspectives, Coles (2009) suggests that taking a field of masculinity as a starting point offers an advantageous conceptualisation of power differences between men. As mentioned above, in Bourdieu's (1977) theory of practice, a field is a social arena where the agents struggle for capital and

positions. In a field of masculinity, Coles (2009) argues that men, groups and organizations struggle for the dominant positions. Within such a field of masculinity, "there are sites of domination and subordination, orthodoxy (maintaining the status quo) and heterodoxy (seeking change), submission and usurpation." (Coles, 2009, p. 36) The struggle for positions in a hypothetic field of masculinity is, according to Coles (2009), a struggle to lay claim to the legitimacy and value of specific capital within the field. Arguably, the four original forms of capital in Bourdieu's (2011) theory (economic, social, cultural and symbolic) as well as bodily or physical capital (as outlined by Bourdieu (2011); Shilling (2012); and Wacquant (1995)) would be contested within a hypothetical field of masculinity. Coles (2009) further argues that age, class and ethnicity are external sources of influence in a hypothetical field of masculinity.

However, I would argue, as Robinson and Robertson (2014) and Thorpe (2010) have done before me, that there are problems viewing masculinity as a field. Robinson and Robertson (2014) raise the question: How can masculinity or gender issues be relevant and important analytical aspects within different historically changing and gendered fields (such as 'the church' or 'organized sports'), if masculinity is considered a field on its own? Krais (2006) more generally rejects gender as a field on its own, and argues "gender does not constitute a specific social field as is sometimes assumed, but enters into the 'game' of the different social fields in ways specific to each field" (p. 128). I find Krais's argument also well fitted to argue against a field of masculinity. I support the rejection of masculinity or gender as fields of their own, and would rather argue, in line with Krais, that the practices and the struggles of capital and positions in different fields are gendered, and not the fields in themselves. The study on Chicago boxers by Wacquant (1995) can function as an example of highly gendered practices (doing of masculinities) within a field (boxing). Accordingly, the doing of masculinities and gendered practices are contextual, and the appropriate masculinities or gendered practices in order to achieve a dominant positon within a field of practice which will differ from one context (and hence social space) to another.

I maintain that the agent's background in relation to gender, class, ethnicity, age, sexuality, (dis-)ability etc., is significant for the volume of different forms of contested capital an agent can accumulate within any field. Consequently, this will affect the position the agent achieves in a given field. It has been argued that all fields contain a set of gender rules and dispositions (and I would add rules and dispositions related to ethnicity, age, etc.), some

specific to one particular field, others common to multiple diverse fields (Krais, 2006; Robinson & Robertson, 2014; Thorpe, 2009).

How then, could masculinity be theorized through the theoretical concepts of Bourdieu? Researchers have suggested that in the encounter between men in any field, a form of capital outlined as *masculine capital* is also contested (Anderson, 2005; de Visser & McDonnell, 2013). The introduction of a masculine capital could be an advantageous theoretical contribution to the understanding of masculinities and men's practices. If different practices and ways to do masculinity have different appropriateness within different social fields, it will work as a form of capital that enables agents to achieve positions in a specific field and, more generally, in the social space. This is in accordance with how the other forms of capital influence the positioning of agents through the struggle within any field.

Bourdieu (1984) explains how different forms of capital are embodied in a person's habitus. Further, he argues that an agent's habitus is important to the position the agent can achieve within the field and explains:

> A particularly clear example of practical sense as a proleptic adjustment to the demands of a field is what is called, in the language of sport, a "feel for the game". This phrase gives a fairly accurate idea of the almost miraculous encounter between the habitus and a field. (1990, p. 66)

In a field, the position an agent can achieve is consequentially largely decided by the amount and value of the specifically contested capitals which are embodied in an agent, and hence the agent's habitus. If the agent has a well-fitted "masculine habitus" for a given field (good feel for the game), the agent achieves a favourable or dominant position. Or, in Bourdieu's own words, "the social rank and specific power which agents are assigned in a particular field depend firstly on the specific capital they can mobilize, whatever their additional wealth in other types of capital" (Bourdieu, 1984, p. 113). With this as a backdrop, I suggest that accepting the existence of masculine capital offers a beneficial way for understanding how different forms of masculinity can achieve dominant positions in different contexts. If masculine capital is a form of capital that operates in a multitude of fields, there are necessarily multitudes of dominant and subordinate masculinities existing parallel in different fields and different contexts.

According to Robinson and Robertson (2014), there has been very little work where an attempt has been made to incorporate notions of masculinity when theorizing health through Bourdieu's theoretical concepts. I claim that the inclusion of more recent development of

Bourdieu's gender perspectives by other scholars increases the possibility to understand the gender perspective in men's practices in this study. Thus, the theory of practice from Bourdieu, the theory of hegemonic masculinity from Connell, and the combined use of Bourdieu's and Connell's theoretical perspectives are all applied in the discussion of the findings.

7. Methodology

This chapter consists of two sections. First an outline of the epistemological considerations of the study is given. Thereafter, the methods of the study are described.

7.1. Epistemology

Ontology is the study of "being" (Crotty, 1998). The term "ontology" refers to the study of reality, and deals with problems such as "whether social entities can and should be considered objective entities that have a reality external to social actors, or whether they can and should be considered social constructions built up from the perceptions and actions of social actors" (Bryman, 2015, p. 28). In other words, ontological claims are

> claims and assumptions that are made about the nature of social reality, claims about what exists, what it looks like, what units make it up and how these units interact with each other. In short, ontological assumptions are concerned with what we believe constitutes social reality. (Blaikie, 2000, p. 8)

When approaching and choosing (a) theoretical perspective(s) to discuss the findings in a study, it can be advantageous to recognize the ontological perspectives that are embedded in the(se) theoretical perspective(s). Arguably, there must be coherence between the ontological base and the methodological choices, the analysis, and the theoretical perspectives used in the discussion of the findings in a study. Bourdieu's theory of practice (outlined above) offers an approach for understanding the relationship between structure and agency. Bourdieu himself seldom put labels on his work and theory. Nevertheless, he made the following description of his ontological basis:

> If I had to characterize my work in two words, that is, as is the fashion these days, to label it, I would speak of constructivist structuralism or of structuralist constructivism (…). By structuralism or structuralist, I mean that there exist, within the social world itself and not only within symbolic systems (language, myths, etc.), objective structures independent of the consciousness and will of agents, which are capable of guiding and constraining their practices or their representations. By constructivism, I mean that there is a twofold social genesis, on the one hand of the schemes of perception, thought and action which are constitutive of what I call habitus, and on the other hand of social structures, and particularly of what I call fields and of groups, notably those we ordinarily call social classes. (Bourdieu, 1989, p. 14)

Veenstra and Burnett (2014) argue that Bourdieu adopted a relationalist perspective that "understands the nature and meaning of 'things' in terms of their relatedness to other 'things'" (p. 32). Further, they argue that Bourdieu's theory of practice, where agency and practice are situated in the context relationally constituted fields "produces a representation of agency that is manifestly intersubjective in nature, thereby undermining the stark distinction between individual agency and social structure" (p. 34).

The theory of hegemonic masculinity from Connell, draws on the constructivist concept of doing gender from West and Zimmerman (1987). The concept of hegemonic masculinity also has a base in a social structuralist view of the gender order as, for example, where Connell and Messerschmidt (2005) define masculinity "as a configuration of practice organized in relation to the structure of gender relations" (p. 843). Hence, both of the chosen theoretical perspectives used to discuss the findings in this study (theory of social practice from Bourdieu and theory of hegemonic masculinity from Connell) have common ground, and are constructivist and social structuralist theoretical perspectives.

Considering the nature of knowledge in the social world, and not least the fact that there are multiple ways of knowing and understanding the social world, the question of what constitutes knowledge in social studies is problematic (Bryman, 2015). The term "epistemology" refers to the study of knowledge, and more specifically to what constitutes knowledge. An important epistemological approach in qualitative research is to take seriously the narratives that individuals generate (Young & Atkinson, 2012). According to Denzin and Lincoln (1994) it is also important to acknowledge and understand the reciprocal relationship between the researcher and respondent as a process in which both parties are involved in the co-creation of meaning.

In this study, where the aim has been to understand the meanings lay men construct and express in relation to health, body and physical activity, it has been important to bear in mind the reciprocity in the interview situation, and to acknowledge that the analysis of the men's talk is a subjective process. Nevertheless, qualitative methods are well suited for understanding how social life (in this study – health, body and physical activity) is given meaning by individuals and groups (Hesse-Biber & Leavy, 2011). According to Denzin and Lincoln (1994), one of the principal strengths of qualitative research is the possibility to explore aspects of the social world where the emphasis is placed on understanding insider's notion of the phenomena when expressed through insider vocabularies.

In order to understand the men's meanings related to health, physical activity and their bodies, the acknowledgement of the men as being in the world, and hence that they experience themselves in the world and the world through themselves, is an interesting concept. Not only are the men's notions of these phenomena formed by the context in which the men live, their understanding and interpretation of the context (their life-worlds) are formed by their bodily experiences. An acknowledgement of, and sensitivity to this phenomenological insight, as informed by Merleau-Ponty, could offer further depth to the interpretation and analysis of the data. In his exploration of the body-subject, Merleau-Ponty (1962) points out that a person mainly relates to the world as a bodily subject. Through his phenomenology, Merleau-Ponty (1962) considers the human as a relationship between subject-object and the world. The world is experienced through the body and the body is experienced through the world. People's being in the world as lived bodies embeds all human experience into the body (Merleau-Ponty, 1962). As the aim of this study is to understand how people express and talk about phenomena that are embedded in their lived bodies, and even their own notions of their own bodies, Merleau-Ponty's perspectives could be relevant.

Bourdieu (1977, 1990) criticizes phenomenology for not offering an adequate scientific description of social practice. He criticizes phenomenology for offering little that can contribute to an explanation of how the "taken-for-granted" knowledge becomes "taken-for-granted" (Bourdieu, 1990). According to Bourdieu (1977), scientific explanations cannot be based solely on the agent's own constructed knowledge, since "the explanation agents may provide of their own practice, conceals, even from their own eyes, the true nature of their practical mastery" (p. 19). Hence, social science should capture the structures that forms the basis of both practice and the representation of practice (the agent's explanation). Following Bourdieu's epistemology, one must therefore understand the agent's place in the social world (the agent's habitus and volume of capital, and the agent's position in the field(s) studied) in order to understand social practice.

Accordingly, the purpose of this study is not merely to register the participating men's expressions of their own practices related to health, body and physical activity. Rather, it is to understand the men's construction and expression of these phenomena (social practices), and how masculinity is constructed and expressed through their talk about these phenomena. Hence, the methodological approach of this study was chosen with the aim of creating data suitable for creating such understanding.

7.2. Methods

Which research methods to use in a study has to be determined by the objectives of the study and the research questions (Berg B. L. & Lune, 2004). In order to provide an answer to the objectives of this study, an understanding of the meanings related to health, responsibility for health, body and physical activity expressed by a group of lay men has been sought. There is a multitude of different methods to choose from in order to create qualitative data. In an early stage of project planning, for example, multistage focus group interviews were considered. However, the concern was that some men would find it difficult or uncomfortable to talk about personal and potentially sensitive phenomena in a group together with other men. The chosen methods for creating data in this study have therefore been individual qualitative interviews.

According to Kvale (1996), one of the commitments of qualitative research is to understand phenomena from the subject's point of view, and to uncover the meaning of their experiences. Gephart (2004) further elaborates: "Qualitative research starts from and returns to words, talk, and texts as meaningful representations of concepts" (p. 455). Having Bourdieu's epistemology in mind, through the analysis of the interviewees' talk the researcher must try to capture the structures that form the basis of their talk and the interviewees' position in the social world, in order to truly understand the social practice (the talk). The method, sample and analysis is described in the following section.

7.2.1. The sample.

The focus in this study is on men, and was chosen due to the claim of other scholars that men are an under-researched group when it comes to health and health-related phenomena (Edwards, 2006; Robertson, 2006, 2007). In order to obtain a wide range of meanings related to such phenomena, the aim of the sampling method was to recruit men with a broad range of social strata including age, immigrant status, educational background, work situation and so forth. The age of the sample was to be adults over the age of 40. The justification for focusing on this age group is that from a theoretical point of view several dimensions related to a person's position in society (level of education, income, family situation, living conditions, and so on) are largely established at this point.

The sampling of a heterogeneous group of participants "aims at capturing and describing the central themes that cut across a great deal of variation." (Patton, 2002, pp. 234-235). Patton further argues that a heterogeneous sampling strategy turns the potential problem

that lays in the difference of the participants into a strength in that "any common patterns that emerge from great variation are of particular interest and value in capturing the core experiences and central, shared dimensions of a setting or phenomenon" (p. 235). Hence, the benefit of applying a heterogeneous sampling in this study is the potential to capture and understand the core meanings related to health, body and physical activity constructed and expressed by the heterogeneous group of men in the specific context of Hedmark.

The participants in this study were recruited through a purposive sampling. In a purposive sampling, the goal is to achieve a non-random sample intentionally chosen by the researcher to embrace a certain set of characteristics and criteria (Hardy & Bryman, 2004). Patton (2002) specifies that purposive sampling can be stratified or nested by selecting particular units or cases that vary according to key dimensions which he refers to as a stratified purposive sample. Related to the research questions in this study, a diverse sample was required, and informants of different class, ethnicity and age were needed. The men in this study thus constituted a stratified purposive sample in which participants were "chosen because they have particular features or characteristics which enable detailed exploration and understanding of the central themes and puzzles which the researcher wishes to study" (Ritchie, Lewis, & Elam, 2003, p. 78). The aim of the sampling process was accordingly not to achieve a predetermined precise number of participants satisfying certain predefined categories based on characteristics; rather, it was desired to achieve a heterogeneous group of men considering the social strata.

The participants were all recruited through a written inquiry in which they were asked about participating in the study. The written inquiries were distributed through their workplace, the adult education centre or senior activity centre they attended, and through the refugee services in the municipality. Inquiries concerning participation were distributed in several different ways, adapted to the different men approached. At the senior centre, I was invited to attend a coffee meeting and inform the seniors about my study. Since some of them had problem reading, I read out the information. In order to recruit men with immigrant background, I initially distributed the written inquires through the rector at the adult education centre. Only one man replied. I then contacted the municipality refugee services and acquired a list of men, to whom the written inquiry was sent. Four men replied and expressed interest in participating. In order to recruite employed men, the inquiry was distributed through several channels that reached many men – companies with many employees, ranging from high competence, high technology companies to manual industrial firms, the municipal

administration, trade unions etc. The response was very limited, but eventually, by distributing the inquiry to more workplaces, I obtained a satisfactory number of participants of different ages and levels of education. Finally, in order to recruit men who were not pensioners, but nevertheless were not in ordinary employment situation, I distributed the inquiry through a protected workplace for unemployed and disabled. There is no way to determine how many men received the inquiry since in many cases this was distributed by the company or organization administration. Consequently it is not possible to say how many received the inquiry but were unwilling to participate.

Those who chose to participate in the study replied to the inquiry directly to the researcher, and arrangements were made to carry out the interviews at a mutually convenient time and place. Through this recruiting process, a total of 18 persons participated (Table 1).

Table 1. The participants' pseudonyms, age, educational background, work situation and ethnic background

Name	**Age group**	**Highest level of completed education**	**Work situation**	**Immigrant/ non-immigrant**
André	40–49	Upper secondary school	Employed	Non-immigrant
Bjørn	40–49	Higher education	Employed	Non-immigrant
Christian	70–79	Secondary school	Pensioner	Non-immigrant
David	80–89	Secondary school	Pensioner	Non-immigrant
Elias	90+	Higher education	Pensioner	Non-immigrant
Frank	40–49	Upper secondary school	Employed	Non-immigrant
George	50–59	Higher education	Student/ unemployed	Immigrant
Henry	40–49	Secondary school	Employed	Non-immigrant
John	50–59	Upper secondary school	Part-time employed	Immigrant
Kevin	50–59	Higher education	Student/ unemployed	Immigrant
Leo	40–49	Upper secondary school	Student/ unemployed	Immigrant
Magnus	40–49	Secondary school	Employed	Non-immigrant
Noah	70–79	Higher education	Pensioner	Non-immigrant
Oscar	50–59	Higher education	Employed	Non-immigrant
Peter	40–49	Higher education	Employed	Non-immigrant
Richard	40–49	Higher education	Employed	Non-immigrant
Simon	50–59	Higher education	Employed	Non-immigrant
Theodor	60–69	Secondary school	Unemployed	Immigrant

Sexuality was not a topic in the interview. The thirteen men who were in a relationship were in a partnership with a woman.

An essential question in a sampling process is what is a sufficient number of participants? According to Mason (2010), numbers and frequencies are rarely important in

qualitative research "as one occurrence of the data is potentially as useful as many in understanding the process behind a topic" (p. 1). This is because qualitative research is concerned with meaning and not making generalized hypothesis statements. Hence, it is not necessarily straightforward to predetermine the size of the sample in a qualitative study.

> An appropriate sample size for a qualitative study is one that adequately answers the research question. … In practice, the number of required subjects usually becomes obvious as the study progresses, as new categories, themes or explanations stop emerging from the data (data saturation). Clearly, this requires a flexible research design and an iterative, cyclical approach to sampling, data collection, analysis and interpretation. (Marshall, 1996, p. 523)

The sample size in the majority of qualitative studies should thus aim at achieving data saturation (Glaser & Strauss, 1967). However, data saturation is a concept that is hard to define and difficult to measure (Fusch & Ness, 2015). Data saturation is reached "when the collection of new data does not shed any further light on the issue under investigation" (Mason, 2010, p. 2). Despite the existing view of theoretical saturation as the gold standard by which sample sizes are determined, there are few guidelines for estimating saturation levels (Guest, Bunce, & Johnson, 2006). Corbin and Strauss (1998) argue that saturation is a "matter of degree" (p. 136).

So, to what degree has data saturation been achieved in this study? That is a question which is hard to answer with certainty. In total, 18 individual interviews were carried out with men aged 40-90+ years with different levels of education and different ethnicities living in, or close to a small rural town in Hedmark County, Norway. As this is a heterogeneous group, the number of interviews needed in order to achieve data saturation is higher than with a homogeneous group (Ritchie et al., 2003). Given the heterogenity of the group of participants, it is difficult to state whether or not data saturation was achieved. However, interesting questions include: Are there reasons to believe that more aspects or themes in the data would emerge if more interviews had been included? Would inclusion of more interviewees add more power in the findings and discussion? Again, the answer is uncertain. In this study, men with and without disabilities are included; men who have experienced overweight or obesity and men who have always experienced normal weight; men who have struggled with addiction to alcohol and tobacco; men who have had traumatic experiences (including war, violent deaths and drug addiction with close relatives etc.); and men who have experienced physical or mental health problems, illnesses and diseases. These are all life aspects that

contribute to forming a person's understanding of health, body and physical activity. With this in mind, I would claim that the heterogenity of the group is comprehensive and thus, the study includes a very broad range of experiences. However, it is impossible to state with any degree of certainty that new understandings or themes would not emerge if more men with completely different stories were included.

7.2.2. Creating data through individual interviews.

In the semi-structured life-world interview, the goal is to gather descriptions of the interviewees' life-worlds in order to interpret and understand the meanings of their experiences (Kvale & Brinkmann, 2009). I maintain that this approach to the data production is relevant to the lay perspectives, and which was the focus in this study. Initially, an extensive semi-structured interview guide was prepared. The main section of the interview guide comprised three parts, each related to one of the three phenomena studied. One part concerned how the men understood and expressed health, both in general and personally. In this part, the men were also asked about their thoughts concerning who is responsible for people's health. The second part dealt with their relation to physical activity. A third part concerned the men's notion of their body and their perception of the focus on the body in society. In addition to these three thematic parts, a section with pictures of eight different persons with quite different bodies was included in the interview guide. The men were shown these pictures and were asked to reflect upon, and talk about them in relation to health, body and physical activity. Finally, as the last section of the interview guide, questions about the men's background; age, family- and work situation, immigrant status, nationality etc. were included.[8] The interview guide was subsequently tested in two pilot interviews. As only minor changes were made to the interview guide, the results from the pilot interviews were included in the data.

The interviewees were encouraged to talk freely, and the interviewer (the author) pursued themes and topics raised by the participants themselves. Allowing the interviewees to talk about themes and topics they found relevant to the questions enabled new approaches and new views to emerge. Giving the interviewees the chance to talk freely and approach related topics in their interest was regarded as a strength of the findings of the study. As the goal of

[8] The interview guide is attached at the end of the dissertation (appendix 4).

the semi-structured interview is to gather descriptions of parts of the interviewee's life-world in order to interpret and understand the meanings of their experiences (Kvale & Brinkmann, 2009), the allowance of individual approaches, narratives and digressions was considered a strength for the achievement of rich and valuable data. All interviews were carried out at locations chosen by the interviewees some in their own homes, some at their workplace; others chose to come to the university (where I work). Each interview lasted between 60 and 100 minutes. All interviews were audio-recorded. To reduce the feeling of a strictly formal interview setting, the interviews commenced by asking broad, open-ended questions about health. It was a conscious choice to wait to the end to ask questions related to the background of the interviewees since it is crucial for the findings of the interview that the interviewee experiences trust and *rapport* with the interviewer (Kvale & Brinkmann, 2009; Thagaard, 2009).

In that regard, it is also important to remember that an interview situation is never without power differences. Although one strives to involve the informant as an equal participant as much as possible, it is always the researcher who possesses most power in the interview situation (Kvale & Brinkmann, 2009). This difference between the informants and interviewer may be accentuated by differences in gender, age, ethnic background, religion and appearance. One possible limitation in this study lies in the differences between the interviewer (Stein Egil, at the time 35 years of age, PhD candidate, Norwegian) and the interviewees. In this study, one possible source of imprecision might be the wording in the letter of invitation (Appendix 2). The participants were informed that I was employed at the Department of Sports and Active Lifestyle at Hedmark University of Applied Sciences. Due to this, there is a possibility that the interviewees have overstated the meaning and importance of physical activity in their lives.

7.2.3. The analysis.

The audio-recorded interviews were later transcribed verbatim by me. The transcribed interviews were coded, informed by grounded theory methods as described by Charmaz (2014). Even though grounded theory was originally developed as a qualitative research design forming the whole research process (Glaser & Strauss, 1967), Charmaz (2014) argues that it is possible to draw from grounded theory methods in order to interact and get "involved with your data and emerging analysis" (p. 1). Not all requirements and guidelines for undertaking a grounded theory study (as described by Charmaz, 2014; Glaser & Strauss,

1967) were followed in this study. However, it is safe to claim that the process of analysing the data has been heavily inspired by the methods of grounded theory as described in Charmaz (2014). Instead of systematizing the data into pre-existing categories, I allowed topics and categories to emerge through the coding and analysis following Charmaz (2006). The transcribed interviews were organized and analyzed in two stages; 1) Initial coding line-by-line; 2) Focused coding in order to develop or discover core categories or dimensions. Through line-by-line coding, the researcher begins to build his/her analysis from the ground up without adapting the findings to specific theories, thereby reducing the risk of the researcher to impute his or her motives to the data (Charmaz, 2014). The initial line-by-line coding was a time-consuming process, initially performed on printed versions. Single word tags or short sentences were handwritten on the printed interviews. Thereafter, the initial codes were organized in the qualitative analysis software, Maxqdata 11. Through a process of comparing and structuring the initial codes into an increasingly organized system of codes, the numerous initial codes were collected and condensed into fewer and more comprehensive codes. This process of focused coding was not straightforward, and it took several attempts to create a system of codes that were satisfying in extent and capability in order to encompass the topics expressed by the interviewees. Subsequently, the codes were contracted into more analytic and focused codes, although not in a linear forward process (which is in accordance with the description by Charmaz (2014)). During this step of focused coding, the codes were also organized into four different categories, each of which was related to one of the four objectives of the study. The analysis of the data was, however, an ongoing process, that continued when writing the four journal articles.

This grounded theory-inspired coding process is illustrated by the following steps of the coding of a quote from André: "When it comes to food and diet, exercise, smoking, even maybe health, the responsibility is your own." When the step of initial coding had been performed, this quotation had the following codes: "health behaviour", "healthism", "responsibility and health", "tobacco", "food" and "physical activity". Through a process of focused coding, the statement by André ended up with the code: "Individual responsibility for health and health-related behaviour".

As explained above, during the interviews the interviewees were allowed to talk freely and that the interviewer pursued themes and topics emerging in the men's talk. One strength of data analysis informed by grounded theory is that the themes and topics raised by the interviewees also are sustained and further developed through the coding and analysis. Holton

(2009) points out that using grounded theory requires the researcher to enter the research without preconceived theoretical perspectives. Hence, the theoretical perspectives presented earlier have been applied to understand and discuss the findings following the categorization and analysis, and was not the starting point for the analysis.

7.2.4. Ethics.

The study received approval from the Norwegian Centre for Research Data (NSD) (Appendix 1). The Centre's procedures and guidelines relating to anonymity were followed. All participants gave their written consent to participate. They were informed that they could select those questions they wished to answer, and that they could withdraw from the study at any time. They were also informed that they could request their interviews to be excluded from the study. The participants were given pseudonyms to protect their anonymity, and the details of the information about age, education, work situation and ethnic background are limited in order to further protect their anonymity.

During some of the interviews, the participants' talk included personal and sensitive information. Sometimes this information, according to my analysis, could be quite relevant for a more nuanced comprehension of the man's understanding and expression of the phenomena that he was talking about. These incidents led to a process of consideration, unique for each case, whether or not, or to what extent personal and sensitive information could be included in writings from the study. During these processes of consideration, the importance of the individual's anonymity was always of prime concern, and some sensitive information from the interviewees is excluded.

7.2.5. Judging the quality of qualitative research.

A qualitative interview should not be considered "a window into the minds of informants and/or as giving access to information about the social worlds in which informants live" (Hammersley, 2008, p. 89). According to Hammersley some critics have even implied that interview data can only report what occurred in the interview setting, and doubt that the data from an interview can be "a sound witness information about what happens in particular settings, or in the world more generally" (p. 89). However, in this study, the aim has not been of such a nature that it is crucial whether the participating men describe and give a precise account of aspects of their life-world. Rather, the goal of this study has been to create an understanding of their construction and expression of meanings related to certain phenomena,

and to understand how their different backgrounds and the context in which they live form these meanings. With a basis in this understanding of the aim, qualitative interviews were an appropriate way of constructing data in this study.

In order to reflect about the quality of the research that provides the ground for this dissertation, the "eight 'big-tent' criteria for excellent qualitative research" developed by Tracy (2010) has been used. According to the author herself, this list of criteria is "a model for quality in qualitative research that is uniquely expansive, yet flexible, in that it makes distinctions among qualitative research's means (methods and practices) and its ends" (Tracy, 2010, p. 837). Based on her eight criteria for excellent qualitative research, the following questions will be reflected upon:

- Worthy topic: Is the topic relevant, timely, significant and interesting?
- Rich rigor: Does the study have sufficient, appropriate and complex theoretical constructs, data, sample, context and data collection and analysis process?
- Sincerity: Does self-reflexive researchers and transparency about the methods and challenges characterize the study?
- Credibility: Is the research marked by thick description, concrete detail, explication of tacit knowledge and showing rather than telling?
- Resonance: Does the research influence, affect or move particular readers.
- Significant contribution: Does the research provide a significant contribution conceptually/theoretically, practically, morally, methodologically and/or heuristically?
- Ethical: Does the researcher consider ethical aspects relevant to the study?
- Meaningful coherence: Does the study achieve what it purports to do? Does the researcher use methods and procedures that fit with the stated goal? Does the researcher meaningfully interconnect literature, research questions, findings and interpretations with each other?

These are not straightforward questions that are easy to answer in a dissertation with limited space. It is more important to utilize these questions in the process of planning and conducting the research. I consider these questions helpful in dealing with the strength and the limitations of my study.

Starting with the question of whether and to what extent the topic of the study is *worthy*. I consider this question dealt with in Chapters 1, 2 and 3 in which the background for and

relevance of the study, the academic positioning and the contextualization of the study has been elaborated.

The *rich rigor* of this study includes 18 in-depth individual interviews, each lasting between 60 and 100 minutes, conducted in line with ethical guidelines for qualitative research. In addition to the interviews themselves, the richness of the study, according to Tracy's criteria, is also related to the complexity of the theoretical constructs, a sufficient sample, appropriate context and the appropriate analysis. According to Cho and Trent (2014), rigor in qualitative research is a difficult concept to define. However, they argue that "rigor often refers to the thorough, ethical conduct of a study of a social phenomenon" (p. 690). According to Gelso (2005), a good theory should have an integrative function and be appropriate to the consolidation of dissimilar or contradictory constructs for a high degree of consistency, and at the same time be narrow enough to include only the constructs and ideas that are necessary to explain and create understanding of the phenomena under investigation. I consider the theoretical construct in this study to be both appropriate for the aim of the research, yet sufficiently complex to make sense of phenomena under investigation. Further, the sufficiency of the sample, and the appropriateness of the analysis has been argued in foregoing sections of this chapter.

It has been a goal of the method section, as well as in the articles, to be *sincere* and to give a transparent account of the methodological perspectives and method choices that lie at the basis of the study. In relation to the point about self-reflection, I consider this judgement of the quality of this study as a written outcome of self-reflection. However, self-reflection has been central in all stages of the study –deciding aims and objectives, planning data production, undertaking interviews, analysing data, reporting and writing.

Credibility is the fourth criterion listed by Tracy (2010) and refers to the "trustworthiness, verisimilitude, and plausibility of the research findings" (p. 842). As the aim of this study is to understand lay talk about certain phenomena, I strongly argue that the operationalization of credibility suggested by Tracy (2010) is crucial. Thick descriptions, concrete details and showing rather than telling is of key importance in order to achieve the aim of this study – to understand lay talk. By offering a rather detailed contextualization, performing an analysis informed by grounded theory and attempting to give sufficient empirical data (quotes from the participants) to support the constructs and discussion, I claim that the credibility is good.

To what extent a study creates *resonance* is another criterion for judgement of quality of qualitative research, according to Tracy (2010). "Most qualitative researchers seek resonance not because they desire to generalize across cases, but rather because they want to generalize within them" (p. 845). Hence, a goal for the report of this study must be that readers will be able to recognize and reflect upon the findings, and relate them to other contexts.

Related to the resonance of the study, is the judgement criterion whether the study offers a *significant contribution*. The relevance and importance of the study was argued in Chapters 1 and 2, and possible implications of the study are discussed at the end of the thesis (Chapter 11). Further, the theoretical contributions of this study (as discussed in Chapters 10 and 11) will be relevant for future research.

Ethical considerations for the study were discussed earlier in this chapter.

The final judgement criterion in Tracy's model is *meaningful coherence*. The main question in Tracy's criterion of meaningful coherence is whether the study achieves what it purports to do. The four papers attached at the end answer to its respective objective of the study. In this dissertation the findings from the four papers are assembled, and knowledge derived from this study as a whole is presented. Thus, this dissertation answers to the overall aim of the study.

8. Summary papers

As mentioned in Chapter 5, the overall aim of the study was operationalized into four objectives. The four papers have been published or accepted for publication, and each answers to its own objective. Accordingly the four papers deal respectively with: Paper 1) lay men's construction and expression of meanings related to their body; Paper 2) lay men's understanding and expression of responsibility for health; Paper 3) lay men's construction and expression of meanings related to health; and Paper 4) lay men's construction and expression of meanings related to physical activity. In this section, the main findings from each of the papers are presented.

Paper 1

'It is passable, I suppose' – Adult Norwegian men's notion of their own bodies

Co-author: Professor Kari Fasting

Published in *International Review for the Sociology of Sport* (Online first – November 2014)

The aim of this paper was to explore how the men participating in the survey talked about their own bodies, and how social dimensions, especially masculinity and age, were reflected in their discussion. The findings indicate that the men have a complex relationship to their own bodies. Through the analysis, three main themes were found.

Firstly, the men talked about their body as functionality in relation to their everyday life and in relation to sport and physical activity. These two different notions of the body as functionality seemed to be related to age; the older men talked more often about the body as functionality in everyday life, and the younger men more often about the body as functionality in relation to sport and physical activity. In the paper, it was argued that this difference between the younger and the older men could be an expression of the intersection of age and masculinity – the doing of ageing masculinity.

Secondly, the men talked about the body as health – both physical and mental health. Even though some of the men experienced health problems, they could express satisfaction with their own body. The body as health was also related to body weight, which was discussed in relation to the healthism discourse. The men also talked about the body as health in relation to age. This finding was discussed in relation to the doing of age – relating health to age being a way of doing health.

Thirdly, the men talked about the body as appearance – both in relation to how their bodies were perceived by others, and in relation to their own perception of their body. The

body as appearance was discussed in relation to the healthism discourse, and in relation to masculinity. The analysis of the data also revealed that the men seemed uncomfortable when they talked about the body as appearance, in contrast to when they talked about the body as health or functionality.

The three themes in the men's talk were not mutually exclusive and were often interwoven in terms of how they were talked about. In the paper, the results were discussed in relation to theories of masculinity, with a special focus on Connell's concept of hegemonic masculinity. One of the conclusions based on the three main themes in the men's talk, is that the men expressed their relationships with their bodies in conflicting and complex ways, including concerns that can be interpreted as gendered and age-related.

Paper 2

'It's not the Government's responsibility to get me out running 10 km four times a week'- Norwegian Men's Understandings of Responsibility for Health

Co-author: Professor Miranda Thurston

Published in *Critical Public Health* (March 2016)

The aim of this paper was to explore lay men's understandings of individuals' responsibility for health vis-à-vis that of the state.

The men expressed complex but similar notions of the state's and the individual's responsibility for health. According to the men, the individual's main responsibility was to act in specific ways in order to maintain good health. The most prominent obligations for the individuals were to keep fit and healthy through practices such as eating healthily, being physically active and exercising, avoiding tobacco, etc. However, the men had nuanced views on the individual's responsibility for their own health. Even if the individual was ascribed considerable responsibility, little blame was attached to those who did not act in the expected way. In addition, the men expressed that there are some aspects of health that are outside the individual's control such as addiction to nicotine and alcohol, overweight due to mental problems or medical conditions.

One of the state's most important responsibilities was to facilitate the healthy lifestyle of individuals. According to the men, this can be done by promoting healthy lifestyle choices in the local environment, through legislation, and through informing and educating the population about health and a healthy lifestyle. When people are unable to look after their own health, the men expected the state to step in and act as a safety net. The state was also

viewed as being responsible for providing universal health care free of charge regardless of the reason for the need. The men nevertheless expressed some scepticism about placing too much responsibility on the state. This scepticism was related to the possibility that the state might be too generous in providing health-related support. Subsequently, this could have unintended consequences for how people view their own responsibility.

The men's understandings of responsibility for health to some extent reflect those understandings, values and beliefs articulated in government policies. However, intertwined with these understandings, values and beliefs were ideas more characteristic of a neoliberal society. In the paper, it is argued that a social democratic welfare system not only allows, but also facilitates agency in the population in relation to health and lifestyle. This runs counter to the claims of other researchers who have argued that decommodification limits agency.

Paper 3

"Good Health is to have a Good Life" – How middle-aged and elderly men in a rural town in Norway talk about health

Accepted for publication in: *International Journal of Men's Health*

This paper aims to provide an understanding of how the participating lay men in the study construct and express meanings related to health in the context of their everyday lives.

The main finding was that the men talked about health as well-being and the good life which could be achieved through experiencing: a) adequate functionality, the possibility and capacity to live a desired life; b) absence of limiting illness, injury and pain; c) good relations with friends and family and a sense of belonging in society; and d) an acceptable body weight and body shape.

Health as functionality, possibility and capacity to live a desired life was an important and common aspect in the men's talk about health. The men's notion of health as functionality and ability was strongly related to "doing". This was apparent in how the men talked about functionality in different arenas in their life. Different men attached importance to functionality in various parts of life (work, leisure time, sport). The expectations towards functionality in relation to health seemingly changed in relation to ageing. Younger men focused on functionality in work, leisure time and sport activities, while older men frequently expressed the perception of health as the capacity and functionality to manage the more basic day-to-day demands of everyday life.

Health was also expressed as absence of illness, injury and pain by most of the men. However, those who had experienced illness, disease, injury or pain focused more on this as an aspect of health, more so than the men who had not. Nevertheless, the men who had experienced illness, disease, injury or pain often described their health as good.

Many of the men also emphasized the social aspect of health – belonging, social relations and family. Good relations with family and friends were emphasized by most men. However, the immigrant men, more often than the non-immigrant men, expressed the importance of experiencing belonging to the community as an aspect of health.

Body shape and body weight are often related to health because of the potential medical health risks associated with overweight and obesity. However, in this study body shape and body weight were talked about as aspects of health in itself. In addition to body weight, the shape and appearance of the body was considered an aspect of health.

"Health as well-being and the good life" related to the four other dimensions or categories (health as functionality; absence of illness, injury and pain; good social relations; and acceptable body weight and body shape), accounted for a large portion of the variation in the pattern of the men's talk. Hence, "health as well-being and the good life" is considered as the core category from the analysis for this paper.

In the paper, it is discussed how the context of Norway was reflected in the men's talk. The finding that showed how the men expressed "Health as well-being and the good life" is argued to be a reflection of the high living standards and good health profile in Norway. However, the men's expression of health was not identical. It was prominent in the men's talk about health in that their health biography shaped how they understood and expressed health. Those who had experienced problems or a decline in any of the four different aspects of health, tended to focus more on that aspect where they had experienced problems. For example, those who had experienced illness, injury or pain more often expressed health as absence of illness or injury, and those who regarded themselves as overweight tended to express health as related to body weight.

The findings were discussed in relation to masculinity (with reference to Connell's theory on hegemonic masculinity) and the men's different social background (with reference to Bourdieu's concept of capital).

Paper 4

"I would rather put on warm clothes and go outdoors, than take off clothes to be indoors" – Norwegian lay men's notion of being outdoors during physical activity

Co-author: Professor Eivind Skille

Published in: *Sport in Society* (Online first – May 2016)

Initially, the paper commenced dealing with the meaning and values the men attached to being physically active in general. However, one common prominent feature among the men in this study was that they attached significant value and meaning to being outdoors when undertaking physical activity. This applied to all participants, irrespective of age, education level and ethnic background. Moreover, the focus on the benefits and pleasures of being outdoors was not related to whether the interviewee was often or seldom physically active himself. Hence, the purpose of this paper was to establish an understanding of the meanings and values that the participating lay men attached to being outdoors when they talk about being physically active.

First, when expressing the importance of being outdoors when being physically active, the men, and especially the ethnic Norwegian members in the sample, emphasized the enjoyment of *friluftsliv* (outdoor activities) and being outdoors when undertaking physical activity. The motivation for being active in the outdoors was twofold: one element was the enjoyment of activities only possible to undertake outdoors, and another element was the motivation related to the very fact of being outdoors.

Secondly, a focus in the men's talk about being outdoors when being physically active was the sensory experiences of nature in outdoor physical activity and *friluftsliv*. This sensory experience of nature, and the experience of well-being and reduction of stress in the outdoors was related to improved physical and mental health.

A third focus in the men's talk about being physically active outdoors was the attention and value attached to fresh air. The experience of fresh air was often related to health and mental well-being.

The talk about being outdoors when participating in physical activity seems to be doxic (in the Bourdieuian sense), both at the individual level of habitus as well as the societal level of field. It was a shared and uncontested notion among all the men that the correct way of doing physical activity was doing it outdoors. Nevertheless, there were differences between individual's habitus despite general agreement at the field level. Even if the men shared the abstract meanings related to outdoor physical activity, their habitual practices differed – some of them were often physically active outdoors, some seldom or never.

9. Discussion

In this section, the overall findings are discussed and theorized. The findings corresponding to each of the study's four objectives have been discussed in the attached papers 1–4, and briefly presented in the foregoing chapter. Hence, the following discussion has been developed in relation to the overall aim of the study. As mentioned earlier, a particular focus has been on the men's construction and "doing of masculinity" through their construction and expression of meanings related to health, body and physical activity. As argued in the Methods section, the aim of a study with a heterogeneous sample is to capture, describe and understand the central themes that are shared across the variations in the sample (Patton, 2002). Hence, this discussion is largely aimed at understanding the shared constructions and expressions of the participating men.

In order to discuss the findings in this study, it was necessary to include theoretical perspectives that could contribute both to the understanding of the men's constructions and expressions of meanings related to health, body and physical activity as social practices, and how masculinity was expressed through these social practices. In the theoretical perspectives of this study (presented in Chapter 6) the concepts of Bourdieu and Connell respectively were suggested as beneficial in that respect. Further, I argued that the combined use of the theoretical perspectives of Bourdieu and Connell has possible advantages since they offer complementary contributions in the understanding of the findings.

If the men's construction and expression of meanings related to health, body and physical activity are considered as social practices, they will, according to Bourdieu (1977), be practiced within fields in which the men are agents. Since the field is a social arena for the struggle over the appropriateness and value of certain forms of capital, the practices of the agents are parts of this struggle. Hence, the way the men construct and express meanings related to health, body and physical activity are ways of accumulating and struggling for the appropriateness of forms of capital. These could be versions of cultural, economic, social, physical or masculine capital.

The fields in which the men are agents, are parts of the social space, and thus have their specific contextual and cultural rules. Hence, the practices (constructing and expressing meanings related to health, body and physical activity) within the contextual fields (here, Hedmark) are ways of accumulating specific forms of capital. The greater the volume of the appropriate capital, the more advantageous the position in the field. Consequently, one could

argue that the amount of masculine capital a man develops through his practices within a field will position him not only in that specific field, but also position him in the social space.

When combining that line of thought (based on the theory of practice from Bourdieu) with the theory of hegemonic masculinity from Connell, it follows that not only does the volume of appropriate masculine capital an agent holds within a field position the agent in that field and hence the social space in which the agent lives, it also positions the agent in the contextual local masculine hierarchy. If a man displays a certain amount of the appropriate masculine capital, he will achieve a favourable position in the social space, and hence, do a local hegemonic form of masculinity. Based on this theoretical line of argument, I argue that the participating men's construction and expression of meanings related to health, body and physical activity are practices through which the men accumulate and display several forms of capital – also masculine capital. Hence, these practices are one way the men achieve positions in a given field and in social space. The men's practices (construction and expression of meanings related to health, body and physical activity) are reflections of masculinities that to different degree are appropriate in this local context, and hence reflect the local form of the hierarchy of masculinities. Thus, these practices also position the men in the local masculinity hierarchy (in relation to the local hegemonic masculinity).

Men's construction and expression of meanings related to health, body and physical activity is a way of both accumulating and displaying various forms of capital, including masculine capital. The struggle of the appropriateness of different forms of masculine capital, and the possibilities for accumulating masculine capital through different practices, must be considered both in relation to the field in which it is enacted and the social space (context). Based on the findings of this study, I argue that the participating men's construction and expression of meanings related to health, body and physical activity, are ways of doing masculinity.

Through the analysis of the men's talk related to health, body and physical activity, many themes and topics emerged. Nevertheless, even if the men's talk was complex and multifaceted, many of the men's meanings related to the phenomena studied (health, body and physical activity) were shared across the heterogeneous group of men. How could the findings that largely show the shared understandings of health, body and physical activity among different men living in the same context be understood? That question is a structure–agent question. With the use of the concepts from Bourdieu's theory of practice, I maintain that since the personal backgrounds (their capitals and habitus) of the participants (agents) are

different, but their construction and expression of meanings related to these phenomena (practices) largely are shared, there must be something that forms these common aspects of their practices. Based on Bourdieu's theory of practice, the shared context in which the participating men live contribute to form their habitus, and hence form similar practices. However, I do acknowledge that some of the findings, such as that the men understood and expressed "health as absence of illness, injury and pain" might be a universal understanding of the term – an understanding that one possibly could find among very different people in very different contexts.

From a Bourdieuian point of view, the ways these men constructed and expressed meanings related to health, body and physical activities are formed by their habitus. Habitus, in Bourdieu's universe, is an intermediary link aiming at bridging the objective structures and subjective preferences for, and experiences of, social practice. Hence, habitus creates individual as well as collective practices (Bourdieu, 1977, 1990). Bourdieu (1977) argues that habitus is the product of history and thus, different individuals with different personal histories necessarily have different habitus. Building on the knowledge of the different backgrounds of the men and Bourdieu's theoretical framework, it is legitimate to claim that these men have different habitus. However, Bourdieu (1990) also argues that individuals who live in the same context internalize the same objective structures in their habitus – which in turn lays the ground for similar or shared practices. Hence, the shared context in which the men live their lives forms their habitus in similar ways, and accordingly shapes some similar practices.

That is not to say that Bourdieu's perspectives should be perceived as deterministic. He does not deny that people make individual choices. However, he disputes that all choices made are conscious, systematic and intentioned (Bourdieu &Wacquant 1992). Rather, assumedly free choices are controlled by habitus. Ohl (2005) elaborates that habitus cannot explain behaviour "… without taking into account the context" (p. 244). Thus, understanding both the national and local contexts of the study (described in Chapter 3) is beneficial in order to understand the participating men's practices. Even if the men in this study have quite different backgrounds, they currently live in the same context. The context in which they live (local context - Hedmark / national context - Norway) are according to Bourdieu (1990) internalized in their habitus. Through the theory of practice from Bourdieu, one can understand the similar and shared meanings related to health, body and physical activity from

18 men with very different backgrounds, living in the same national and local context, as formed by the shared context in which they live their lives.

Based on Bourdieu's theory of practice, one can assume both similarities and differences in the men's understanding and expression of health, body and physical activity. The men have various personal histories and backgrounds (regarding ethnicity, education, age etc.), from which one would expect some differences in the men's habitus, and thus variations in their practices. However, all of the men live in the same area today, and are partly brought up and socialized into the same societal, cultural and geographical context. From that, one would expect some resemblance in habitus, and thus shared practices.

One example from this study where the context in which the men live (the rural county Hedmark in Norway) seemingly reflected in the men's practice, is in the expression of the great importance attached to being outdoors when undertaking physical activity. The construction and expression of the importance of close relations to nature and the importance of being outdoors when being physically active is understood to be a gendered practice partly formed by the local rural context (as argued in Paper 4). Empirical support for this claim is found in earlier studies on rural masculinity where it has been shown that rural men's practices are formed by the rural context in which they live (Aure & Munkejord, 2015; Brandth, 2002, 2006; Brandth & Haugen, 2005; Bull, 2009; Bye, 2003, 2009; Gerrard, 2013; Kenway & Hickey-Moody, 2009; Trell et al., 2014). However, it is also argued in Paper 4 that the expressed importance of outdoor physical activity can be partially seen as a practice formed by the national context of Norway, with its shared national values related to *friluftsliv* (Christensen, 1993; Gullestad, 1989; Strandbu, 2000; Tordsson, 2005; Witoszek, 1998).

Another empirical example from the study indicating that the national context reflected in the men's practice is the men's allocation of responsibility for the individuals' health to the state where the individual is argued as being formed by the context of the social democratic welfare state of Norway (outlined in Paper 2). The men expressed that the individual should care about, and has a responsibility to care about, his health. This is in accordance with current research findings (cf. Robertson, 2006) on men's notion of responsibility of health. At the same time, the national context of the study, the social democratic welfare state, is reflected in the men's talk, since the state is considered to have a significant responsibility for the individual's health (Paper 4).

Another finding from this study indicating how the men's practices are formed by the national context of Norway is their expression that good health above all is understood as

"well-being and the good life". This is argued as being formed by the men living in the context of the wealthy welfare state Norway (outlined in Paper 3). All these empirical examples point in the direction that both the rural context of Hedmark and the national context of Norway seem to create structures that form the men's habitus, and hence their practices in relation to health, body and physical activity.

The findings in this study also indicate that the men's practices possibly change over the life span or as a result of experiences. Examples of findings that indicate how practices change over the life span are that the older men's meanings constructed and expressed in relation to the functionality of the body (Paper 1), and in relation to functionality as an aspect of health (Paper 3), differed from those of younger men. Experiences related to a phenomenon also seem to change an agent's meanings related to this. One example is that the men who had experienced illness, disease, injury or pain, focused more on this as an aspect of health than those who had not. Thus, it could theoretically be argued that the men's habitus may change as a result of experiences related to a phenomenon over the life span. Accordingly, practices seemingly change over the agent's life span and as the agent gets older.

In Papers 1, 3 and 4, the gendered nature of the men's practices (their construction and expression of meaning related to health, body and physical activity) are important aspects of the discussions. As argued earlier in this chapter, the inclusion of the theoretical concept of hegemonic masculinity from Connell enabled further understanding of the gendered nature of the practices of the men in this study. As outlined in Chapter 6, Connell and Messerschmidt (2005) argue for three different levels of hegemonic masculinity – local, regional and global hegemonic masculinities. If these three levels of hegemonic masculinity all are considered as parts of the context in which the men live, and hence parts of the objective structures influencing the men's habitus, there would be a common understanding among these men of what are the "right ways" for a man to act. Accordingly, the men's practices (the construction and expression of meanings related to health, body and physical activity) are formed by their habitus which, in turn, are formed by social structures such as global, regional and local hegemonic masculinity.

The men in this study constructed and expressed meanings related to the phenomena studied which traditionally, and maybe stereotypically, are not expected with rural men. These, somewhat unexpected meanings included notions such as the great importance attached to close relations to their family and importance of the social environment as aspects of health (Paper 3), their explicit and considerable preoccupation with their own health (Paper

3), and the importance they attached to their body's appearance (Paper 1). These meanings can be understood as constructions and expressions of masculinity that are fairly unlike the more stereotypical forms of (hegemonic) masculinities found in some earlier studies on rural men (e.g. Aure & Munkejord, 2015; Bye, 2003). Thus, they can be indications of a local hegemonic masculinity formed by the local and national context, which creates acceptance for these practices by men. This claim finds empirical support in other studies on rural men in Norway which have also found masculinities inclusive for practices traditionally not associated with rural masculinity (Brandth & Overrein, 2013; Bye, 2009).

However, the men in this study also constructed and expressed meanings related to health, body and physical activity which, in earlier studies, has been associated with more traditional (hegemonic) rural masculinities, such as a close relation to nature, and great importance attached to hunting, fishing and physical work. The men in this study further expressed that physical activities are important to them, and that outdoor physical activity is "the right way" of doing physical activity. I claim that this practice is a reflection and expression of a local hegemonic masculinity, where bodily activity in nature is important, and where expressing the importance of activity in nature in itself is a practice that is a way of both achieving and displaying masculine capital. The findings thereby indicate that the men undertake practices that are both traditionally associated with rural masculinities, and practices that are traditionally not associated with rural masculinities. Accordingly, I argue that this indicates that the local rural context in which this study has been carried out is a social space where both the traditional and newer practices are considered acceptable for men.

What is particular with the objective structures of the local context of Hedmark and the national context of Norway that lay the grounds for the specific forms of masculinities that the men construct and express through their construction and expression of meanings related to health, body and physical activity? The potential explanatory value of the theory of practice from Bourdieu and the three analytical levels (global, regional and national) of hegemonic masculinity from Connell were discussed above. Following the theoretical discussion at the beginning of this section, I argue that since social practices are always carried out in a specific context within a specific field, the theoretical concepts of global, regional and local hegemonic masculinity from Connell offered supplementary theoretical value. However, I argued initially in this section for the potential theorizing value of a further developed theoretical concept based on Bourdieu's theory, namely masculine capital. In this study, the men's construction and expression of meanings related to health, body and physical

activity have been considered to be social practices. However, when the men in the interview setting were asked to elaborate on their notions on these phenomena, they were not asked to relate their talk to specific situations or arenas of their social life. That does not mean they did not do so. I would, for example, expect that when a man talked about the functionality of the body he related the functionality to an arena of his life – be it work, sport, playing with kids, caring for himself etc. Thus, I argue that the men did relate the meanings they expressed to different arenas of their life – or fields in which the men are agents (family, sport, work etc.). Earlier in this dissertation, it was also argued that the construction and expression of meanings related to health, body and physical activity, rather than being fields of their own, are practices that can be enacted in many different fields in a social space. Subsequently these practices can have different values in different fields. The value a practice has in a field depends on the volume of different forms of capital the actor accumulates through undertaking the given practice. One of the capitals that the men can accumulate through these practices (their construction and expression of meanings related to health, body and physical activity) is masculine capital. Again – and this is an important theoretical point – the volume of masculine capital achieved through a certain way of undertaking these practices will differ from one field to another. It is therefore difficult to estimate the volume of masculine capital the agent accumulates through these practices in different fields. By viewing these practices as being carried out in several fields in the men's social space, it is possible to theoretically discuss the volume of masculine capital the men's constructions and expressions of health, body and physical activity produce in the social space in general, and accordingly discuss the practices in relation to local hegemonic masculinity.

Interesting to discuss in relation to masculinity, is that the men expressed that they did care about their body's appearance. However, they were seemingly uncomfortable about expressing their preoccupation with body appearance. In Paper 1, this is argued to be an expression of that they did car about their body's appearance. Simultaneously, by appearing to be uncomfortable when talking about it, they expressed a feeling that they should not care. Since they further expressed their body's appearance as an aspect of their health (Paper 3), I argue that they expressed similar meanings as the should care/don't care dichotomy expressed by the men in Robertson's (2006) study from the UK. Accordingly, the participating men's construction and expression of meanings related to the appearance of their body is arguably a way of balancing a "should care/don't care" dichotomy. The discomfort the men exhibited when they talked about their body's appearance might be a reflection or expression of, that

talking about one's body appearance is in conflict with the local hegemonic masculinity. To attach much value to the functionality of the body did not appear to be as uncomfortable for the men, which is in accordance with the findings in earlier research. Thus, this can also be a reflection or an expression of a hegemonic form of masculinity that allows men to focus on their body's functionality. These practices (not being comfortable to talk about their body's appearance, and being comfortable when focusing on their body's functionality) are examples of practices that might be appropriate in order to accumulate masculine capital in different fields in which the men are agents. Subsequently, these are "doing of masculinity" that are in accordance with local hegemonic masculine values and ideals.

The participating men in this study attach importance and value to a slim and fit body (Papers 1 and 3). The importance attached to a slim body, arguably, is also a reflection of the healthism discourse. In Paper 3, it was maintained that the men's talk, in addition to reflecting the values of the social democratic welfare system, to some extent also reflected the healthism discourse. Through the healthism discourse, a slim and fit body is not only almost the equivalence of a healthy body, but the slim and fit body also encompasses great symbolic value.

The men's focus on a slim and fit body is unlike the findings of Monaghan (2008) who found that obese men attached masculinity and power to the obese male body. Monaghan (2008) argues that the degradation of the overweight and obese body is a manifestation of symbolic violence. He views symbolic violence as something that is "inseparable from and reproduces masculine domination" (Monaghan, 2008, p. 100). With reference to Bourdieu (2001), Monaghan argues that if the war on obesity is a form of symbolic violence that reproduces masculine domination "then the masculine habitus also furnishes men with rich, nuanced, contrasting, and gendered material for their justifiable resistance and defiance" (Monaghan, 2008, p. 125). The importance the participating men in this study attached to a slim body can also be viewed as a way of degrading the overweight and obese body, and hence, their talk could be understood as a manifestation of symbolic violence against the overweight or obese body.

10. Conclusions

The main theoretical contribution from this study is the possibility to understand rural men's practices exhibited through the combination of the theoretical perspectives from Bourdieu and Connell. Through the participating men's construction and expression of meanings related to health, body and physical activity, they accumulated and displayed different forms of capital, among these, masculine capital. Through the volume of different forms of capital and the appropriateness of these forms of capital within different fields and within the social space, the men achieve not only a position in the field and in the social space, but in addition achieve a position in the masculine hierarchy. Whether a man does a hegemonic or more subordinated masculinity within a certain social field and in the social space, will depend on the volume of appropriate masculine capital he displays. Masculine capital is accumulated by doing masculine practices in line with the local contextual and culturally accepted and appropriate ways. In the discussion in the foregoing chapter, it was argued that regarding the men in this study such practices included expressing importance of being outdoors when undertaking physical activity and attaching much value in close relations with friends and family.

The men constructed and expressed meanings related to health, body and physical activity that are both in accordance with findings of earlier research where these practices are found to be rural masculine practices, and practices not traditionally associated with rural masculinities. However, the latter practices which are not traditionally associated with rural masculinities are found in more recent studies on masculinities from Norway. Men in contemporary Norway, which is said to be one of the most gender-equal countries of the world, are expected to be pre-occupied with family, homemaking and fatherhood – as the men participating in this study are. In addition, the healthism discourse is influential in Norwegians' understanding of health and body – as is it for the men participating in this study. Overall, it seems appropriate to claim that the findings of this study contribute to further nuance and challenge the traditional and stereotypical portrayal of the rural man as a marginalized loser.

An important conclusion which may be made from this study is the value of acknowledging the importance of both local and national contexts in understanding how men in different parts of Norway relate to health, their body and physical activity. Drawing on the findings of this study it seems that there are some national ideals and values which, for example, reflect the social democratic welfare regime and which forms the practices of men in the social space of Norway such as the men's expression of the individual's responsibility for

health vis-à-vis that of the state. However, there are also some local values and ideals which consequently differ throughout out the country, that form the practices of men in a specific local context, for example attaching great importance to close relations to nature.

This study has contributed to knowledge about rural men's meanings related to health, body and physical activity. Even if the findings are based on the talk of a small sample of men, based on the heterogeneity of the sample, I maintain that they give insight relevant beyond the sample. As argued in the introduction of this dissertation, a greater understanding of lay perspectives of health and health-related topics such as body and physical activity can provide the grounds for better and more precise policy-making. Hence, the findings of this study are a contribution to the knowledge-base that policy-makers can utilize in order to create policies likely to achieve public involvement (cf. Jopp et al., 2015). Based on the findings of this study, I would claim that a targeted measure in order to increase physical activity for middle-aged and elderly men in this context could be to facilitate physical activity in nature. In the same way, the increased understanding of these men's complex meanings related to health should lead to a holistic but adapted approach to local health promotion. More generally, it is important to understand that the meanings men attach to these phenomena are contextual, and that men are not a universal homogeneous group. In order to make this base of knowledge more complete, I would call for further similar research on other samples and in other contexts, and also for studies more sensitive to the importance of ethnicity, class and age in relation to these phenomena.

In Chapter 2, it was argued that this study is relevant for at least three sub-disciplines of sociology: sociology of sport, sociology of the body, and health sociology. In the closing section of the dissertation, it is important to discuss the contribution this study has offered to these sub-disciplines. In the following paragraphs important contributions of the study to the three sub-disciplines of sociology are outlined.

Regarding the sociology of sport, this study has offered empirical insight into the meanings physical activity can have for a group of rural men in Norway, particularly outdoor physical activity. The discussion has dealt with the way the local and national contexts are internalized into the men's habitus, and accordingly form their practices. In addition, the national and local context concerning local and regional levels of hegemonic masculinity was discussed. This is also reflected in the men's discussion. Even if the empirical findings from this study are from a small sample in a specific context, this approach to the meanings people relate to physical activity can be advantageous to other samples in other contexts. This will

accordingly lead to knowledge that can establish the grounds for a better understanding of men's meanings of physical activity, and accordingly how it is possible to facilitate meaningful physical activity for men in a local context.

Concerning the sociology of the body, this study has offered an insight into how a group of rural men constructed and expressed meanings related to their body. The empirical findings have shown that the men express complex, but shared meanings related to their bodies. Even though earlier studies, with important exceptions, have found that men mainly are pre-occupied with their body's functionality, this study shows that even middle-aged and elderly rural men are concerned with the appearance of their body is spite of the fact that they may be reluctant to talk about it. This indicates the importance of recognizing that the pressure to acknowledge "the ideal body" is more universal in the population than is normally believed.

In respect of health sociology, this study offers an insight into a group of rural men's meanings related to health, and how they understand individual responsibility for health compared to that of the state. Both the empirical findings showing the men's meanings related to health and their understanding of responsibility for health are understood to be formed by the national context of the social welfare state of Norway. This is an important contribution to the knowledge-base at a time of a neoliberal health view of the Western world. Understandings of health and understanding of responsibility for health are contextual concepts, and thus important to understand contextually. Accordingly, in order to understand how a political system forms the individual's meanings and agency related to health, contextual studies and knowledge are required.

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Papers

Paper 1

Hervik, S. E., & Fasting, K. (2014). 'It is passable, I suppose' – Adult Norwegian men's notions of their own bodies. *International Review for the Sociology of Sport*. doi:10.1177/1012690214557709

Paper 2

Hervik, S. E. K., & Thurston, M. (2016). 'It's not the government's responsibility to get me out running 10 km four times a week' - Norwegian men's understandings of responsibility for health. *Critical Public Health*, 26(3), 333-342. doi:10.1080/09581596.2015.1096914

Paper 3

Hervik, S. E. K. (in press). "Good health is to have a good life" – how middle-aged and elderly men in a rural town in Norway talk about health. *International Journal of Men's Health.*

Paper 4

Hervik, S. E. K., & Skille, E. (2016). 'I would rather put on warm clothes and go outdoors, than take off clothes to be indoors' – Norwegian lay men's notion of being outdoors during physical activity. *Sport in Society*, 1-15. doi:10.1080/17430437.2016.1179731

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'It is passable, I suppose' – Adult Norwegian men's notions of their own bodies

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Abstract

The aim of this paper is to contribute to a better understanding of how men aged 40–90 years with different educational and ethnic backgrounds talk about their own bodies, and how social dimensions, especially masculinity and age, are reflected in their talk. Eighteen men from a small rural town in Norway were interviewed. The findings indicate that the men have a complex relationship to their own bodies. Three main themes were found in the way they talked about their own bodies; functionality in relation to their everyday life and in relation to sport and physical activity; physical and mental health; appearance both in relation to how their bodies were perceived by others and in relation to their own perception of their body. The three themes were not mutually exclusive and were often interwoven in terms of how they were talked about. The results are discussed in relation to theories of masculinity with a focus on Connell's concept of hegemonic masculinity. One of the conclusions that can be drawn from the project is that the men expressed their relationships with their bodies in conflicting and complex ways, including concerns which can be interpreted as gendered and age-related.

Keywords

ageing, body, masculinities, men, Norway

Men's bodies are an under researched area in sociology (Edwards, 2006; Robertson, 2006a), and scholars have largely ignored ageing bodies (Slevin, 2010). Studies that have theorized older men and masculinity are also rare (Calasanti, 2004; Calasanti and

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King, 2005), and most research on bodies has been carried out on women (Tager et al., 2006) or adolescents and young adults of both sexes (Clarke and Korotchenko, 2011; Drummond, 2012). Loland (1999: 300) called for more sensitivity of 'the issues of complexity *and* specificity' when studying men, men's bodies and masculinity, and Calasanti and King (2005) stressed the importance of more knowledge on the complexity of age and masculinity. This paper therefore aims to contribute to a better understanding of the complexity in middle-aged and elderly men's notions of their own bodies. Accordingly, this paper focuses on how middle-aged and elderly men talk about their bodies in relation to ageing and masculinities.

Existing theory and research seem to establish that men who embody traditional masculinity are supposedly unconcerned with their appearance, and would rather desire a well-functioning body for sports, work and everyday life (Jackson and Lyons, 2012). A study from Finland and the USA shows that how a body functions is what matters for men, and, moreover, that they relate the body's functionality to health. Any other focus on the body, such as attractiveness, struck the men as feminine and should therefore be avoided (Calasanti et al., 2013). All of the adult men in a study in England focused mainly on the functionality of the body, but a minority of the men focused on the appearance of the body as well (Halliwell and Dittmar, 2003). So, existing research indicates that men who embody a traditional masculinity tend not to be concerned with their looks. However, some studies have found that males, in fact, are increasingly preoccupied with their bodies' appearance (Drummond, 2002; Frost, 2003; Tager et al., 2006). Ricciardelli and White (2011) argue that men have become subject to the same appearance-based cultural imperatives that women have been subjected to for decades. They illustrate this by pointing out that an increasing number of men undergo cosmetic surgery (Ricciardelli and White, 2011).

In earlier times labouring and mechanical work were defined as masculine through their relationship with the male body, requiring or developing musculature and strength, and adding other bodily markers (Edwards, 2006). The focus on the appearance of the male body might therefore be in conflict with the earlier mentioned expectations of men in relation to traditional masculinities. As men must affirm masculine standards through bodily appearance and performance, the male body can be said to be both a means and an end to masculinity (Martin and Govender, 2011). Nowadays, male muscular bodies, as depicted in the media, may reflect dominant versions of masculinities (Gill, 2008). The dominant meanings of body appearance threaten overweight men's embodied masculinity by positioning them as 'soft, sick, vulnerable, frail and even pregnant looking' (Monaghan and Malson, 2013: 305). This tension between body, appearance, men and masculinity has been problematized in recent years. Jackson and Lyons (2012: 30) argue that 'a traditional masculine identity – esteemed for function rather than beauty' was men's most powerful space of resistance against pressure to possess the perfect looking body based on the body ideals perpetuated in the media.

Masculinity has also been found to relate to men's notion of health. Robertson (2006b: 178) argued that men have to negotiate between two conflicting discourses: 'first that "real" men do not care about health and second, that the pursuit of health is a moral requirement for good citizenship.' This means that men have to balance caring about their health and body, whilst at the same time displaying an attitude of not caring.

There are many discourses on body and health, of which the healthism discourse is one of the most prominent today (Burrows et al., 2009; Lee and Macdonald, 2010; O'Flynn, 2004). Healthism has been defined as 'the preoccupation with personal health as a primary – often *the* primary – focus for the definition and achievement of well-being; a goal which is to be attained primarily through the modification of lifestyles' (Crawford, 1980: 368) (italics in original). A particular emphasis in the healthism discourse is the individual's responsibility for her or his body and health. Dutton (1995: 273) explains healthism as 'a particular form of "bodyism"; in which a hedonistic lifestyle is (paradoxically) combined with a preoccupation with ascetic practices aimed at the achievement or maintenance of appearance of health, fitness and youthfulness'. Lee and Macdonald (2010: 214) argued that 'The healthism discourse suggests that health can be achieved unproblematically through individual effort and discipline, directed mainly at regulating the size and the shape of the body'. The use of physical activity together with, for example, dieting with the aim of achieving a lean, thin, fit and therefore healthy body is thus a decisive element of the healthism discourse (Burrows et al., 2009; Monaghan, 2008b; O'Flynn, 2004). Physical activity and sport have accordingly been positioned as a 'key tool in the anti-ageing project' (Tulle, 2008: 341).

In the healthism discourse there is a link between the appearance of the body and the person's health. However, the bodily form has also been connected to a wide range of symbolic rewards (Hutson, 2013). Physical attractiveness has been connected to more socially desirable personality traits (Dion et al., 1972), to higher social status in interpersonal groups (Anderson et al., 2001) and to work-related and social status (Hamermesh, 2011). On the other hand, men who are overweight and perceived as not fit, healthy and strong are feminized and, as such, have their masculinity threatened (Monaghan, 2008a). Shilling (2003: 109–110) argued, with reference to Bourdieu, that 'The more people attach value to how we look and what we do with our bodies, the greater are the pressures for people's self-identities to become wrapped up with their bodies'.

The body is an obvious signifier of social class, gender, race and age (Edwards, 2006), but most research on masculinity and men's health has ignored age relations and the impact age has on the way men do gender (Calasanti et al., 2013), and most studies on ageing have either ignored gender or focused on women's ageing (Calasanti, 2004; Hearn, 1995; Pietilä and Ojala, 2011). To the best of our knowledge, most research on men's bodies has similarly ignored the intersection of age and masculinities. According to Pietilä and Ojala (2011), age and gender are intertwined in how people make sense of their bodies. When outlining the way people make sense of ageing, Pietilä and Ojala (2011) and Calasanti (2004) also emphasize the importance of other categories of social differentiations such as class, sexuality and ethnicity.

Against this backdrop of earlier research, the aim of this paper is to contribute to a better understanding of how men aged 40 to 90 years, with differing levels of education and from different ethnic backgrounds in contemporary Norway talk about their own bodies, and how social dimensions, especially masculinity and age, are reflected in their talk.

Theoretical framework

West and Zimmerman (1987: 126) proposed an understanding of gender as a 'routine, methodological, and recurring accomplishment' in daily social interaction. Hence they

conceptualized gender practices as 'doing gender'. A person can never not do gender; doing gender is thus unavoidable (Ferrell, 2012). Furthermore, it is the individual man or woman who does gender, and as such, expresses masculinity or femininity, but it is a doing in social situations (West and Zimmerman, 1987). This, accordingly, implies that there are different masculinities and femininities (Connell, 1995).

One of the most used theoretical frameworks on gender is the concept of hegemonic masculinity developed by Connell (1987, 2005), and inspired by Gramsci et al. (1971). According to Connell (1987) a hegemonic masculinity is always constructed in relation to women as well as to subordinate masculinities (gays, men of ethnic minorities, etc.). Hegemonic masculinity can be understood as the pattern of gender practices that for a specific time period is the current strategy to maintain masculine domination, and guarantee some masculinities' dominance over women's and subordinate masculinities oppressed positions (Connell, 2005).

The concept of multiple masculinities has, however, been criticized for producing a static typology (Connell and Messerschmidt, 2005). Anderson (2011: 7), for example, criticized the notion of hegemonic masculinity as 'unable to capture the complexity of what occurs as cultural homohysteria diminishes'. Connell and Messerschmidt (2005) have challenged this criticism and argued for the changeability of gender. They argued that since gender relations are always arenas for tension, a version of masculinity that in the past provided a solution to this tension by stabilizing patriarchal power, is certain to be challenged today and in the future. Based on the understanding of gender and masculinities/femininities as ever-present in social interactions, and as such changeable over time and in different cultures, neither the gender order nor masculinities/femininities are static. According to Connell (2012), it is rather beneficial to view gender as relational, multidimensional, structural and changeable. Similarly, Morgan and Hearn (1990) argue that masculinities are multiple, contested and dynamic.

Connell and Messerschmidt (2005) further argued that hegemonic masculinities are constructions that do not correspond to the life of actual men. These constructions, however, express widespread ideals, fantasies and desires, and they 'articulate loosely with the practical constitution of masculinities as ways of living in everyday local circumstances' (p. 838). Specific local versions of hegemonic masculinities vary by local context, and as such differ somewhat from each other. These local hegemonic masculinity practices are materialized in cultural frameworks provided by a regional hegemonic masculinity (Connell and Messerschmidt, 2005). In this study this means that hegemonic masculinity in Norway creates a cultural framework where local masculinities in the geographic area the men are recruited from, are materialized through daily practices and interactions. The local context for this study will be described in the method section below.

Health promotion strategies that, for instance, promote safer driving and healthier eating, might be interpreted to work by de-gendering men and contesting hegemonic masculinity, moving men in a more androgynous direction (Connell and Messerschmidt, 2005). This might threaten men's embodied sense of masculinity (Monaghan and Malson, 2013). At the same time it is important to acknowledge that a view of masculinity should go beyond simply considering hegemonic masculinity as an assemblage of 'masculine' character traits (Messerschmidt, 2012). Connell and Messerschmidt (2005) argued that it

is important not to treat the embodiment of masculinities simplistically by viewing bodies merely as objects of social construction, but to acknowledge the interweaving of embodiment and context. Bodies are both objects of social practice and agents in social practice (Connell, 2009). Gender is however inextricably intertwined with and intersects with other social dimensions, such as ethnicity, class and age (Calasanti, 2004). These inequalities are, according to Calasanti (2004), interlocking and not 'additive'. Neither does age exist in isolation from other social dimensions (Pietilä and Ojala, 2011). From the view of intersectionality, Pietilä and Ojala (2011: 381) stated that 'One's age, like one's gender, is framed by culturally shared norms and knowledge of what is considered appropriate characteristics (e.g. the behaviours, appearance, clothing, ways of thinking and opinions, to mention a few) of the people of that specific age'. Just as West and Zimmerman (1987) argued that gender is something the individual does, it is also profitable to see age (Laz, 2003; Pietilä and Ojala, 2011) and race and class (West and Fenstermaker, 1995) as something the individual does. Laz (2003) argued that age requires action and effort at individual, interactional and institutional levels, and is something that is continually performed. Ageing should therefore be considered as a process throughout the course of life, and should not only be investigated in terms of old age (Pietilä and Ojala, 2011). From an intersectional perspective people do age-specific gender because the gendered expectations and ideals are different for women and men at different ages (Pietilä and Ojala, 2011).

In relation to masculinity and ageing, Hearn (1995: 97) argued that manhood is constructed 'through and by reference to "age"'. Hearn (1995) also argued that age is one of the fundamental issues that structure power between different men. This power inequality, Pietilä and Ojala (2011) argued, is based on a range of dimensions from 'accumulated resources to organizational statuses and, further, to ideals regarding body shape, physical strength and sexuality' (p. 387).

Method

Sample

This paper is part of a larger study on how middle-aged and elderly men in Norway construct, express and relate to health, physical activity and their bodies in their everyday lives. Altogether, 18 individual interviews with men aged 40–90+ years with different levels of education and ethnicity living in, or close to, a small rural town in Hedmark County, Norway, were carried out. The men were all recruited through a written inquiry, in which they were asked about participating in the study. The written inquiries were distributed through their workplace, the adult education centre or the senior activity centre they attended, and through the refugee services in the municipality. They all then replied on the inquiry directly to the researcher.

The men were recruited through purposive sampling. The participants in a purposive sample 'are chosen because they have particular features or characteristics which will enable detailed exploration and understanding of the central themes and puzzles which the researcher wishes to study' (Ritchie et al., 2003: 78). The purposive sample in this study was conducted with the aim of achieving a heterogeneous group of

Table 1. The participants' pseudonyms, age, educational background, work situation and ethnic background.

Name	Age group	Highest level of completed education	Work situation	Immigrant/non-immigrant
André	40–49	Upper secondary school	Employed	Non-immigrant
Bjørn	40–49	Higher education	Employed	Non-immigrant
Christian	70–79	Secondary school	Pensioner	Non-immigrant
David	80–89	Secondary school	Pensioner	Non-immigrant
Elias	90+	Higher education	Pensioner	Non-immigrant
Frank	40–49	Upper secondary school	Employed	Non-immigrant
George	50–59	Higher education	Student/ unemployed	Immigrant
Henry	40–49	Secondary school	Employed	Non-immigrant
John	50–59	Upper secondary school	Part time employed	Immigrant
Kevin	50–59	Higher education	Student/ unemployed	Immigrant
Leo	40–49	Upper secondary school	Student/ unemployed	Immigrant
Magnus	40–49	Secondary school	Employed	Non-immigrant
Noah	70–79	Higher education	Pensioner	Non-immigrant
Oscar	50–59	Higher education	Employed	Non-immigrant
Peter	40–49	Higher education	Employed	Non-immigrant
Richard	40–49	Higher education	Employed	Non-immigrant
Simon	50–59	Higher education	Employed	Non-immigrant
Theodor	60–69	Secondary school	Unemployed	Immigrant

interviewees regarding age, ethnicity and educational level. This way of sampling aims to capture central themes emerging across this variation (Patton, 2002) as shown in Table 1.

Hedmark is one of 19 counties in Norway, and is, by area, the largest county in southern parts of the country. Besides a few urban areas and towns, Hedmark is, in the main, a rural county, and the population density is relatively low (seven people per km^2) and almost 60% of the surface area is wooded (Hedmark Fylkeskommune, 2013). The overall education level in Hedmark is lower than the average for the population in Norway (Folkehelseinstituttet, 2014a), and the percentage of inhabitants with education beyond lower secondary school is lower in Hedmark county than in Norway as a whole (Folkehelseinstituttet, 2014b). In comparison with the national average, Hedmark is higher in several health risks, and lower in many health-enhancing variables (e.g. use of tobacco, use of cholesterol-lowering drugs, diabetes drugs and COPD/asthma drugs) (Folkehelseinstituttet, 2014b).In addition, compared to the national average in Norway, a larger proportion of the population in Hedmark is physically inactive (Folkehelseinstituttet, 2014a). Life expectancy for men in Hedmark is also lower than in the country as a whole (Folkehelseinstituttet, 2014a).

Data gathering and analysis

Qualitative interviews are one of several methods to collect data in qualitative research. The qualitative research interview seeks to understand the world as seen from the perspective of the interviewees (Kvale, 2009). There are several varieties of qualitative research interviews. In the semi-structured life-world interview as described by Kvale (2009), the aim is to gather descriptions of the life-world of the interviewees in order to interpret their meanings (Kvale, 2009).

A semi-structured interview guide was developed. It was tested in pilot interviews (two), but since no major changes were made, the pilot interviews were included in the data. The interviews were carried out on locations chosen by the interviewees. Some chose to do the interviews in their own homes, some at their workplace and others chose to come to a private room at the university college. All of the interviewees were informed that they could choose what questions to answer, and that they could end the interview at any time. They were also informed that they could request their interviews to be excluded from the study. Each of the interviews lasted approximately 60–100 minutes. The interviews were recorded and transcribed verbatim. The main question, in relation to this paper, was: How do you relate to your own body? The interviewees were encouraged to talk freely and the interviewer pursued the themes the participants themselves brought up, in order to understand how they thought about and experienced their own body.

The transcribed interviews were coded, inspired by grounded theory methods as described by Charmaz (2014), through the steps of: (1) initial coding line-by-line; and (2) focused coding in order to develop or discover core categories or dimensions. Within grounded theory methods, the data is the starting point (Charmaz, 2014). Instead of systematizing the data into pre-existing categories, the researcher lets topics and categories emerge through the coding and analysis (Charmaz, 2006).

Ethics

All the participants gave their written consent to participate, and they had the opportunity to withdraw from the study at any time. The participants were given pseudonyms to protect their anonymity, and the details of the information about age, education, work situation and ethnic background are limited in order to further protect their anonymity. The study received approval from the Norwegian Data Protection Official (NSD).

Limitations

It is crucial for the findings from an interview that the interviewee experiences trust and rapport with the interviewer (Kvale, 2009; Thagaard, 2009). It is in that regard also important to remember that an interview situation is never completely without power differences (Tanggaard, 2008). Although one strives to involve the informant as an equal participant as much as possible (Kvale, 2009), it is always the scientist who has the final word, and possesses most power in the interview situation (Tanggaard, 2008). This difference between the informants and interviewer may be accentuated by differences in gender, age, ethnic background, religion and appearance (Johannessen et al., 2010). One

possible limitation in this study lies in the differences between the interviewer (Stein Egil, 35 years of age, PhD candidate, Norwegian) and the interviewees.

Findings and discussion

The findings from this study indicate that the participants have complex relationships with their own bodies. Through the analysis of the interviews, three main themes in the men's talk about their bodies were identified: (1) body in terms of functionality; (2) body in terms of health; and (3) body in terms of appearance. The three main themes were not mutually exclusive, and they were often interwoven in terms of how they were talked about.

Body as functionality

The body in terms of functionality was explicitly mentioned by several of the participants in this study. Simon (non-immigrant in his 50s with higher education) emphasized the functionality of his body in this way: 'But for me then, I … I like it when … having a functional body. Because that makes life easier'. The men's focus on the functionality of the body is in line with earlier research outlined above where a well-functioning body in sports, work and everyday life has been found to be important to men (Calasanti et al., 2013; Halliwell and Dittmar, 2003; Jackson and Lyons, 2012; Wright et al., 2006). The expressions of the body as functionality made by the men in this study were not uniform, and seemed to relate to two different aspects of functionality: (1) the body as functionality in physical activity and sport; and (2) the body as functionality to meet the demands of everyday life, or to be able to do the things that one wants to do in life.

Richard (non-immigrant in his 40s with higher education) emphasised his body's functionality in relation to exercise and physical activity when he elaborated his thoughts about his own body: 'To feel that the body functions and that I can do things. Training, hiking and physical activities. Mmm. Knowing that the body functions.' Bjørn (non-immigrant in his 40s with higher education) also expressed the former meaning, body as functionality in physical activity and sport, when he elaborated his relation to his own body:

> No, as I said earlier. I think I'm too fat. (…) That's not based on, like, a body ideal. I'm too old to have such ideals as well. It's based on that I feel when I'm out running and doing some physical activity, then I get so very, very aware that if I had lost 10–15 kilos, then it would be a completely different story. (…) I would have run twice as fast, on a 10 km run, as I do now.

Bjørn related the functionality of his body to being able to run fast. Wright et al. (2006) point out that the desired functional fitness of the male body seems coherent with the forms of hegemonic masculinity described by Connell (2005) as 'embodied capacity associated with strength, skill, and power' (Wright et al., 2006: 715). Richard's and Bjørn's focus on functionality and performance in physical activity and sport could be understood as an expression of a desire for strength, skill and power, and hence an expression of a desirable and hegemonic masculinity.

Noah (non-immigrant in his 70s with higher education), on the other hand, expressed the second aspect of functionality, namely, to meet the demands of everyday life, or to be able to do the things that one wants to do in life, when he said:

> But I… Maybe… I'm a little concerned about it. Maybe not so much because of how I should look, but maybe because I… I have a certain… Yes, idea that if I get too heavy, I lose some of my mobility.

Christian (non-immigrant in his 70s with secondary school as highest completed education) also talked about how he used physical activity to keep the functionality of his body in older age:

> And I have gymnastics for my legs and I kick and do exercises with my legs. That's one thing I'm afraid of. Losing functionality of my legs. (…) Very. I see far too many people sitting in a wheelchair, and I do not want to end up like that.

The findings in this study indicate that age might influence the way that men focus on functionality. Bjørn and Richard, in their 40s, focused on the functionality of the body in sport and physical activity while Noah and Christian, who were more than 70 years old, focused on the functionality of the body in everyday life. The difference in the way Richard and Bjørn on one hand, and Christian and Noah on the other, expressed the functionality of their bodies might be an illustration of the intersection of age and masculinity. According to Pietilä and Ojala (2011), men do age-specific gender because the gendered expectations and ideals are different for men at different ages. The findings in this study might also indicate that the men's focus on functionality is age-specific. There seems to be a differing focus at older ages, from a focus on functionality in sport and physical activity among the younger men to functionality in everyday life among the older. Findings from earlier research indicate a strong link between masculinity and the functionality of the body (Calasanti et al., 2013; Jackson and Lyons, 2012). Hence a reduction in the functionality of the body, such as functionality in sport and physical activity or in everyday life, would inevitably be a challenge to masculinity. The embodied strength, skill and power that are, according to Connell (2005), embedded in hegemonic masculinity, might arguably change in older age towards being able to live an active and independent life.

An interpretation of Noah's and Christian's fear of losing functionality as an expression of a challenged ageing masculinity, would be in line with the discussion by Kaminski and Hayslip (2006) who argued that a decline in functioning due to ageing may affect men in a particularly negative way since strength, independence and physical ability are closely allied to masculinity. If men are not able to fulfil the expected roles for a man, their masculinity might be threatened, since, according to Martin and Govender (2011), men must prove their masculine standards through bodily performance.

Bjørn and Noah, as other interviewees, tended to relate their bodies' functionality in sport and physical activity and in everyday life to their body weight. Monaghan and Malson (2013) argue that overweight men are at risk of being perceived as soft, frail and vulnerable, and hence being overweight is a threat to their masculinity. The overweight

male might thus be perceived as embodying a non-hegemonic or subordinate masculinity. The men's fear of losing the body's functionality, due to being overweight, might therefore be understood as a sort of double threat against masculinity, through both the de-masculinization of the male overweight body, and the de-masculinization connected to loss of functionality.

Body as health

The close relationship between the body and one's health was also highlighted by most of the participants. A quotation from Peter (non-immigrant in his 40s with higher education) could illustrate the strong link between health and the body expressed by the men:

> Yes, well, it's … The body is a whole, so it … The mental and the physical part, they influence each other. That's how I look at it then. And when you have a good physical health, it also affects your mental health.

The relation between the body and health was, however, not always interdependent. Some of the men expressed satisfaction towards their own body even though they experienced some health problems. Theodor (immigrant in his 60s with secondary school as his highest completed education) was one of the men who expressed this notion when he was asked how he felt about his own body:

> Ehh… I initially said I have some problems, but I do not think much of them. Because I know it's not dangerous. I have to live with, for example, ulcers. Twice I went to a specialist and he did some… uh… examination. Ehh… He said you have some ulcers, and gave me some medicine. But after the medicine, the ulcer came back. I do not think much of it. I… I control it with my food. (…) But I think of me, how to look after me. That's the only thing.

The quotation from Theodor shows that even if the men's health problems were related to their notion of their own body, health problems did not always result in a negative experience of their body.

Henry (non-immigrant in his 40s with secondary school as his highest completed education) was one of the men who expressed the notion of his body's weight in relation to health when he said:

> I: When you say that you want to get rid of your belly, is that because of…?
>
> Because of the health. Because it gets too heavy in the front. One certainly feels it in the back as well.

For Henry, body weight and the shape of the body was tightly linked to back pains and hence his physical health. He had experienced severe injuries after an accident, and he explained that his back pain due to his injuries was tied to his body shape and weight. When Oscar (non-immigrant in his 50s with higher education) talked about his experience of his body getting older, he linked his age to his state of health:

> Today… So, it is… Yeah, I'm getting close to 60 years of age. I feel that my body is good. Ehh… Have a good heart and a good general condition, according to my doctor. And that I feel well. Have… Ehh… I do not feel tired. Even if I, for example, have had a lot to do.

Oscar and others related physical health to age. Age seems to be an aspect that plays a part in how the men relate to their body and to their health. In the process of ageing, the expected and acceptable ways of thinking and acting changes (Pietilä and Ojala, 2011). By stating his age before he said that his body was healthy and well-functioning, Oscar simultaneously and indirectly said that age is related to health, and arguably that implied that one's health should be poorer with increasing age. Relating health to age might be understood as a way of doing age.

It is difficult to see a clear pattern related to the differences in age, educational level and ethnicity in how the men talked about their bodies in relation to health. This might be due to the relatively small sample. However it seems that their medical history or health history might influence how they talk about body and health, in the sense that men who have had health problems, like Theodor and Henry, tended to mention health as a theme related to the body.

Henry, who wanted to 'get rid of his belly', could be interpreted as an illustration of the healthism discourse by placing the responsibility for his health on his personal ability to modify his lifestyle in order to achieve better health (see Crawford, 1980). The understanding of the possibility to achieve good health through individual effort and discipline, found in the healthism discourse (Lee and Macdonald, 2010), was also found in a quotation from Richard (non-immigrant in his 40s with higher education):

> So I had… I also have… I, kind of, know what I talk about, because I too had back pains and such earlier. For several years. And then… yeah… then I started training again, and then I thought: OK, I do not have pains any more. From time to time, kind of, it is like that, but you can exercise it away. Be active and then the body will fix it itself.

Richard explained that he had taken action when he had back pains. He expressed a belief that more people could be more active, which would lead to their bodies fixing themselves and they would consequently achieve better health. The notion that good health is achievable through individual effort, by exercising aimed at developing a fit body, is an element of the healthism discourse (Burrows et al., 2009; O'Flynn, 2004).

Body as appearance

Even if previous sources claim that men who embody a traditional masculinity care little about their bodies' appearance, several of the men in this study gave attention to their appearance. This is illustrated by a quotation by Christian (non-immigrant in his 70s with secondary school as highest completed education):

> After all, I do want to look acceptable. So that one doesn't scare people away. (…) But I have to say that I go around and am reluctant, because I have these huge scars from surgery, so I have scars here and a bit swollen belly. (While drawing lines over his chest with his finger) So, like, I am a little concerned about that when I'm going to the beach and such. I don't like that.

When talking about his scars, Christian made it very clear that the reason that he needed surgery was not related to lifestyle-related illness, but a congenital condition. It seemed as if it was important for him to explain that he had been able to take care of his own body and thus his health. Christian and others expressed the importance of their body's appearance in a way that could be interpreted as another expression of the healthism discourse, where the individual's responsibility for achieving good health is a primary focus. In the healthism discourse a good looking, fit and lean body is perceived as a healthy body (Burrows et al., 2009; O'Flynn, 2004). The quotation from Christian could arguably be an illustration of the importance of being able to keep a fit, slim and therefore healthy body, which was expressed by several men. Christian is such an example of the men's expression of the link between appearance of the body and health, in line with the healthism discourse.

However, men who embody a traditional masculinity are not supposed to care about their body's appearance, and according to Connell and Messerschmidt (2005) some body practices that put health at risk are linked to masculine identities. Hence it is possible to argue that the focus on the appearance of the body in the healthism discourse is somewhat in conflict with hegemonic masculinity. The appearance of the body is important in order to be able to reap the social rewards that follow from a 'good looking body' (Anderson et al., 2001; Dion et al., 1972; Hamermesh, 2011; Hutson, 2013), and to avoid the negative stigma associated with men's fatness (Monaghan, 2008a; Monaghan and Malson, 2013).

Christian, as others, focused on the appearance of his body in encounters with others. Some of the men, on the other hand, stressed the appearance of the body for the sake of themselves, and not for the responses from others. Magnus (non-immigrant in his 40s with secondary school as highest completed education) explicitly said that he does not care what other people think about his body, when he said the following:

> No, when it comes to appearance, I haven't given much consideration. It's just that I have made my body lose weight. Then I've become happy with the way I look. I haven't thought about others.

Magnus related his body's appearance to weight and body mass. As did Bjørn (non-immigrant in his 40s with higher education) when he expressed that he too was somewhat conscious and concerned about his body's appearance, and elaborated that in this way:

> No, so, I think now that if I had got rid of these kilos that I talk about, that I would have looked much younger. Ehh… Increased the contours of the face. (short laughter) Stuff like that. Simply. How that would have been… How that would have given me a… It had probably been very positive for me to do it. However, it is not so important that I… I don't make a big deal out of it. And that's why I after all don't do anything about it (laughter).

Bjørn related the appearance of his body to his weight by stating that he thought he would look younger if he lost some kilos. At the same time, he clearly minimized the importance of his body's weight. This could be interpreted as a way of defending his masculinity, as earlier research indicates that men should not be concerned with their

body's appearance (Jackson and Lyons, 2012). By stating that one of the motives for losing weight would be to look younger, Bjørn related his body's appearance to age.

These examples from Christian, Magnus and Bjørn, three men with differing social backgrounds, show that the appearance of the body was an important dimension of the men's notion of their own bodies. Research shows that men are increasingly preoccupied with the appearance of their bodies (Drummond, 2002; Frost, 2003; Tager et al., 2006) and that men have become subject to the same appearance-based cultural imperatives that women have been subjected to for decades (Ricciardelli and White, 2011). The quote from Christian also shows that the appearance of the body can play an important role even at older ages.

Most of the men talked willingly about their bodies in relation to functionality and health, and they did so without appearing uncomfortable. The men did not noticeably dislike talking about their bodies in relation to health. The last quotation from Bjørn, however, illustrates a prominent feature of discussions with several of the men. When they talked about their own body's appearance it seemed that the men hesitated more and talked more incoherently. This was also noticeable in a quotation from Frank (non-immigrant in his 40s with upper secondary school as highest completed education):

> I: But what is your notion of your own body?
>
> No, I think it is fairly good, actually. I could always… some times it's certainly like 'no, should I start doing some strength training and build some more, and…', but it isn't… it isn't… It is… I'm quite happy with the way I am. Of course, there are alw… Of course I sometimes can have thoughts about that… that one sees… One gets influenced by the surroundings. But it is not… That does not mean so much that I, like, struggle… (…) That I'm soon to be 50, and that such is… (…) I think I have an alright body for being 50. Almost 50.

Even if Frank was, in general, happy with the appearance of his body, he hesitated often before getting to that point. This could be a sign of modesty, but it could also be a sign of discomfort in showing that he actually has concerns about his own body's shape and appearance. Another shift in the way men talked about their body's appearance was that some of the men used more humour or laughed more. This is illustrated with a quotation from André (non-immigrant in his 40s with upper secondary school as highest completed education):

> Yes, it's… Ehh… I have noticed… Well, it is OK. But I'm going to… I'm going to get rid of that tummy a bit. It is unnecessarily big. And I… Yeah, I sleep well at night anyway, right. (short laughter)
>
> But I know it is unnecessarily big. At the same time, I know that I'm not actually fat other places, so it comes down to food and eating habits. And movement, I think. So… No, otherwise I think I'm actually a splendid guy (laughter).

André hesitated a bit before getting to the point that he thought he was too big, explaining that he was going to do something about it, then reduced the importance of the problem and finally made a couple of jokes about it. The findings relating to how the

men changed the way they talked about the appearance of their bodies could mean that they felt the expectation that 'real men' should not care about the appearance of their bodies (Jackson and Lyons, 2012), and that a focus on the body's appearance is 'feminine and should be avoided' by men (Calasanti et al., 2013: 19).

The men in this study mentioned that they did care about their body's appearance. At the same time, the discomfort they displayed when talking about their body's appearance indicates that they, as men, felt that they should not care too much about how they looked. This could indicate that the men negotiated between: (1) a feeling of pressure for achieving a 'good looking' body, which might be an expression of the healthism discourse (Crawford, 1980) and/or an expression of the appearance-based cultural imperatives described by Ricciardelli and White (2011); and (2) discourses of masculinity. Robertson (2006b) argued that men have to balance the discursive dichotomization between caring about their health, while simultaneously displaying an attitude of not caring. It would seem the men participating in this study negotiated between 'should care' and 'don't care' about their bodies' appearance. It could be that the joking, laughter and hesitation were the outcomes of the negotiation between dominant, but somewhat conflicting, discourses.

Concluding discussion

Three main themes were developed to explain the way the men talked about their own bodies: the functionality of their bodies both in relation to their everyday life and in relation to sport and physical activity; their bodies in relation to both physical and mental health; and about the appearance of their bodies in relation to how they were perceived by others and in relation to their own perception of their own body. The complexity of how the men talked about their own bodies was increased by adding to the picture that, for most, the three main themes were associated with age or/and body mass/weight.

Some of the men in this study expressed concerns about how their bodies were perceived by others. According to Connell (2009), bodies are both objects of social practise, and agents in social practice. In what way the masculine practises that are materialized within the cultural framework of the local context of this study differ from other contexts (see Connell and Messerschmidt, 2005) is difficult to say. However, the findings in this study illustrate how masculinities in the specific cultural framework of this specific local context are materialized and expressed. The men in this study expressed their relationships with their bodies in conflicting and complex ways, including concerns which can be interpreted as gendered and age-related. Further research should develop more knowledge on how intersecting social dimensions manifest themselves in men's experiences of their own bodies.

Loland (1999) and Calasanti and King (2005) called for more sensitivity and knowledge about complexity and specificity in studies on men and masculinity and masculinity and age. It has been an aim of this study to be sensitive to such complexity and specificity. The results revealed that the heterogeneous group of men expressed diversity and complexity in how they talked about their own bodies. Even if the men were quite different in relation to age, education, work situation and ethnic backgrounds it is difficult to see any patterns related to those social differences when it comes to how the men talked

about their own bodies. This might be due to the small sample. The findings in this study indicate that there was a *complexity* in the way the heterogeneous group of men talked about their bodies, but there was *specificity* in how each man talked about his body. In other words: the complexity lies in the specificities.

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'It's not the government's responsibility to get me out running 10 km four times a week' - Norwegian men's understandings of responsibility for health

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ABSTRACT

The individualization of health has been extensively discussed in the last few decades. Empirical work, however, has mainly had its origins within neoliberal societies. Norway, as a social democratic welfare state based on universal social rights and egalitarianism is thus of interest in understanding how people's talk reflects national policies. Through a series of 18 in-depth interviews with a heterogeneous group of middle-aged and elderly men in rural Norway, this paper explores lay men's understandings of individuals' responsibility for health vis-à-vis the state's. The men in this study expressed complex but shared notions of the state's and the individual's responsibility for health. The individual's main responsibility was to act in specific ways in order to maintain good health. However, little blame was placed on those who did not act in the expected way. The state's main responsibilities were to facilitate the healthy lifestyle of individuals and act as a safety net for those in need. The state was also viewed as being responsible for providing universal health care free of charge, regardless of the reason for the need. We argue that the political and societal values of Norway are reflected in the men's talk about responsibility for health, alongside neoliberal ideas found in other Western societies. Importantly, however, we conclude that a social democratic welfare state system supports and facilitates agency with regard to health, lifestyle and one's life more broadly.

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Introduction

The role of the welfare state in improving population health and reducing social inequalities in health has been extensively discussed in the last decade or more (see, for example, Bambra, 2011; Mackenbach, 2012). Less attention, however, has been directed towards understanding the relationship between national welfare state regimes and people's beliefs about health, especially with regard to the degree to which they feel they have control over their daily lives. Current knowledge of how macro-level welfare state policies shape micro-level beliefs and attitudes has been derived primarily from large-scale comparative quantitative studies. Fewer studies have sought to develop a more fine-grained understanding of people's views about their responsibility for health vis-à-vis the state's. This paper aims to make a contribution to this field by presenting some of the findings from a qualitative study of Norwegian men, the aim of which was to explore their views of health in their everyday lives. In this paper, we focus specifically on their understandings of responsibility for health. We start with a brief

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overview of welfare state regimes, specifically contrasting the differences between the social democratic model of Norway – which provides the context for understanding the empirical findings presented in this paper – and the neoliberal model now dominant in most Western economies.

Welfare state regimes

Some consensus has emerged in recent years that the welfare state 'involves state responsibility for securing some basic modicum of welfare for its citizens' (Esping-Andersen, 1990, pp. 18–19). Yet, welfare systems in post-industrialized societies vary both in the extent of state investment in welfare services and the degree of state regulation of the labour market (Graham, 2002). The welfare model in the Nordic countries – which include Norway – is generally characterized by universal welfare services and benefits alongside active investment in the labour market (Graham, 2002). This social democratic model is predicated on the notion of egalitarianism (Grøholt, Dahl, & Elstad, 2007). Thus, universalism – the principle that services shall include everyone, not solely disadvantaged groups – is often emphasized as *the* prominent feature of the Norwegian (and Nordic) welfare state model (Dahl, Bergli, & Wel, 2014; Johnsen, 2006). The explicit goal of such systems is to provide uniform social protection and a democratic right to adequate living conditions for the whole population, including an aspiration towards full employment. This reflects an expanded view of citizenship, which incorporates the idea of 'social rights' (alongside political and civil rights), which give all citizens universal access to relatively generous services and benefits.

The principle of supporting equality through universalism can be seen in Norwegian policy documents specifically relating to promoting health and reducing social inequalities in health. For some time, the Norwegian Government's stated goal for public health policy has been to reduce social inequalities in health such that no social group suffers, a goal shared across party lines (Dahl et al., 2014). In this regard, Norway has been described as one of the leading countries in promoting health through public policy action (Raphael, 2014; Vallgårda, 2011). With regard to the responsibility of individuals, the government has stated that: 'Although it is important to emphasize the choices and actual responsibility of the individual – particularly when it comes to living habits – social inequalities in health will largely be a political and social matter. When the differences follow clear social patterns, it is not the individual's conscious choice of lifestyle that is the crux of the matter' (Ministry of Social Affairs, 2003, p. 20). Collective actions form a prominent theme in the most recent White Paper entitled 'Good Health, a Common Responsibility'. Here, the notion of responsibility is expressed in terms of:

> … a balance between society's responsibility for public health and the personal responsibility an individual has for his or her own health. Individuals have considerable responsibility … and autonomy and influence over their own lives. At the same time, however, the individual's freedom of action in many areas is limited by circumstances beyond the individual's control. Even smoking, physical activity and diet are influenced by the economic and social background factors which the individual has not consciously chosen. (Norwegian Ministry of Health and Care Services, 2013, p. 19)

The health and lifestyles of the population – and, in particular, social inequalities in health – are thus viewed as emerging from political choices outside the control of individuals and relating to the conditions of everyday life.

Neoliberal welfare systems on the other hand, tend to focus on meeting the most basic needs of the most deprived (Raphael, 2009). In particular, the ideological underpinnings of a neoliberal model of welfare are fundamentally characterized by the notion of individualism and a somewhat narrow conceptualization of citizenship (Glasgow & Schrecker, 2015). This emphasizes responsibility for 'oneself' and one's actions, especially those relating to health, through self-sufficiency, self-governance, self-surveillance and self-regulation. Not only are personal freedoms (freedom to, rather than freedom from) viewed as important to protect, as they provide the means through which individuals are empowered to self-govern, notions of collective action and inter-dependency are presented as problems because they encourage individual passivity and dependence on the state (Deeming, 2013). Targeted and conditional welfare services are viewed as necessary to 'activate' or incentivize citizens to act responsibly

(Hoggett, Wilkinson, & Beedell, 2013). In contrast to recent Norwegian policy documents, notions of self-reliance and personal responsibility are common in neoliberal rhetoric, such as that of the English Labour Government of 1997–2010 and the 2010–2015 Coalition Government's social policies (Hall, 2011). Thus, unemployment and poverty tend to be viewed as resulting from poor choices, rather than failure of the market and income inadequacy (Wiggan, 2012).

Crawford (1977) has been foremost in explicating how neoliberal governments promote the idea that individuals should take responsibility for their health, and, at the same time, blame them when they are unhealthy and in need of care and support. This 'healthism' discourse has been defined as 'the preoccupation with personal health as a primary – often *the* primary – focus for the definition and achievement of well-being; a goal which is to be attained primarily through the modification of lifestyles' (Crawford, 1980, p. 368) (italics in original). This discourse thus shares much of its ideology with neoliberalism (Ayo, 2012). As Herzlich and Pierret (1987) explain, 'Today the "right to health" implies that every individual must be made responsible for his or her health and must learn to adopt rational behaviour in dealing with the pathogenic effects of modern life' (p. 231). Western neoliberal societies have also been described as moralistic in the sense that prudence and responsibility for health are viewed as an obligation and duty of citizenship (Ayo, 2012; LeBesco, 2011). Falling short is thus viewed as a failure of character as well as a lack of willpower (Blaxter, 1997). Thus, responsibility for health is presented and promoted as a personal, rather than a public, issue (Mills, 1959).

Alongside an ideological emphasis on individual responsibility, neoliberal policies (as policies of all welfare state regimes) actively shape the institutions that influence people's everyday lives, including the conditions in which people live and the opportunities and resources available to them. Neoliberal economic ideology tends to favour deregulation, marketization, privatization of state assets and reduction in state expenditure. These policy mechanisms all have far-reaching consequences for the social organization of society and give rise to patterns of health and well-being, wherein those who are less privileged are especially affected. Increasing social inequalities in health are thus built into neoliberal ideology. Thus, what differs between welfare state regimes is the form of political choices made, which tend to give primacy either to the economy (neoliberal) or social citizenship (social democratic) (Tabb, 2008; Wood, 1981).

Perceptions of responsibility for health in different welfare state regimes

A persistent dimension of the debates about the role, size and impact of the state centres on the extent to which an expanded welfare state, such as the social democratic model, creates dependency (Dean, 2003), and hence often referred to as 'do-gooding' (Hall, 2011) or 'the nanny state' (Calman, 2009) by its detractors. For others, such a welfare model is viewed as promoting 'freedom for individuals by creating opportunities and levelling out inequities in society' (Jochelson, 2006, p. 1150). In other words, such a regime encourages social participation (Saltkjel, Dahl, & van der Wel, 2013).

Findings from several comparative large-scale quantitative studies indicate that countries differ in attitudes towards the welfare state, with levels of support being much higher in regimes categorized as social democratic (Andres & Heien, 2001) and much lower in liberal or neoliberal regimes (Salmina, 2014). In their comparative analysis of 24 nations, Blekesaune and Quadagno (2003) concluded that the *national* level is important in shaping public attitudes towards welfare state policies because different nations generate different public beliefs about national social problems and about the relationship between individuals and the state. Flavin, Pacek, and Radcliff (2014) found that both high- and low-income citizens tended to find life more satisfying and conducive to their subjective well-being as the degree of government intervention in the economy increased. Drawing on the work of Rothstein (1998), they explain this in terms of the way in which the welfare state (and other state activities that mimic its effects) promotes agency within a capitalist economy and contributes to greater satisfaction with life. Processes at the micro-level, however, are also interwoven with national- (and increasingly global) level processes (Schwalbe et al., 2000).

There have, however, been few studies that have explored these theoretical mechanisms at the micro-level. Although such studies are challenging, Peacock, Bissell, and Owen (2014, p. 175) argue they are essential because they have the potential to reveal how 'macro political trends shape lives'. Their qualitative research with disadvantaged women living in the northwest of England revealed that neoliberal discourses had been internalized and shaped notions of agency. Women's accounts of living in an unequal society were understood in terms of 'no legitimate dependency – a discourse where (virtually) all forms of dependency were disavowed and disproportionate amounts of personal responsibility were assumed for aspects of life that we would argue are not reducible to the personal agency of an individual' (Peacock et al., 2014, p. 175). Similarly, Crawshaw's (2012) study found that unemployed men in Britain tended to view themselves as responsible for their well-being. Collective, rather than individual, narratives tend to be more deeply embedded in social democratic welfare states and may shape notions of agency that differ from the pattern found in these studies.

Method

In total, 18 individual interviews were carried out with men aged 40–90+ years, of varying ethnicity and with different levels of education living in, or close to, a small rural town in Hedmark, a rural county with a relatively low population. Information about the project was distributed through local workplaces, the adult education centre, the older person's activity centre and through the refugee services in the municipality. Those who chose to opt into the study directly contacted the researcher and arrangements were made to carry out the interviews at a mutually convenient time and place. The composition of the sample is shown in Table 1.

The men were recruited through purposive sampling in which participants were chosen because they had particular characteristics that facilitated exploration and understanding of the study's key themes. The aim was to achieve a heterogeneous group of interviewees regarding age, ethnicity and educational level.

Data gathering and analysis

Interviews lasted between 60 and 100 min and were mainly conducted in Norwegian. However, in three cases, the interviews were conducted in English or as a mix of English and Norwegian. With consent, the interviews were audio-recorded and transcribed verbatim. The transcribed interviews were coded, informed by grounded theory methods as described by Charmaz (2014).

Table 1. The participants' pseudonyms, age, educational background, work situation and immigration status.

Name	Age group	Highest level of completed education	Work situation	Immigrant/non-immigrant
André	40–49	Upper secondary school	Employed	Non-immigrant
Bjørn	40–49	Higher education	Employed	Non-immigrant
Christian	70–79	Secondary school	Pensioner	Non-immigrant
David	80–89	Secondary school	Pensioner	Non-immigrant
Elias	90+	Higher education	Pensioner	Non-immigrant
Frank	40–49	Upper secondary school	Employed	Non-immigrant
George	50–59	Higher education	Student/unemployed	Immigrant
Henry	40–49	Secondary school	Employed	Non-immigrant
John	50–59	Upper secondary school	Part-time employed	Immigrant
Kevin	50–59	Higher education	Student/unemployed	Immigrant
Leo	40–49	Upper secondary school	Student/unemployed	Immigrant
Magnus	40–49	Secondary school	Employed	Non-immigrant
Noah	70–79	Higher education	Pensioner	Non-immigrant
Oscar	50–59	Higher education	Employed	Non-immigrant
Peter	40–49	Higher education	Employed	Non-immigrant
Richard	40–49	Higher education	Employed	Non-immigrant
Simon	50–59	Higher education	Employed	Non-immigrant
Theodor	60–69	Secondary school	Unemployed	Immigrant

The interviews included questions relating to participants' body, physical activity and health. This paper especially examines the men's responses to the question 'In your opinion, who has responsibility for a person's health?' The interviewees were encouraged to talk freely, and the interviewer (the first author) pursued the themes raised spontaneously by the participants.

Participants were given pseudonyms to protect their anonymity. Details about age, education, work situation and ethnic background were kept to a minimum in order to further protect their identity. The study received approval from the Norwegian Data Protection Official.

Findings

In the following section, the findings are organized to reveal how men viewed their own and the state's responsibility for health.

Individualizing responsibility for health

Analysis of the interviews revealed a somewhat shared understanding of responsibility for health. With regard to responsibility for both prevention and health promotion, the men expressed the notion that the individual had a primary responsibility, which included an obligation to keep fit and healthy through acting in particular ways. Furthermore, responsibility for health tended to be seen as an aspect of a broader responsibility for oneself in life more generally. When asked who had responsibility for a person's health, Oscar, for example, replied, 'The primary responsibility is yours. You must take responsibility for your own life'.

The men expressed the idea that it was wrong to expect the state to have complete responsibility for looking after individuals' health. Even though men placed responsibility for health first and foremost on the individual, they expressed little guilt or blame for those who were unable to meet their obligations to live a 'healthy' life.

The main responsibility put on the individual was an obligation to try to keep fit and healthy through health-related actions: eating healthily, being physically active, staying away from tobacco and so on. The men expressed the view that an individual had a responsibility to act in such a way that he or she achieved and maintained a good level of health. Frank, for example, stated: 'I think that each person has responsibility for themselves. What you eat, and what you do in terms of physical activities'. Similarly, André expressed individuals' lifestyle responsibilities in this way: 'When it comes to food and diet, exercise, smoking, even maybe health, the responsibility is your own'. The state, however, was viewed as responsible for facilitating these health-related lifestyles.

Of the aspects of lifestyle that were viewed as being the individual's own responsibility, physical activity and exercise were common. Peter, for example, elaborated on the responsibility to be physically active by saying: 'You should have responsibility for being sufficiently physically active so that your fitness corresponds more or less with your age, and not 30–40 years older. I mean you should have the responsibility for that'. Moreover, people were viewed as having the time to be physically active. Simon, for example, stated that: 'I think everyone, if they are willing, has the time to spend one hour on being physically active. They should be able to prioritize that. In my opinion, it's about prioritizing and willpower'. Being physically active was a responsibility that every individual was expected to meet.

There was, however, some variation in men's views about individuals' lifestyle-related responsibilities. Often highlighted by the men was a responsibility to achieve or maintain a healthy body weight and shape, and there was an expectation that people would feel obliged to be concerned about their bodies. Other factors, such as genes, were accepted as not within people's control, but nonetheless, some responsibility should still be expected of people to take care of their bodies in relation to their weight in particular. Noah, for example, expressed it thus: 'Regarding obesity and overweight, that certainly has something to do with genes, but I think that some people could take more care than they do'.

While some men viewed people as being more or less in control of their weight, many others expressed the notion that a lot of people could not be held responsible for their overweight or obesity.

The men often talked about weight problems as something that were out of an individual's control and that one should not therefore blame those who were overweight or obese for their problems. Peter illustrates this point when he says: 'Obesity can surely have some causes which makes the person not necessarily having the full responsibility. It could be, for example, genes. Physical and mental bullying or harassment could also lead to obesity'.

As an exception to the pattern described above were the views of Richard, who expressed a strong individualistic view, in which societal responsibility was viewed somewhat scathingly:

> When I talk about these things now, I think, among other things, about that debate on obesity, where this 'Pitbull-Terje' and Kari Jaquesson had a dialogue that led to quite a big debate some time ago. And I get provoked when he … 'Pitbull-Terje' and others, sort of put blame and responsibility on society. Then I think: That's not f*****g fair!

(Pitbull-Terje is the name of a film character, which has also become a nickname for the actor Jørgen Foss who personified the character. Jørgen Foss is currently the leader of Landsforeningen for Overvektige [The national association for overweight persons]. Kari Jaquesson is a fitness trainer and TV celebrity.)

Although this view stood out somewhat from the patterns of men's talk, even Richard nuanced his views when he said: 'Of course there are some cases where fate might get individuals … ehh … into a situation in which they are not capable of taking sufficient care of their own health … which one will never avoid'. In these instances, there was little blame attached to those who did not meet the obligation to make the necessary efforts to achieve or maintain a particular body weight or shape.

Men also talked about individuals' responsibilities in relation to other health-related actions such as use of tobacco, alcohol and drugs. Regarding smoking, views varied slightly, from strong views about individual control through to a somewhat more empathic understanding of situations and circumstances which might, by degrees, limit personal responsibility. The strong view of individual responsibility is reflected in the words of Peter: 'Smoking is less ambiguous in that it is the individual's own responsibility. There is no pressure today that makes some smoke and some not'. Even among those men who thought people should avoid smoking tobacco, there were circumstances which were seen as influencing the degree of personal responsibility to meet the usual expectations relating to their lifestyle-related obligations. Noah emphazised the difficulty in putting too much responsibility on the individual when it comes to the use of tobacco:

> In relation to smoking, everyone knows that it's bad for health, but it's addictive. When it becomes an addiction, I have … (long pause) some knowledge, not personally, but close family. It's extremely difficult. I'm in no position to judge someone who is addicted to anything. Because there can be various reasons why one got there in the first place. And then when you get there, many aren't able to get out of it.

Even when men put the main responsibility for health on individuals, there was little degree of guilt or shame attached to those who did not avoid alcohol, tobacco or drugs. The responsibility to avoid the use of tobacco, and especially limit the use of alcohol and drugs, was often problematized as being sometimes outside the individual's control. Frank expressed it thus: 'One thing that is maybe worse, is when it comes to alcohol and such. Then mental health often becomes relevant. Because it gets very, like, very complex. It's not easy to quit'.

State responsibility for health

The men in this study distinguished between individual responsibility for health and the government's responsibility. They drew a line in terms of where individuals' responsibilities ended and the state should step in.

While an individual's responsibility to a large extent was related to personal actions connected to health, the state's responsibility was multi-faceted. One of the responsibilities of the government was, according to the men, to facilitate healthy lifestyles in the population. The men mentioned several ways the state could do this, for example, by promoting healthy lifestyle-related choices through the environment. Simon talked about this in relation to the promotion of physical and outdoor activities:

> The county municipality had a great slogan: 'It should be simple to choose to be healthy'. And not least in relation to facilitating physical activity through tracks and hiking possibilities … Yes, it should be simple to choose to be healthy. Because then it will be much easier for the average person to do it oneself.

Another way that the government was seen as facilitating healthy lifestyles in the population was through legislation. André suggested that the use of tobacco could be reduced in this way: 'They can make it illegal to sell tobacco. I know it's politics and a lot of money, it's still a way … There's probably nothing that kills more people than cigarettes'.

The government was also viewed as having responsibility for informing and educating the population about health and healthy lifestyle, for example, through health-related campaigns. Frank explained:

> Another thing is that government bodies, all the way from those who run the country to municipality level, have a responsibility for information. It's not like people automatically search for information themselves … given in such a way that people can be interested and understand it.

Not only should the state, according to the men, inform the population about a healthy lifestyle, but the state should also carry out health-related campaigns to raise awareness and motivate people to act healthily. Noah suggested that: 'Maybe there is potential to motivate the population to make an effort to maintain their health'.

When people were unable to look after their own health, the state was categorically expected to step in. If, for example, a person had a genetic predisposition or a life situation that made their obligations too difficult, the responsibility of the person for their own health was lowered and transferred to the state. As Bjørn explained:

> The state's responsibility for health, has to be as a safety net. A welfare safety net as in all other areas of the welfare state. Those who fall outside … then the state steps up and takes responsibility.

In other words, it is not the state's responsibility to ensure that every citizen has a high level of health and problem-free life. The state, however, had an obligation to assume responsibility for all those who face health problems (as all inevitably would at some point in their lives), at least for the period of time in which their needs demanded support.

When people experienced illness, the state should offer the best possible care and treatment, regardless of what caused the illness. Elias highlighted this: 'The state's main responsibility in relation to health is the health care service'. To receive care when sick or injured was an unambiguous expectation of the welfare state among these men. The involvement of the state was seen as necessary in returning people to a better, healthier condition. Kevin elaborated this point in the following way: 'When I go to the doctor … They give me good service, and I pay nothing. So my health is, kind of, connected to the state, and in some way they are responsible for helping me'.

Regardless of the reason for illness or injury, if treatment and care were needed, then the state should provide it. Even if people became overweight as a result of an unhealthy lifestyle, used tobacco or alcohol or even drove dangerously, personal responsibility stopped when people experienced illness or injury. Bjørn expressed this notion of equity as reflecting a fundamental idea about the social democratic welfare state:

> That you could single out certain diseases, and say that you have been a fool to get yourself into this, and now the government won't pay for you. You have even been told not to. It says on the back of the cigarette pack that you are not supposed to do it, and then you do it anyway (laughter). If you do that, it undermines the whole fundament of the welfare society. I think so, anyway. If you crash your car because you drive too fast, then it's yourself to blame. 'Then you should pay for your own goddamn bed at the hospital, if you're that stupid!' You could say that about everything. No, I think that's a very, very wrong way of thinking.

With one exception, this notion was a strong theme among the men. Again, Richard was the one who expressed more ambivalence. Even if he too expected the government to provide a good health care system, Richard did not agree completely with the other men that the responsibility for unconditionally paying for health care services was to be solely placed on the state. He argued:

> We cannot afford to treat everyone the way that one thinks is best for everyone. We all want the best, but many of them have inflicted things on themselves by not taking care of their health. And smoking and alcohol and lack of physical activity, are three key points. So how to get people to compensate for not taking care of their health? I am not sure I have any good answers. And then I do not quite agree with myself about where to draw the limit of responsibility.

The individualistic sentiment underpinning this view is combined, however, with some appreciation of the dilemmas in negotiating state and personal responsibility, when they are viewed solely in terms of aspects of lifestyle.

The distribution of responsibility for health between the state and the individual

There was some scepticism evident among the men's views about placing too much responsibility on the state. This scepticism related to the way in which the state might be too generous in providing support, with unintended consequences for the way in which people viewed their own responsibilities. Simon said: 'If I am to be a little critical then, I think that the state is way too … Ehh … There are loads of misplaced kindnesses everywhere'. In a similar vein, Richard explained his view on the matter:

> It's a very good thing that the state takes responsibility for your health, but to me it seems as if one puts too much responsibility on society … on the state, politicians and stuff like that. That they are given the responsibility for people being overweight, that people are unfit and so on. For me, that's nonsense. It's naïve to, in a way, take away the responsibility people themselves have for taking care of their own health.

Bjørn summed up the perceived error in placing all of the responsibility on the state by saying: 'It's certainly unreasonable to say that it's the government's responsibiblity, through public health projects, to get me out running 10 km four times a week'.

Discussion

The findings in this paper illustrate that responsibility for health is understood in quite complex, but nonetheless common, ways in this small, heterogeneous group. The study provides some empirical support for the theoretical ideas put forward by Jochelson (2006), Saltkjel et al. (2013) and Flavin et al. (2014), who have argued that expanded welfare states tend to promote social participation rather than dependency. The Norwegian men in this study did not view the state in paternalistic terms – that is to say as a 'nanny state'; rather, each person had an obligation to act responsibly with regard to health. It therefore seems that the social democratic state of Norway provides the social, political and economic contexts in which citizens are largely free from concerns about their safety and security; it is these social *conditions* that promote participation and enable men to feel responsible for their everyday lives and, by degrees, act responsibly. In other words, the state creates the conditions in which men can mediate their social context as actors, transmitting particular values in the process, both of which increase the likelihood that the socialized 'self' assumes responsibility for acting in health-enhancing ways. This provides a mechanism for explaining the significance of the national context in shaping people's views of their responsibilities vis-à-vis those of the state as Blekesaune and Quadagno (2003) have argued. Furthermore, drawing on Schwalbe et al.'s (2000) work on the significance of the dialectical character of micro-level interactions and macro-level structures, we would hypothesize that the interdependencies between people within Norway give rise to a network of expectations, one outcome of which is greater feelings of influence and autonomy for health among people in their everyday lives. This process of individualization, however, is interwoven with other processes that give rise to the internalization of collective, egalitarian predispositions, and hence expectations about the role of the state. Furthermore, responsibility for health tends to be understood in relational terms; that is to say, people view their inter-dependence with the state in terms of its responsibility to provide the conditions within which one can reasonably be expected to take responsibility for oneself.

The interweaving character of these processes means that national expectations are not simply absorbed and reproduced, but rather interpreted and re-interpreted in numerous ways over time and place, as others have suggested (Blaxter, 1997). Nonetheless, variations in national-level welfare state regimes may, at least in part, account for the differing findings according to the country within which similar studies – such as that of Peacock et al. (2014) and Crawshaw (2012) – have been located.

Norwegian men's understandings, to some extent, reflect those articulated in government policies and are indicative of the deeply seated character of values such as egalitarianism in Norwegian society. However, intertwined with these values and beliefs were ideas more characteristic of a neoliberal ideology. The expectation that individuals *should* take care of their own health – consistent with the moral obligation of taking care of one's own health through healthy actions reflected in the neoliberal healthism discourse – was a feature of men's understandings. While Crawford (1980) has argued that

a failure to behave responsibly invites blame for poor health, this was a much less strong feature of men's views. That expectations did not necessarily lead to an assumption of guilt can be explained in terms of the social democratic national context, which gives rise to differing interpretations from those of a neoliberal national context. The promotion of egalitarianism may well act as a buffer on people's tendency to blame others for their unhealthy actions.

Although responsibility for health was understood in relation to the principles of egalitarianism and universalism, any conceptualization of social inequalities in health was largely absent. Implied in this omission is an understanding that everyone has the same possibilities for agency, and hence those who do not act responsibly with regard to health could be viewed as 'not doing their duty' as citizens. Nonetheless, individual circumstances or genetic factors – rather than patterns of relative disadvantage and associated differences in health-related agency – were put forward to explain why some people might struggle to take responsibility for themselves. It may well be the case that in Norway, the assimilation of discourses relating to social inequalities in health among lay people is limited, given that population health is good and inequalities relatively invisible compared to neoliberal societies. However, again the absence of victim blaming and guilt is difficult to explain and further research in Nordic contexts is required.

Given that this study focused on the views of men, the findings may reflect the interweaving of social democratic ideological beliefs and values with dominant masculine perspectives, such as responsibility for oneself. Despite the ethnic diversity of the sample, little was revealed in the men's talk that could be understood in relation to any specific ethnic identity. Future research involving women living in Norway as well as men and women from diverse ethnicities (including Sami) could shed further light on how both gender and ethnicity interweave with social democratic ideology.

In conclusion, it is worth noting how the transmission and assimilation of values at a national level may have a number of unintended consequences. Being able to participate actively in society may be a process through which feelings of greater influence and control give rise to greater satisfaction with life, as Flavin et al. (2014) have argued. In this way, it seems that a social democratic welfare state system not only allows, but supports and facilitates agency in the population, not only with regard to health and lifestyle, but more broadly in terms of responsibility for one's life in general. This conclusion runs counter to the views of those who argue that decommodification limits agency. The implications of our findings suggest that improving population health whilst narrowing social inequalities in health is more likely within a social democratic model of welfare. Such a political economy approach shifts the emphasis away from services and individual behaviour-change approaches towards the development of policies that seek to create the social conditions for health and well-being across all strata of society.

Disclosure statement

No potential conflict of interest was reported by the authors.

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“Good Health is to have a Good Life” -

How Middle-Aged and Elderly Men in a Rural Town in Norway Talk about Health

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“GOOD HEALTH IS TO HAVE A GOOD LIFE”

Abstract

The body of literature shows that lay perspectives of health are both gendered and contextual. Studies on how laymen and women in specific contexts and at specific times talk about health are hence important. This article approaches perceptions of health from rural middle-aged and elderly men, of different educational levels and ethnic backgrounds in contemporary Norway through a series of 18 interviews. The men talked about health as wellbeing and the good life which could be achieved through experiencing good functionality, absence of illness and pain, good relations with family and friends, belonging to the community, and satisfactory body shape and weight. The findings are discussed with reference to Bourdieu’s concept of capital and Connell’s theory on hegemonic masculinity.

Keywords: Lay perspectives, men, health, masculinity, Norway

“Good Health is to have a Good Life” -
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Studies of lay people’s perceptions of health are important as they can advance understanding of personal health choices and inform social policy (Blaxter, 1997). During the last few decades, studies have been carried out of lay perceptions of health in different contexts. Fugelli and Ingstad (2009) showed that there are differences in the Norwegian population relating to how lay people define health, and how health relates to different aspects of their lives. This paper aims to provide an understanding of how middle-aged and elderly men, of different educational levels and ethnic background living in Hedmark county in Norway talk about health in the context of their everyday lives. In the following section relevant research is reviewed. The method of the study is then described. The findings are then presented and discussed, particularly in relation to Bourdieu’s concept of capital and Connell’s concept of hegemonic masculinity. The paper ends with a concluding discussion.

Literature Review

Lay Perceptions of Health

Blaxter (1997) maintained that health and illness are not simple concepts, while Hughner and Kleine (2004) argued that lay health views are not simplistic versions of scientific understandings of health. Rather, they are socio-cultural products that are a complex interweaving of information drawn from lay knowledge, beliefs, experiences, religious and spiritual practices and philosophy (Hughner & Kleine, 2004). Lay people understand health as an integral part of everyday life rather than something which only concerns the optimal functioning of physiological bodily systems (Robertson, 2006).

“GOOD HEALTH IS TO HAVE A GOOD LIFE”

Since the early 1970s several studies on lay perceptions of health have been carried out (Bishop & Yardley, 2008; Blaxter, 1990; Herzlich, 1973; Hughner & Kleine, 2004; Robertson, 2007; Williams, 1983). In these studies, different approaches have been used, and various dimensions and categories have been identified to describe lay perceptions of health. The work by Blaxter (1990) has arguably had most impact on this field of knowledge. Through a study of 9000 women and men in UK in the mid-1980s, Blaxter (1990) identified five main categories in lay people’s perspectives of health: 1) Health as meaning ‘not ill’; 2) Health as physical fitness, vitality; 3) Health as social relationships; 4) Health as function; and 5) Health as psychosocial wellbeing.

These and similar aspects of health have also been identified in studies in other contexts. In a review study, Hughner and Kleine (2004) summed up the different dimensions found in studies of lay perspectives of health. Five themes were identified: 1) Health is the absence of illness; 2) Health is being able to carry out daily functions; 3) Health is equilibrium; 4) Health is freedom, the capacity to do; and 5) Health is constraint. Lay perceptions of health are further investigated in the following section, by looking at how men with varying backgrounds talk about health in various ways.

Men and Lay Perspectives on Health

Blaxter (2010) argued that how people define health varies in relation to their social position, for example, gender, age and class. White (2006) stressed the need to acknowledge that men’s lives differ from one another, and men thus have different health beliefs and health-related behaviours. A few studies have looked specifically at how men talk about health, and gendered health perspectives are found in studies of lay health perceptions. According to Emslie and Hunt (2008) and Robertson (2006), gender plays a key role in lay perceptions of health, and in the view of Del Mar García-calvente et al. (2012) gender constructions affect health perceptions at all

social levels and ages. Similar to other social practices, health-related beliefs are a means of demonstrating femininities and masculinities (Courtenay, 2000). Saltonstall (1993, p. 12) even argued that "the doing of health is a form of doing gender". Research has showed that men, more often than women, define health as related to functionality (Blaxter, 1990; Calasanti, King, Pietilä, & Ojala, 2013; Robertson, 2007; Saltonstall, 1993), particularly in paid work (Blaxter, 1990; Watson, 2000). Women, on the other hand, focus more frequently on the appearance of the body as an indicator of health (Saltonstall, 1993), even though studies have shown that physical appearance and body shape also are indicators of health for men (Mullen, 1993; Robertson, 2007).

In a study of unemployed men in the UK, Crawshaw and Newlove (2011) found that lay men had diverse understandings of health which included being able to avoid illnesses, being able to fulfil normal everyday practices and activities, and experiencing mental wellbeing and happiness. Robertson (2006) suggested that men have to negotiate between two conflicting discourses: 1) real men do not care about health, and 2) good citizens are morally required to pursue good health. Empirical support for Robertson is found in Sloan, Gough, and Conner (2010) who found that men with a healthy lifestyle tended to downgrade their health concerns when talking about their lifestyle, and rather justified their healthy practices through more hegemonic masculine accounts such as sporting targets, rationality, courage, etc. Courtenay (2000) argued that men need to display independence, self-reliance, and insensitivity to pain and illness in order to align with social expectations to manliness.

Blaxter (1990) showed that lay people's perception of health changes throughout the life course. Smith, Braunack-Mayer, Wittert, and Warin (2007) found that men related health to independence, and that key aspects of independence changed as the men aged. Independence during old-age was strongly related to the ability to function in everyday life. The men's

understanding of independence was related to both masculinity and aging (Smith et al., 2007). The loss of independence in older age has been considered to reflect loss of masculinity (Canham, 2009). In a study of rural elderly lay men in Sweden, Nilsson, Hagberg, and Grassman (2013) found that the men articulated their rural, aging masculinities in relation to what they had done in life, and "the worn body". The worn body of the Swedish men was used to "reflect their character as rural men" (p. 72). Consequently, they used their pains and loss of functionality as a way to articulate their aging, rural masculinity (Nilsson et al., 2013). In relation to class, it has been found that working class people generally focus more frequently on the functional and physical aspects of health, more so than the middle class whose main focus is emotional and mental aspects (Blaxter, 2010; Pierret, 1993). However, a person's perception of health is not developed in a vacuum. How societal health views might be reflected in how people talk about health is discussed in the following section.

Concepts of Health in Wider Society

Hughner and Kleine (2004) argued that lay views on health are socio-cultural products. They are not merely individual, rather they are collective "existing in places, spaces and historical moments" (Robertson, 2007, p. 5). There are many discourses on health, but the most dominant in the popular media and in health promotion in Western countries today is the "healthism" discourse (Ayo, 2012; Crawford, 2006; Lee & Macdonald, 2010). As a concept, healthism was described as early as 1980 as a dominant cultural image that not only individualizes health, but also turns health into a commodity (Blaxter, 1997; Crawford, 1980). Healthism is defined as "the preoccupation with personal health as a primary – often *the* primary – focus for the definition and achievement of wellbeing; a goal which is to be attained primarily through the modification of lifestyles" (Crawford, 1980, p. 368) (italics in original). Health as something for which each individual is responsible and in control of, invites an assumption of

guilt for illness and bad health (Crawford, 1980). "Illness becomes one's own fault not simply through a carelessly unhealthy lifestyle, but also because of character failings or weakness of will" (Blaxter, 1997, p. 754).

However, not only the dominant health views, but also society affect the individual's perception of health. According to Blaxter (2010), most of the significant differences in health between countries, populations, and groups within countries are "are bound up with that society, its particular place and time, its politics and organization" (p. 96). Further, the gendered aspects of health are tied to society. Robertson (2007) points out that "'masculine' identity and its impact on health and wellbeing needs to be understood as being fluid, changing over time, and complex, dependent on other aspects of identity and wider social structures" (p. 26). Both Blaxter and Robertson emphasize the need to acknowledge the importance of context when attempting to understand health within a society. Consequently, it is important to know the context in which this study is carried out as presented and discussed in the methodology section.

The aim of this study is to understand what health is for rural middle-aged and elderly men with different educational levels and ethnic background in Hedmark county in contemporary Norway.

Theoretical Concepts

In the discussion of the analysis, the theories of Bourdieu have been applied, especially the concept of capital. Bourdieu employed three basic forms of capital: economic, cultural and social capital (Bourdieu, 2011). According to Bourdieu one form of capital can, under certain conditions, be converted into other forms. In addition to these three basic forms of capital, Bourdieu (1978) also referred to physical capital, which, according to Shilling (2008), is often developed through diet, exercise and health regimes. "The production of physical capital refers to the development of bodies in ways which are recognized as possessing value in social fields,

while the conversion of physical capital refers to the translation of bodily participation in work, leisure and other fields into different forms of capital" (Shilling, 2003, p. 111). Shilling referred to Bourdieu when he argued that the body has become a more comprehensive form of physical capital, and therefore "a possessor of power, status and distinctive symbolic forms which is integral to the accumulation of various resources" (2003, p. 111). Featherstone (1991) suggested that a person's appearance and body shape is associated with a person's value as a human being, and therefore certain types of body have greater social capital by virtue of appearance. De Visser, Smith, and McDonnell (2009) related the theories of Bourdieu with masculinity when they employed the concepts of capital and field from Bourdieu and found that men can, although to a limited extent, acquire and trade masculine social capital via health related behavior. The other theoretical concept which has been applied in the discussion of the findings in this paper, is the concept of masculinity. Masculinities are a part of the larger system of gender order (Connell, 1995). One of the most used theoretical frameworks on gender is the concept of hegemonic masculinity developed by Connell (1987; 2005) inspired by Gramsci, Hoare and Smith (1971). Hegemonic masculinity is the gender practice that for a specific period of time and within a specific context is the current strategy to maintain masculine domination (Connell, 2005). The concept of hegemonic masculinity has also been related to men's bodies and health. Denying vulnerability, taking risks and rejecting health beliefs are ways by which men in many contexts can demonstrate hegemonic forms of masculinity (Connell, 1995; Courtenay, 2000; de Visser, 2009; Emslie & Hunt, 2008; Robertson, 2006).

The concept of multiple masculinities has, however, been criticized for producing a simplified static typology (Demetriou, 2001; Whitehead, 1999; Miller, 1998). Connell and Messerschmidt (2005) addressed this criticism and argued that since gender relations are always arenas for tension, a version of masculinity that in the past provided a solution to this tension by

stabilizing patriarchal power, is certain to be challenged today and in the future. Based on the understanding of gender and masculinities/femininities as ever-present in social interactions and as such changeable over time and in different cultures, neither the gender order nor masculinities/femininities are static. According to Connell (2012) it is rather beneficial to view gender as relational, multidimensional, structural and changeable. Similarly, Morgan and Hearn (1990) argue that masculinities are multiple, contested and dynamic.

Connell and Messerschmidt (2005) also argued that hegemonic masculinities are constructions that do not correspond to the life of actual men. These constructions, however, express widespread ideals, fantasies and desires, and they 'articulate loosely with the practical constitution of masculinities as ways of living in everyday local circumstances' (Connell and Messerschmidt, 2005: 838). Specific local versions of hegemonic masculinities vary by local context, and as such differ somewhat from each other. These local hegemonic masculinity practices are materialized in cultural frameworks provided by a regional hegemonic masculinity (Connell and Messerschmidt, 2005). In this study this means that hegemonic masculinity in Norway creates a cultural framework where the local masculinities in the geographic area the men are recruited from, are materialized through daily practices and interactions.

Gender, however, is inextricably intertwined and intersects with other social dimensions such as ethnicity, class and age (Calasanti, 2004; Pietilä & Ojala, 2011). According to Calasanti (2004), these dimensions are interlocking and not additive. Just as West and Zimmerman (1987) argued that gender is something the individual does, it is also profitable to regard age (Laz, 2003; Pietilä & Ojala, 2011), and race and class (West & Fenstermaker, 1995) as things the individual does. People do age-specific gender because the gendered expectations and ideals are different for women and men in different ages (Pietilä & Ojala, 2011).

Method

Context of the Study

Norway is usually classed as being a social democratic welfare state (Copeland et al., 2015; Esping-Andersen, 1990; Huber & Stephens, 2000; Raphael, 2015, Raphael & Bryant, 2015). Norwegian government policy states: “The Government believes that public health work needs to be based on society assuming greater responsibility for the population’s health.” (Ministry of Health and Care Services, 2007, p. 5). Hence, social democratic Norwegian health policies differ from more neo-liberal health systems which, according to Ayo (2012) are often found in Western countries. Healthism is the health discourse that is coterminous with neo-liberalism (Ayo, 2012; Crawford, 2006). Regardless of government health policy, research suggests that it is safe to claim that the people of Norway are not unaffected by the healthism discourse (Hervik & Thurston, 2016; Rysst, 2010).

Hedmark is one of 19 counties in Norway, and in area is the largest county in the southern part of the country. Apart from a few small towns, Hedmark is a rural county, and is Norway’s most important county regarding forestry. It is also the county with the largest area of farmland (Thorsnæs, 2013). In comparison with the national average, Hedmark is higher in several health risks and health threatening factors (e.g. smoking, use of drugs controlling cholesterol, diabetes and dementia, proportion of elderly inhabitants and suicide rate) (Folkehelseinstituttet, 2010). In addition, compared to the national average, a larger proportion of the population in Hedmark is physically inactive, and the life expectancy for men in Hedmark is 77.8 years compared to 78.7 years in the country as a whole (Folkehelseinstituttet, 2014).

Sample

Eighteen individual interviews were carried out with men aged between 40 and 90+ years, of different ethnic backgrounds and levels of education living in, or close to, a small rural town in Hedmark County. Oliffe and Mroz (2005) describe how it can be challenging to get men to volunteer to participate in research projects. Their description is recognizable with the challenges experienced concerning recruitment to this study, as it proved difficult to recruit men of different ages and background. Therefore, different channels for recruitment were used. The men were recruited through written information inviting participation in the study, which was distributed at their workplace, the adult education centre or senior activity centre they attended, and also through the refugee services in the municipality.

The men were recruited through purposive sampling in which participants were "chosen because they have particular features or characteristics which enable detailed exploration and understanding of the central themes and puzzles which the researcher wishes to study" (Ritchie, Lewis, & Elam, 2003, p. 78). In order to understand how varying levels of different capital form how men talk about health, the sampling in this study aimed at achieving a heterogeneous group of interviewees regarding age, ethnicity and educational level (shown in Table 1).

Table 1. The participants' pseudonyms, age, educational background, work situation and ethnic background.

Name	**Age group**	**Highest level of completed education**	**Work situation**	**Immigrant/non-immigrant**
André	40–49	Upper secondary school	Employed	Non-immigrant

Bjørn	40–49	Higher education	Employed	Non-immigrant
Christian	70–79	Secondary school	Pensioner	Non-immigrant
David	80–89	Secondary school	Pensioner	Non-immigrant
Elias	90+	Higher education	Pensioner	Non-immigrant
Frank	40–49	Upper secondary school	Employed	Non-immigrant
George	50–59	Higher education	Student/ unemployed	Immigrant
Henry	40–49	Secondary school	Employed	Non-immigrant
John	50–59	Upper secondary school	Part time employed	Immigrant
Kevin	50–59	Higher education	Student/ unemployed	Immigrant
Leo	40–49	Upper secondary school	Student/ unemployed	Immigrant
Magnus	40–49	Secondary school	Employed	Non-immigrant
Noah	70–79	Higher education	Pensioner	Non-immigrant
Oscar	50–59	Higher education	Employed	Non-immigrant
Peter	40–49	Higher education	Employed	Non-immigrant
Richard	40–49	Higher education	Employed	Non-immigrant
Simon	50–59	Higher education	Employed	Non-immigrant
Theodor	60–69	Secondary school	Unemployed	Immigrant

Data Gathering and Analysis

An extensive semi-structured interview guide was developed and tested in two pilot interviews. Since no major changes were made, the pilot interviews were included in the data. The interviews covered several topics such as relation to one’s body, physical activity, health and thoughts about responsibility for health. This paper especially examines the men’s answers to the questions “What is health to you?” and “When do you experience good/poor health?”. These questions were asked at the very beginning of the interviews. The interviewees were encouraged to talk freely, and the interviewer (the author) pursued the themes raised spontaneously by the participants. Each interview lasted between 60 and100 minutes. The interviews were carried out at locations chosen by the interviewees. The interviews were recorded and transcribed verbatim.

The transcribed interviews were coded, based on grounded theory methods as described by Charmaz (2014) through the steps: 1) Initial coding line-by-line, and 2) Focused coding in order to develop or discover core categories or dimensions. Instead of systematizing the data into pre-existing categories, the researcher allows topics and categories to emerge through the coding and analysis (Charmaz, 2006). Using grounded theory requires the researcher to enter the research without preconceived theoretical perspectives (Holton, 2009). The theoretical perspectives presented above have been applied so as to understand the findings following the categorization and analysis, and was not the starting point for the analysis.

Ethics

All participants gave their written consent to participate; they were informed that they could choose which questions to answer, and they had the opportunity to withdraw from the study at any time. The participants were given pseudonyms, and the details of the information about age, education, work situation and ethnic background are limited in order to protect their

anonymity. The study received approval from the Norwegian Data Protection Official for Research.

Limitations

It is crucial for the findings from an interview that the interviewee experiences trust and rapport with the interviewer (Kvale, 2009). In that regard, it is also important to remember that an interview situation is never without power differences. Although one strives to involve the informant as an equal participant as much as possible, it is always the researcher who gets the last word, and possesses most power in the interview situation (Kvale, 2009). This difference between the informants and interviewer may be accentuated by differences in gender, age, ethnic background, religion and appearance. One possible limitation in this study lies in the differences between the interviewer (Stein Egil, 35 years of age, PhD candidate, Norwegian) and the interviewees.

Findings and Discussion

The analysis of the transcripts from the interviews enabled the development of four dimensions of health: Health as functionality, possibility and capacity, Health as absence of illness, injury and pain, Health as belonging, social relations and family, and Health as body shape and weight. From these four dimensions one overarching concept of health was developed – Health as wellbeing and the good life. In the men's talk about what health is, four aspects were mentioned: a) adequate functionality, possibility and capacity to live a desired life; b) absence of limiting illness, injury and pain; c) good relations with friends and family and a sense of belonging to society; and d) an acceptable body weight and body shape. These would enable the men to experience wellbeing and the good life. In the following, these four dimensions, and subsequently the overarching concept, are explored and discussed.

“GOOD HEALTH IS TO HAVE A GOOD LIFE”

Health as Functionality, Possibility and Capacity

The importance of functionality and the ability to do the things they wanted in life was an important and common aspect in the men’s talk about health. Simon (non-immigrant in his 50s with higher education) explained the general importance of functionality in his understanding of health in this way: “Health ... Yes, it’s to function both at work and during leisure time. And to function well in everyday life is perhaps the most important in relation to health.” According to Connell (1995), bodily functioning is a hegemonic defining aspect of hegemonic masculinity. Hence, the focus on functionality, possibility and capacity as health by the men in this study could be understood to be an expression of a hegemonic form of masculinity. Robertson (2007) discusses the focus on functionality as health in relation to masculinity, arguing that the expression of health as functionality is related to the masculine dimension of ‘doing’ rather than ‘being’.

The men’s notion of health as functionality and ability was strongly related to ‘doing’. This was apparent in how the men talked about functionality in different arenas in their life. Different men attached importance to functionality in various parts of life (work, leisure time, sport). George (immigrant in his 50s with higher education) was one of the men who focused on the capacity to work as a dimension of health. When he was asked about the times he experienced poor health, he answered: “That would be when I cannot work well, you know.” The possibility to do the things one wanted to do outside work was also mentioned by several interviewees. Having few restrictions on the freedom of choice in their leisure time was an aspect of good health. Frank (non-immigrant in his 40s with upper secondary school as highest completed education) expressed this directly when he was asked about the times he experienced good health: “Well, that’s when I’m able to do the things I want to do in my spare time.”

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How some men focused on health as functionality in relation to work and some focused on health as possibilities to do whatever they wanted could be a reflection of their social background. However, it is impossible from the data to state whether this tendency is an expression of ethnicity, class, personal health or medical history. For example, even if the immigrant men in this study talked more about health as being related to the possibility to work, this cannot be ascribed to their immigrant status or ethnicity. All of the immigrants in this study had had medical problems which restricted their possibilities to work. None of them were in full-time employment, and hence they might have had limited economic capital. Bourdieu (1977) found that working class people with low economic capital tended to have an instrumental understanding of their health and bodies, and argued that this was an expression of the importance put on the body as physical capital in the working class. In that light, the greater emphasis on the functionality of the body in work as health by some men in this study could thus be interpreted as an expression of limited economic capital. Moreover, if some of the focus on functionality to work was tied to class, the notion of health as related to the possibility to do whatever one wants to do in life could also be understood as an expression of the lesser instrumental understanding of health and body one could expect from people who do not have low economic capital. This might be the case, since the men who expressed the latter notion were generally men of high education and/or held high positions in their work.

Some of the men emphasized the importance of functionality and capacity in sport, physical activity and outdoor activities. Bjørn (non-immigrant in his 40s with higher education) was one of these. He explained his notion of good health in relation to functionality in this way: "That I feel in good shape, able to be out in the woods. Be able to participate in those sporting activities I want to. Not necessarily being very good at it, but.... Well, that too! (laughter)". This notion of health was especially found with some of the younger men in this study. De Visser et

al. (2009) argued that the display of competence in hegemonic masculine fields, such as sports, provides masculine capital. Hence, the focus on health as functionality and capacity in sport, might be a masculine take on health expressed by the youngest men in the sample.

The expectations towards functionality in relation to health seemingly changed in relation to aging. Noah (non-immigrant in his 70s with higher education) expressed this notion: “It’s about how health is in relation to being able to do the things you want to do, during the different age … stages of life you’re in.” All in all, the younger men focused on functionality in work, leisure time or sport activities, while older men frequently expressed the perception of health as the capacity and functionality to manage the more basic day-to-day demands of everyday life. David (non-immigrant in his 80s with secondary school as highest completed education) expressed that good health was to be able to care for himself and his wife – who had Alzheimers. David experienced his health as good as might be expected in view of his age:

> I get up in the mornings and groom myself and potter about. We do not have a home help or anything like that yet. As long as we can care for ourselves, then I definitely could say, at our age, that one cannot expect anything better. We get into bed by ourselves, and get up by ourselves, and have the opportunity, or have the health or physical fitness to attend to and do whatever we would like to.

Courtenay (2000) linked manliness to independence, and Smith et al. (2007) found that independence as an aspect of men’s health is related to masculinity and aging. Canham (2009) even argued that, for men, loss of independence could be reflected as a loss of masculinity. This finding, showing that the older men were concerned about being able to take care of themselves and being independent as an aspect of health, could thus be understood as the ‘doing’ of an age-specific masculinity (cf. Pietilä & Ojala, 2011). De Visser et al. (2009) argued that men may convey more or less masculine capital through different masculine behaviours in different social

fields (e.g. among men of different ages). The findings of differences in focus on different aspects of functionality in different age groups might be an illustration of their point.

Health as Absence of Illness, Injury and Pain

Most of the men considered health as being an absence of illness, injury or pain in some way. Some men had experienced illness or disease which was so severe that they regarded their health as poor. George (immigrant in his 50s with higher education), who had renal disease, experienced his health as poor. He expressed this aspect of health stating: "I really have trouble with my health. Because, you know, my doctor, my specialist says that in the future I need kidney transplantation." In the same way, men who experienced pain expressed this as an important determinant of health. Henry (non-immigrant in his 40s with secondary school as his highest completed education), had chronic pains in his back and legs after an accident: "I can say that good health is when I wake up one morning and am not in pain. If I'm in pain, then it's like – Oh no."

From the data it was not possible to see any reflection of the men's social background concerning whether and how the men talked about health as absence of illness, injury and pain. Rather, those men who had experienced these focused more often on these aspects of health. However, even though they had experienced illness and disease, injury and pain, some of the men still described their health as good. This was especially the case for the older men. David (non-immigrant in his 80s with secondary school as highest completed education), described his health as good even though he had physical health problems and had undergone two major surgeries:

> I've been a little under the weather recently. I had a heart attack. And then I got a pacemaker. And then I had hip replacement. But that said, I am up and running and I feel pretty good. I cannot complain.

Blaxter (2010) found that many people, and especially the elderly, often talk about their health as good even though they experience health problems. On that basis, she argued that health is “displayed as a relative concept, highly dependent on expectations” (p. 58). This was also the case in this study. In the same way as the expectations towards functionality and possibilities changed through aging, so apparantly did the acceptance of more health problems in form of illness and pain. Hence, also the expectations towards health as absence of illness, injury and pain changed through aging.

Health as Belonging, Social Relations and Family

The social aspect of health included both family and other close relationships in addition to wider social environments such as being part of a community. Health, understood as having good relations with family and friends, was emphasized as important in relation to health by many of the men. André (non-immigrant in his 40s with upper secondary school as highest completed education) ended the notion of what health is for him stating: “And I also think of things that are around me, in relation to both family, friends and, yeah, hobby and job. These things must be in place.” A quotation from Oscar (non-immigrant in his 50s with higher education), where he talked about becoming a grandfather a couple of days before the interview, is illustrative of the link between close relatives and health: “And then one certainly becomes vital, just from the birth. No, like, it’s things like this, such as the birth of a little baby that can increase the feeling of vitality and good health.”

Moreover, the experience of belonging and having a broader social network was also linked to health in the minds of some of these men. This could be participating in formal or informal networks, or through being active in the community. Leo (immigrant in his 40s with upper secondary school as highest completed education) expressed the importance of being part of society and contributing to the community when he said: “You are also healthy when you live

in a society and you contribute to that society, and you don't act differently from others. Then you're OK."

Kevin, Leo and Theodor, the immigrant men who had been in Norway for the shortest period of time (less than three years), expressed belonging to society as an aspect of health. Both Leo and Theodor each lived with their wife and children, whilst Kevin had no family in Norway. They expressed feelings of not being a part of the local community, which was a notion not expressed by others. Immigrants are relocated from their social network and wider families, which implies a reduction in social capital. Being active in the community and experiencing belonging to the society might be a way of acquiring relational social capital (Hawe & Shiell, 2000). This in turn could lead to greater sense of wellbeing and a better life for the men, and thus improved self-perceived health.

Relation to family and friends, and the belonging to a community as aspects of health, could be understood as an expression of the importance of social capital to health. Bourdieu (2011) defined social capital as "the actual or potential resources which are linked to possessions of a durable network" (p. 86). According to Ferlander (2007, p. 117)), this view of social capital focuses mostly "on how individuals gain returns through access to social networks, e.g. in terms of job opportunities, emotional support and good health" (p. 117). The association between social capital and health has been discussed in research in recent decades (e.g. Ferlander, 2007; Hawe & Shiell, 2000; Kawachi, Kennedy, & Glass, 1999; Kawachi, Kennedy, Lochner, & Prothrow-Stith, 1997; Lindström, 2004), and links between social relations and social networks, and physical and mental health have been found (Ferlander, 2007). In this study, relational social capital in the form of good relations with family and friends and the experience of belonging to the wider social environment, was one of the premises for experiencing wellbeing and a good life, which in turn was considered as good health.

Health as Body Shape and Weight

Body shape and body weight are often related to health because of the potential medical health risks which are connected to overweight and obesity. However, in this study body shape and body weight were talked about as aspects of health in itself. Bjørn (non-immigrant in his 40s with higher education) expressed a distinction between overweight as a predisposing factor for disease, and body weight as an aspect of health in itself when he said: “I think of my health in relation to weight. Not that there’s anything ... I’m not in a risk zone, I feel, for poor physical health.” Bjørn expressed a concern for his health in relation to weight which, however, was not explicitly associated with disease. Andre was, perhaps, even more direct when he said: “I mean, no matter one’s appearance, how tall one is, short one is. If one weighs too many kilos – one does have a health problem. Probably both physical and psychological.”

In addition to body weight, the shape and appearance of the body was considered an aspect of health. The following quotation from George (immigrant in his 50s with higher education) is an example of the focus on the shape of the body as an aspect of health:

> When it comes to appearance it’s good to be normal, you know. It’s not good to become too thin, nor too fat. Both are not so good for the health. But maybe some people like to become, you know, thin, but I don’t feel that way. Because being normal is always the best.

The fact that the men in this study focused on the appearance of the body as an aspect of health is unlike most other studies that have studied lay perspectives of health (cf. Bishop & Yardley, 2008; Blaxter, 1990; Herzlich, 1973; Hughner & Kleine, 2004; Williams, 1983). More recent litterature has, however, found that men do relate their weight, shape and appearance of their body to health (Robertson, 2007). One explanation of the increased focus on the weight and shape of the body in relation to health in this study compared to most earlier studies, might be the

increased importance of the body shape as an indicator of health, as a consequence of the healthism discourse (cf. Crawford, 1980) over the last decades. Body shape is also connected to a wide range of symbolic rewards (Hutson, 2013), such as more socially desirable personality traits (Dion, Berscheid, & Walster, 1972), higher social status in interpersonal groups (Anderson, John, Keltner, & Kring, 2001), and work-related benefits and social status (Hamermesh, 2011). Thus, the symbolic rewards of having a slim and fit body combined with the close links made between a slim and fit body and good health have, arguably, made it more important for men to focus on the shape of the body moreso than hitherto.

These benefits are related to what Bourdieu (1984) and Shilling (1991) refer to as physical capital, and Wacquant (1995) refers to as bodily capital. The physical or bodily capital of a fit and slim body is hence convertible to several other capitals, such as social capital through social symbolic rewards (Bourdieu, 1984; Shilling, 1991), and economic capital through benefits in the workplace (Hamermesh, 2011). Shilling (2003, pp. 109-110), with reference to Bourdieu, argued: "The more people attach value to how we look and what we do with our bodies, the greater are the pressures for people's self-identities to become wrapped up with their bodies". In that sense, the appearance of the body has arguably become more important for men in recent decades.

According to Emslie and Hunt (2008), gender plays a key role in lay perceptions of health. The increased symbolic values that are put into body shape result in greater focus on weight and the appearance of the body, but also the possible shift in acceptable (or even hegemonic) masculinities allows men to express their preoccupation with weight and body shape in another way than found in earlier research. Hervik and Fasting (2014) argued that men, even if they seemed somewhat troubled about it, did care about their bodily appearance. They further argued that men negotiated between that they "should care" and "should not care" about their

body's appearance, which adds complexity to Robertson's (2006) argument that men have to balance the discursive dichotomization between caring about their health, while simultaneously displaying an attitude of not caring. This becomes even more complex when the findings presented here showing that the men expressed their body's weight and body shape as important aspects of their health is added.

Health as Wellbeing and the Good Life

As described in the opening paragraph of this section, the four categories which were developed from the men's talk about health constituted an overarching concept, namely "Health as wellbeing and the good life". Following the principles of classical grounded theory, one core category should be developed which "consists of all the products of analysis condensed into a few words that seem to explain what 'this research is all about'" (Corbin & Strauss, 1998, p. 146). "Health as wellbeing and the good life" relates to the four other dimensions or categories, accounting for a large portion of the variation in the pattern of the men's talk. Hence, "Health as wellbeing and the good life" could arguably be considered as the core category from the analysis for this paper.

André (non-immigrant in his 40s with upper secondary school as highest completed education) expressed an understanding of good health as experiencing wellbeing and the good life when he explained his view on health: "Wellbeing! To feel alright. That's the important part of health." To experience wellbeing or the good life was related to adequate fulfilment of the aspects of health which was later developed into the four categories discussed above. Hence, the men's understanding of health was complex and multifaceted. A quotation from Noah (non-immigrant in his 70s with higher education), serves as an example of how different aspects of health are related, and how different aspects of health often seemed to add up to wellbeing or the good life:

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> I associate good health with, like, physical health, so I can do whatever I want, that I can go where I want, and manage to keep myself free from sickness. But in addition to that, I think good health is to have a good life. In addition to the pure physical aspects. That you can do stuff and that you are healthy, but overall ... having a good life, and then one could discuss what a good life is .... (short laughter).

Noah talked about how good health lies in experiencing a good life by having the possibility to do whatever he wanted to do and also to avoid disease. In this quotation he expressed how two different aspects of health lead to a good life which is good health. A quotation from Christian (non-immigrant in his 70s with secondary school as highest completed education) illustrates the link between health as wellbeing and health as functionality: “And then wellbeing. That you feel well. That’s to function in everyday life. That you can ... not being a burden to others, and .... When you’re as old as me, it’s mostly about .... Yes ... That you’re feeling well.” Again, and this time expressed by Christian, the fulfilment of aspects of health (here functionality and independence) was thought to constitute to the overall measure for good health – wellbeing and the good life. This finding, illustrated by the quotations from Noah and Christian, is in line with the findings of Robertson (2006) who showed that lay people understand health as integrated in daily life and not only as the functioning of bodily systems. Good health, for the men in this study, was a broad and complex concept of wellbeing and the good life.

Concluding Discussion

The overall findings in this study are not unlike the findings in similar earlier studies. Although earlier studies have been carried out with different samples in other contexts, the present findings on middle-aged and elderly men in rural contemporary Norway are generally quite similar to those in earlier studies. Why is that? It can be concluded that the everyday experiences and personal history of the men shaped how they understood and expressed health. For example,

those who had experienced illness, injury or pain, to a greater extent expressed health as absence of illness or injury, and those who regarded themselves as overweight tended to express health as related to body weight. Hence, the way an individual's experiences formed how the men talked about health, was more prominent than how the context formed the men's opinion.

The most prominent new finding in this study is "Health as experiencing wellbeing and living the good life" as an overarching concept of health and a main focus for the men. This might be a reflection of the context of contemporary Norway. Even if there are significant social inequalities in health in Norway, it is an overall wealthy society, and for most of the population the basic conditions for achieving and experiencing good health (living conditions, food supply, clean water etc.) are generally good. Relatively few experience poverty and living conditions that directly threaten or affect their health negatively. The health care system is mainly government financed, and all treatment is affordable for most of the inhabitants (Johnsen, 2006). The principle of universalism is basic in social and health-related policies (Dahl, Bergli, & Wel, 2014; Munday, 2003). The Norwegian welfare system, which aims at providing security for each individual, could 'lift' the expectations to and reduce the personal concerns for the health of the average Norwegian. From fearing diseases and injuries, loss of functionality and other aspects of health that are well documented in earlier research, the expectations could arguably be lifted to a focus on having a good life and experiencing general wellbeing in itself as health. The loss of some aspects of health is mainly a threat against the person's wellbeing. However, aspects of health such as functionality, absence of illness etc., were also found in this study. Those who had experienced situations where those aspects of health which constitute the premises for wellbeing or the good life were threatened or reduced, be it illness or pain, loss of functionality, loss of social network or overweight, more often expressed those elements as important for health. Those experiences have, arguably, lowered their expectations to and increased the concerns for their

general health, and turned their focus towards those aspects that were threatened or reduced. Hence they were being more aware of the importance of these aspects for the experience of wellbeing and the good life.

Through the analysis and discussion of the empirical data in this paper, it also seems as if the social background of the men, to some extent, formed how they talked about health. I have argued that masculinity, age, immigrant status and class are dimensions that were of significance when different men expressed their notions of different aspects of health. This being an exploratory study, some important issues in need of further research have been raised. The findings in this study draw attention to the need for understanding how gender, ethnicity, class and age form how people in different societies and contexts talk about health. Further research should therefore be sensitive to people’s different backgrounds and to national and local demographics and culture.

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'I would rather put on warm clothes and go outdoors, than take off clothes to be indoors' – Norwegian lay men's notion of being outdoors during physical activity

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ABSTRACT

Current literature shows that different values and meanings are attached to physical activity in different contexts and by different individuals. In this article, we approach meanings and values in a discussion of physical activity using data from a series of 18 interviews. The participants were middle-aged and elderly men, with different education and ethnic backgrounds in contemporary rural Norway. The main finding is that the men preferred to be outdoors when undertaking physical activity. They emphasized the sensory experience of nature, enjoyment of the pleasure of outdoor activities, and the importance of fresh air as meanings and values related to being active outdoors. The talk about being outdoors when participating in physical activity is doxic (in the Bourdieuan sense), both at the individual level of habitus as well as the societal level of field. Nevertheless, there are some differences between individual habitus despite general agreement at the field level.

Introduction

Research into the meaning of physical activity has been conducted by focusing upon the meaning of sports (Mandelbaum 2004; Seippel 2006; Steen-Johnsen and Neumann 2009), whether it has been related to the macro- or micro-level of analysis. On a macro level, Mandelbaum (2004) shows how elements of sports and physical activity represent symbolic values of national traditions. For example, American football, basketball and baseball are all typical American sports, each of which has specific meanings and symbolizes specific American values (Mandelbaum 2004). Regarding sport in Norway, this is especially true for the winter sport of cross-country skiing, which symbolizes attitude and skills needed not only to survive, but also to overcome the arctic climate (Goksøyr 2008, 2010).

Of course, not all citizens in contemporary Norway have to or do master skiing and winter outdoor life in order to survive the arctic climate. Nevertheless, the concept of *friluftsliv*[1] is highly valued by most Norwegians. *Friluftsliv* is strongly related to Norwegian culture

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and identity, and is considered one of the most Norwegian activities (Strandbu 2000). A particularly strong link exists between Norwegian national identity and winter outdoor activities (Christensen 1993). During the 1800s, Norwegian nature became so emotionally and ideologically charged that nature has been linked to national identity ever since (Witoszek 1998). In the late nineteenth/early twentieth century, Norway, as a young nation state, built its national identity upon, among other things, the accomplishments of polar heroes, like Fridtjof Nansen and Roald Amundsen (Goksøyr 2013). According to Gullestad (1989), Norwegians' relationship with nature is so comprehensive that it is seldom questioned. It is an established and shared understanding that outdoor activity is something positive which the Norwegian people should engage themselves in (Tordsson 2005). However, Tordsson (2005) emphasized that the Norwegian people, seemingly, want to appear more active in outdoor activities than they really are.

At the micro level, the study of meanings and values attached to sport and physical activity by individuals shows that meanings vary across both characteristics of the activities and those of the participant (Steen-Johnsen and Neumann 2009). In a review study of individual benefits and values attached to physical activity outdoors, Thompson Coon et al. (2011) found some indications that exercise in nature has certain positive effects on self-reported mental well-being which is not experienced following the same exercise indoors. Compared to walking on a treadmill indoors, greater enjoyment and an intention to engage in future activity when walking outdoors has also been observed (Focht 2009; Marsh et al. 2006).

As part of an overall study into rural men's health, body and physical activity, this paper focuses on the latter – physical activity. Moreover, interviews with men in rural Norway revealed that physical activity was considered both a means and an end. Regarding the 'means', physical activity was seen as a way to achieve improved physical and mental health, and to experience social interaction. Regarding 'ends', physical activity, exercise and sports were considered to be gratifying and to create well-being. All these elements are similar to previous research into physical activity and health (Bulley et al. 2009; Jose and Hansen 2013; Seippel 2006). One common prominent feature among the men in this study was that they attached significant value and meaning to being outdoors when undertaking physical activity; a point which has not been found and discussed in earlier texts on physical activity.

Thus, the purpose of this paper is to establish an understanding of the meaning and values that middle-aged and elderly laymen in contemporary rural Norway attach to being outdoors when they talk about being physically active. The theoretical concepts used to discuss the findings of the analysis are described in the next section, prior to a presentation of the method. Subsequently, findings are presented and discussed before we conclude.

Theoretical perspectives

The meanings and values attached to outdoor physical activity is seemingly closely related to a combination of emotional, ideological and habitual elements of behaviour. Bourdieu's ideas of symbolic power were applied to establish an understanding of the empirical findings from the analysis of the 18 participating men's discussion about the meaning of outdoor physical activity. We found the concept of doxa particularly apt since it relates both to the societal level of field and to the individual level of habitus. A field, in Bourdieu's terms, is a specific area of social practice that is relatively autonomous. The relative autonomy is twofold: the field is part of – and both influenced by and influencing – the rest of society.

Simultaneously, the field is a separate unit with its own unique characteristics. A field exists as long as there are actors struggling for the different capitals that constitute the field; these include general capital forms (economic, social and cultural), and field-specific or symbolic capital (Bourdieu 1977, 1990). The structure of a field – that is the relationship between the actors – is defined by the amount and composition of capital within it. The distribution of capital is influenced by former struggles and influences future struggles (Bourdieu 1993). Important in Bourdieu's theory of fields is the aspect of the taken-for-granted and undisputed. Bourdieu calls this *doxa*, an immanent and uncontested understanding of the 'right' or 'correct' meaning or action within a field. There will always be negotiations about a silent preservation (doxa), articulated change (heterodoxy), and preservation of doxa after struggle (orthodoxy) (Bourdieu 1991). Following this logic means that in the field of physical activity in Norway, there is no debate whether it is good or bad to be outdoors when being active; it is just the way it is supposed to be (doxic).

Habitus is a concept aiming at covering all the personal dispositions for talking and acting correctly; hence, habitus includes dispositions influenced by sociological characteristics such as gender, class and ethnicity. According to Bourdieu, habitus is structured and structuring structures, or systems of durable and transposable dispositions (Bourdieu 1977). Habitus in Bourdieu's universe is an intermediary link aiming at bridging the dichotomy of objective structures and subjective preferences for, and experiences of, social practice. In other words, habitus creates individual as well as collective practices (Bourdieu 1977, 1990); thus, people with the same social backgrounds produce a similar habitus.

> So it is because they are the product of dispositions which, being the internalization of the same objective structures, are objectively concerted that the practices of the members of the same group or, in a differentiated society, the same class are endowed with an objective meaning that is at once unitary and systematic. (Bourdieu 1990, 81)

Following Bourdieu's line of thought, we assume some resemblance and a number of differences in the men's notion of being physically active outdoors. The men have various backgrounds (regarding ethnicity, education, age, etc.), from which one would expect some differences in the men's habitus. However, all of the men live in the same area today, and are partly brought up and socialized into the same societal, cultural and geographical context. From that, one would expect some resemblance in habitus. This means that, because local, regional and global hegemonic masculinities are all part of the structures influencing the men's habitus (Connell and Messerschmidt 2005), there might be common understandings among these men of what the 'right ways' for a man to act are. That is not to say that we interpret Bourdieu's – or Connell's – contribution as deterministic. Bourdieu does not deny that people make individual choices; he disputes, however, that all choices made are conscious, systematic and intentioned (Bourdieu and Wacquant 1992). The point is that – assumedly free – choices are controlled by habitus; and habitus cannot explain behaviour '… without taking into account the context' (Ohl 2005, 244).

> A particularly clear example of practical sense as a proleptic adjustment to the demands of a field is what is called, in the language of sport, a 'feel for the game'. This phrase … gives a fairly accurate idea of the almost miraculous encounter between the *habitus* and a field. (Bourdieu 1990, 66, italics in original)

'The feel for the game' gives the activity in the field a meaning. The experience of meaning in the field depends on when and how the game of the field was learned, how it is played and in what context, and how often it is played (Bourdieu 1984). Broad parts of habitus are

internalized through unreflective socialization, incorporating the objective structures of a field in the 'second nature of habitus' (Bourdieu 1977, 78–79), or 'quasi-nature of habitus' (Bourdieu 1990, 56). The earlier a player enters the game, the stronger is the taken-for-granted investment in the field (Bourdieu 1990). In short, early learning is doxic: 'Doxa is the relationship of immediate adherence that is established in practice between a habitus and the field to which it is attuned' (Bourdieu 1990, 68). In that respect, it is expected that the men in this study – who are born and raised in rural Norway – have a 'feel for the game' as a doxic understanding of the values of being outdoors when being physically active. There might, however, be differences as some of the men have not had their early learning and socialization in the context in which this field exists. Hence, one would expect different doxa as reflected in the men's talk about outdoor physical activity. This leads us to a description of the men and how data were collected.

Methodology

Context and sample

This paper is part of a larger study on how middle-aged and elderly laymen in Norway talk about health, physical activity and their bodies. Eighteen men were interviewed individually. Their age range was between 40 and 90+ years; they had different levels of education and diverse ethnic backgrounds. They all lived in, or close to, a small rural town in Hedmark County, Norway. Hedmark is one of 19 Norwegian counties, and the geographically largest county in southern Norway. Hedmark borders Sweden, and is one of two counties in Norway without coastline. Consequently, the climate is characterized by its inland location. Hedmark is Norway's most important county regarding forestry (Thorsnæs 2013). Over half of the land area is forested (Hedmark Fylkeskommune 2013). Apart from the few urban settlements, Hedmark is a rural county with a low population density (7 persons per km^2). Fifty-five percent of the Hedmark population live in urban areas, compared to 78% of the Norwegian population as a while (Thorsnæs 2013). Due to the inland location, there are relatively warm summers and cold, stable and snowy winters (Thorsnæs 2013). Consequently, there are many opportunities for typical rural activities and winter sports. Hence outdoor activity, *friluftsliv* and skiing are an essential part of local culture. The educational level in Hedmark is low and a large proportion of the population in Hedmark is physically inactive compared to the Norwegian average (Thorsnæs 2013).

The subjects interviewed men who were invited to participate in the study through written inquiries distributed through workplaces, the adult education centre, the senior activity centre and the municipal refugee service. All participants had responded directly to the researcher. The men constituted a purposive sample in which participants are 'chosen because they have particular features or characteristics which enable detailed exploration and understanding of the central themes and puzzles which the researcher wishes to study' (Ritchie, Lewis, and Elam 2003, 78). The aim was to achieve a heterogeneous sample with regard to age, educational level, work status and ethnicity. Table 1 provides an overview of the sample and the distribution of the features mentioned.

Generating and analysing data

Following Kvale's (2009) idea about the semi-structured interview as aiming at gathering descriptions of the life world of the interviewees in order to interpret their meanings, a

Table 1. The participants' pseudonyms, age, educational background, work situation and ethnic background.

Name	Age group	Highest level of completed education	Work situation	Immigrant/ non-immigrant
André	40–49	Upper secondary school	Employed	Non-immigrant
Bjørn	40–49	Higher education	Employed	Non-immigrant
Christian	70–79	Secondary school	Pensioner	Non-immigrant
David	80–89	Secondary school	Pensioner	Non-immigrant
Elias	90+	Higher education	Pensioner	Non-immigrant
Frank	40–49	Upper secondary school	Employed	Non-immigrant
George	50–59	Higher education	Student/ unemployed	Immigrant
Henry	40–49	Secondary school	Employed	Non-immigrant
John	50–59	Upper secondary school	Part time employed	Immigrant
Kevin	50–59	Higher education	Student/ unemployed	Immigrant
Leo	40–49	Upper secondary school	Student/ unemployed	Immigrant
Magnus	40–49	Secondary school	Employed	Non-immigrant
Noah	70–79	Higher education	Pensioner	Non-immigrant
Oscar	50–59	Higher education	Employed	Non-immigrant
Peter	40–49	Higher education	Employed	Non-immigrant
Richard	40–49	Higher education	Employed	Non-immigrant
Simon	50–59	Higher education	Employed	Non-immigrant
Theodor	60–69	Secondary school	Unemployed	Immigrant

semi-structured interview guide was prepared. In addition to the background information (outlined in Table 1), the interview guide comprised three parts. The first concerned how the men talk about (their) health, the second dealt with how they talk about (their own) bodies, the final part related to physical activity. For each of the main topics, the interviews treated the topic – for example, physical activity – both 'in general' and in relation to the interviewee's own experiences, meanings and habits. The main questions in relation to this paper were: 'What is physical activity?'; 'How would you describe your own physical activities?', 'Do you prefer to be indoors or outdoors when you are physically active?' If they preferred being outdoors when physically active, they were asked: 'In your opinion, do you think that being outdoors could influence a person's health in itself?' The interviewees were encouraged to talk freely, and the interviewer (the first author) pursued the themes raised by the participants themselves.

The interview guide was tested in two pilot interviews. As only minor changes were made, the results from the pilot interviews were included in the data. All interviews were carried out at locations chosen by the interviewees: some in their own homes, some at their workplace, others chose to come to the university college (where the authors work). Each interview lasted between 60 and 100 min. All interviews were audio-recorded and transcribed verbatim.

The transcribed interviews were coded based on the procedures suggested by Charmaz (2014) and comprised (1) Initial coding line-by-line, and (2) Focused coding. Instead of systematizing the data into pre-existing categories, we allowed topics and categories to emerge through the coding and analysis (Charmaz 2006). As an example, one main finding from that part of the interview guide concerned with physical activity was the emergence of the category concerning outdoor physical activity expressed by the interviewees, and which is the main focus of this paper. The coding was conducted by the first author,

and cross-checked by and discussed with the second author, before a draft was made and discussed with a research group (of five qualitative researchers).

Ethics

All participants consented in writing to participate in the study, and were informed of the possibility to withdraw from the study at any time (and without any reason being required). The participants were given pseudonyms to protect their identity. Moreover, details about age, education, work situation and ethnic background are limited in order to protect the interviewees' anonymity. The study was approved by the Norwegian Social Science Data Services.

Findings

In the following, the four main aspects and notions emerging from the analysis of the men's talk about being outdoors when doing physical activity are presented: the preference of being outdoors when physically active, the enjoyment of outdoor physical activity and *friluftsliv*, the sensory experiences of nature in outdoor physical activity and *friluftsliv*, and the exhilaration of fresh air.

Preference for being outdoors when physically active

One main finding stood out from the men's notions of physical activity: they all talked about the benefits and pleasures of being outdoors when undertaking physical activity. This applied to all participants, irrespective of age, education level and ethnic background. Moreover, the focus on the benefits and pleasures of being outdoors was not related to whether the interviewee was often or seldom physically active himself. Especially for the ethnic Norwegian members of the sample, outdoor physical activity was often related to the specific concept of *friluftsliv*. However, due to the small sample and the complex intersection of elements that might have influenced this impression of differences across ethnic background, this point is not elaborated (hence, more research is needed taking the ethnic dimension more explicitly into account).

Most of the men responded in similar ways. André said: 'I prefer to be outdoors. I would rather put on warm clothes and go outdoors, than to take off clothes to be indoors'. Bjørn said: 'Absolutely outdoors. I could never imagine going to a fitness centre', and Christian maintained: 'I prefer to take a walk outdoors, I do'. André, Bjørn and Christian are ethnic Norwegian men of different ages and different educational backgrounds. However, immigrant men also stated that they preferred to be outdoors when being physically active. Kevin said: 'Outdoors. Absolutely outdoors', and John: 'I prefer to go for walks outdoors'. Kevin and John are both immigrants, but have different ethnic backgrounds. Further, John had lived in Norway for more than 30 years, while Kevin had lived in Norway for only two years at the time of the interview. They were nonetheless clear about their preferences of being outdoors when physically active.

One exception in the way the interviewees treated the topic of outdoor physical activity was found with George. Even if he too preferred to be physically active outdoors, he specifically explained that this was not the case during wintertime.

> I have a fear that… Because, you know, I am very, very afraid of the snow. In Norway there is snow. Sometimes it becomes icy and slippery. And I'm absolutely terrified when I'm walking, absolutely. Yes, it is difficult to walk, so I'm afraid that I might break my legs and my arms. … But the Norwegian people adapt to that, but I cannot. In the future I hope that I do too, and become normal. A normal man (short laughter).

An interesting point here is how George related outdoor physical activity to normality and the emphasis on his deviation from Norwegian normality.

Even if all of the men expressed that they preferred to be outdoors when physically active, and – as we present later in this section – emphasized several positive aspects of being outdoors when physically active, how much the men actually were outdoors in their daily life varied. Richard was one of the men who was frequently physically active. He exercised almost every day, and he stated that he did so far most often outdoors. He explained:

> I exercise pretty much every day. Most endurance training and some strength training. Less strength training than before. I enjoy these long outdoors workout sessions. It may also be long walks and hunting trips and stuff. Or it could be long cross country skiing trips, long bike rides, and … Just being outdoors. And then the intensity of the training doesn't have to be so high. I just enjoy being out in the fresh air, daylight, and such things.

Richard is typical of men who talked about the importance, pleasures and benefits of being outdoors, and actually was often active outdoors. By comparison, André is an example of those who also talked much about the importance, pleasures and benefits of being outdoors, but who do not spend much time themselves being physically active. André, whose quote at the beginning of this section showed that he preferred to be outdoors when he was active, stated further:

> My level of activity lately is not even measurable. Last year I was a member of a fitness centre. That was kind of all right, but I had to go into a dark basement without windows to exercise. And considering where we live … I think it was a bit of waste. A bit silly. By the time I had driven there and put my shoes on and was ready to exercise, I could have had a long jog in the woods.

Although André claimed that he preferred to be active outdoors, he was seldom physically active. Moreover, the last time when he was regularly physically active, he attended a fitness centre, although he considered that he should have been active outdoors.

The enjoyment of outdoor physical activity

The motivation for being active in the outdoors was twofold: one element was the enjoyment of outdoor activities, and another element was the motivation related to the very fact of being outdoors. The common preference of being outside when being physically active must be seen in relation to the fact that some of the most enjoyable physical activities – as seen from standpoint of the interviewees – were activities that were only possible to do outdoors. In the case of snow and winter, a quote from John, who was an enthusiastic alpine skier during his younger years, is an example. 'During my slalom days, it happened sometimes that I dreamed that there would be winter all year long. I loved slalom that much. I loved it'.

Another notion in the men's talk about outdoor physical activity, the men felt more active than when being indoors. Magnus explained this when he said:

> You're more active outdoors. When you are out walking in the woods, you use the whole body. When you walk in the city you also use your body, but not in the same way. You get more

> exercise out in the forest than you get in the town. So it is exercising in an unconscious way, you could say.

The higher activity level when being outdoors compared to being indoors was subsequently related to health, for example, by Simon who remarked: 'If you are outdoors, you're often more physically active, whether you move around or you're working on something. And more physical activity is good for your health'.

Noah elaborated on this notion when he said:

> It is a slightly different motivation, I think [being active outdoors vs indoors] because it's expected that one moves a bit when being outdoors. Then it's perhaps like: "Should we go for a walk today?" Then it becomes, like, more of a nature experience, I think. One brings coffee with them, and you bring those things that are normal when you go hiking, and then it is more of a social event in the family.

The experiences of the landscape while being active was prominent. For example, Noah commented: 'I like hiking in the mountains very much because it provides a combination of benefit and pleasure, in a way. Get some adventures and experiences of nature as well as being active'. The experience of the nature and the landscape leads to the next finding; that sensing is an important part of *friluftsliv* and outdoor physical activity.

The sensory experience of nature in outdoor physical activity

According to the interviewed men, being outdoors gives opportunities that are not available indoors. These opportunities were especially related to sensory experience of nature. Or, in the words of Bjørn:

> It [being outdoors] stimulates other senses as well. It increases the total effect of the period you are outdoors exercising. You experience the sun and rain and wind and … uh … around you. Stuff like that … yeah, increases the effect. Not just the physical effects of the exercise, but the mental parts of it.

According to Bjørn, being physically active outdoors contributes with something more than just the effects of being physically active. It serves a function beyond the pure physiological effects of the activity. Bjørn elaborated on the effect of sensing and experiencing the elements when being active outdoors when he said: 'Being outdoors has in itself a calming effect on people, I believe. A sheer biological effect of being out in the woods'.

According to Simon, for example, in addition, the immediate experiences of being active are perceived as more intense and authentic when being outdoors. Being physically active outdoors gives 'Nice experiences, nature, nice sceneries, good moments. Through cross-country skiing, for example'. For some interviewees, these good moments were associated with silence, calmness and reduced stress. Following the same line of thought, Henry maintained: 'Like when you're out in the woods, then you experience silence. There are different things to experience. You can see wild animals. You don't need to, like, stress and try to be like everybody else'.

There was a shared understanding among most of the men that sensory experience of nature, and the experience of well-being and reduction of stress in the outdoors was related to improved health. Kevin, for example, remarked: 'And when you are hiking you just forget your stress. Just enjoy yourself. And that's good for your health'. André described his thoughts about the relation between sensing nature when being active in the outdoors and health when he said:

> I go elk hunting as well. That week of the autumn, the days I spend on that, that's recreation. And I also think it can influence health. Even if you sit there still on a tree stump. There are so many sense impressions to soak up. It's just a bit more space around you. That's good for you, I think.

The men's experiences of being in nature were often specifically related to mental health. Noah elaborated on this relation when he said:

> I think it also plays a role in mental health. I cannot explain, because I'm not an expert on this, but I feel that for me, personally, it is good to take a hike up on a mountain and sit there and enjoy the view, and somehow just absorb all the impressions. I think that's good for me.

Related to the importance, pleasures and effects expressed by the men in relation to sensory experience of nature in outdoor physical activity and *friluftsliv* is the notion of 'fresh air'.

Fresh air in outdoor physical activity

The notion of fresh air came up on a number of occasions during the interviews, and was given much attention by many of the men. Richard, for example, said the following about outdoor physical activity: 'When I'm exercising in the woods, the intensity doesn't need to be high. I rather just enjoy being out in beautiful scenery, the fresh air, daylight, those kinds of things'. And he continued:

> I prefer to be outdoors when I exercise. That has a lot to do with the fresh air. The indoor environment is often very monotonous. The gym and such … Bad air and sweaty and hot. But to get out in the fresh air, that means a lot.

The experience of fresh air was often related to health – as was sensing. For example, Oscar related fresh air to health, claiming: 'I believe that being out in the fresh air is really good for the health', as did Magnus when he said: 'I think getting fresh air in itself, is good for one's health'.

Henry, like Richard above, compared the fresh air with the alternative of being at the gym: 'If you go to a gym, then it's mostly the same all the time. But if you're out in the nature, there are changes from day to day. And the fresh air is damn good'. Simon also compared the fresh air of the outdoors to the indoor environment of the gym. However, Simon also attributes a mental effect to being outside:

> I exercise outdoors to get fresh air. And it gives you a chance to clear the head in a different way. If you are inside a gym with lots of people and music and lots of impressions, then it's obvious that it will be a different experience than being outdoors.

This quote from Simon indicated that there is something more embedded in the notion of 'fresh air' than the quality of air. He expressed that to get fresh air also is a way to clear his mind: fresh air is thus seen as mentally cleansing. The same notion was expressed by Peter, who stated: 'You get fresh air when you're active outdoors. You put your mind on something else'. All in all, the notion of 'fresh air', in addition to the quality of air, includes a distraction from the stress of everyday life stress and pressure, and an experience of space (literally and metaphorically), and calmness.

Frank also related fresh air with mental well-being when he said: 'What I like with being active outdoors, is that I'm getting fresh air. I think that, like, mental wellbeing … I think it's more positive, like, mentally to be outdoors'. Even if the above quotations concerning fresh air were drawn from interviews with non-immigrant men, immigrants also refer to fresh air as an important element of being outdoors when being physically active. This,

for example, is Kevin's reply to whether he prefers being outdoors or indoors when active: 'Outdoors! Because of the fresh air'.

Discussion

Virtually, all of the men stated that they preferred being outdoors when being physically active, despite contextual factors of snow, cold and a hard climate, which create challenging circumstances for outdoor physical activity during substantial parts of the year. In that respect, outdoor physical activity seems to be a natural way of being physically active in rural Norway, including for the immigrants. The positive values and meanings attached to outdoor physical activity and *friluftsliv* are doxic (Bourdieu 1991), in that all of the men in this study express these notions without any critical debate. These findings support the claims from earlier research into physical activity and Norwegian culture (Gullestad 1989; Strandbu 2000; Tordsson 2005), especially research emphasizing the close relationship between outdoor activities and Norwegian identity (Christensen 1993; Goksøyr 2013; Strandbu 2000; Tordsson 2005).

Does that mean that the field of physical activity is characterized by most men sharing a similar habitus? It is, of course, not that simple. We return to this below. Let us elaborate, first by establishing a field of physical activity. Considering a field an area of social practice with relative autonomy, the field is a twofold concept (Bourdieu 1977, 1990). On the one hand, the field of physical activity seems to exist in itself, as all the interviewees talk about physical activity as an established and valuable fact and phenomenon. For example, Richard, who is physically active almost every day, and André who is never physically active, share the idea of physical activity as something valuable and therefore worth speaking about as a field in theoretical terms. An important feature of a field is the struggle for the values of the field (Bourdieu 1977, 1990). Within the field of physical activity, the valuable elements – in addition and related to the overall idea that it should first and foremost be conducted outdoors – in this study are identified as experiences of well-being and health, both related to sensing and fresh air.

When the men talk about sensing in outdoor physical activity (for example, when Bjørn stated that being physically active outdoors 'stimulates other senses', 'increases the effect' and 'has a calming effect', and Kevin, who stated that when being physically active outdoors 'you just forget your stress' and 'enjoy yourself'), the statements seem to be in agreement and universal. It is agreed that there are number of good elements, here under the generic term 'sensing', that are at play when being physically active outdoors. It is 'universal', in the sense that the good elements refer to a field of physical activity which – in principle – do not necessarily need to stem from the region in which these interviewees live. References to weather, silence, vegetation, landscape and wildlife are not unique to Hedmark. Hence, the field of physical activity, and the subfield of outdoor physical activity, exists across regions. (Most probably, it exists across rural regions in Norway; more research is needed.) However, the repeated references to nature indicate that the interviewees clearly have – probably with different degrees of awareness – an idea about their natural environment as being important for their views on physical activity.

The paradox that the men talk about universal elements, although based on local contextual factors, is continued in the discussion about fresh air. When Richard lists a number of reasons for being outdoors when physically active, fresh air is mentioned and claimed to

'mean a lot'. When Oscar claims that fresh air 'is good for the health' and Henry that 'fresh air is damn good', these statements could be made independently of the interviewees' place of residence. Also, the men in this study all live in a part of the world where the housing is good, where indoor climate or city smog is never an issue. Still, there is so much emphasis in being outside. One interpretation is that the views of the men are strongly related to a local context where the meaning of being outdoors cannot be underestimated. Although we can neither confirm nor disprove how it is in the rest of the country, what we observe in this study is that the men belong to a field where they have learned and incorporated into their habitus that outdoor physical activity is the answer to the type of questions we asked them. This seems to be independent of their own habits (see below), or if the ethnic background is Norwegian or non-Norwegian.

Moreover, our main finding is how it seems completely natural for the men in this study that outdoor physical activity is the right way or right context for physical activity. In that respect, it seems as if the field – specifically how the interviewees conceive the field – is influenced by the local environment. Local environment refers to both nature and culture, or a strong combination of the two. Again, it is timely to emphasize the importance of that which is taken for granted and undisputed in Bourdieu's theory. Despite huge differences in (real, still self-reported) physical activity levels, everybody in the sample refers to outdoor physical activity as something right and something good. This is what Bourdieu refers to as doxa, when there is a shared and uncontested understanding of what is the right thing within a field (Bourdieu 1991). Even George, who is less physically active during winter time himself because he is afraid of the slippery surface of snow and ice,, refers to outdoor physical activity as something he would have liked to do. He does so because for him, this is the same as being 'normal'. In other words, George reports what he thinks is correct – or normal – despite not having a 'feel for the game'; he does not fully understand the skills needed to play the game in the Norwegian or local field of physical activity. This leads to the discussion about the individual elements of the field theory, namely the habitus.

Another interesting finding is the ambivalence identified in the findings above, namely the discrepancy between what is said and what is done. Habitus, an individual's structured and structuring structures, steers the individual's interpretations and social practices; thus, it naturally influences physical activity: it also influences physical activity through both interpretation and practice. In other words, it influences physical activity as both an abstract and a concrete phenomenon. Again, Richard and André serve as empirical examples. On the one hand, they share the abstract meaning of outdoor physical activity as the normal and correct way of being physically active and therefore apparently have a similar habitus. However, they do not have similar habits, and thus have a different habitus: one is often physically active; the other is seldom physically active. Hence, they share the abstract meaning of physical activity, and arguably are influenced by features of a specific local (and national) hegemonic masculinity in which friluftsliv practices and outdoor physical activity are expressions for hegemonic masculine values. However, they do not necessarily share the habitual practice. George, assumedly more than any of the other interviewees, is conscious about the value and meaning of outdoor physical activity, despite not practising it himself. It could also be interpreted that because he is not physically active himself that he is conscious about physical activity; his statements can be seen as a kind of compensation for his (lack of) practice because he knows – cognitively but not bodily – the importance of being physically active.

Despite various habits and consequently different habitus, an important finding is that the men we talked to reported much enjoyment when being physically active outdoors. When Magnus commented that he feels he is 'more active outdoors' than he would have been indoors, and Simon states that 'you're often more physically active', there is an extended value to not only being outdoors, as the sensing and the fresh air arguments give, but also in relation to activity in itself. Taking up that empirical finding, it should be remembered that the very outset of the study was physical activity. Accordingly, when the men first mentioned 'outdoors' when answering questions on physical activity, they might have felt that they needed to justify the response by adding something to it: *more* physical activity than its alternative. Having said that, it might also be the other way around, namely that they answered 'outdoors' because it actually is more meaningful and important to them than other (indoor) forms of physical activity. Without discussing cause and effect, this is an interesting point that we can call the development of habitus related to outdoor physical activity. The point is that outdoor physical activity seems to be more enjoyable and that the feeling is rooted in the men's habitus as relative stable structure (Bourdieu 1990).

When everybody in the sample shares the idea about the value and meaning of outdoor physical activity, the classic class perspective found in Bourdieu is challenged. Apparently, the empirical analysis in this paper suggests that there might be more local and/or regional elements explaining the group habitus than the classic dimensions such as age, class (and ethnicity). Perhaps the phrase by Bourdieu (1990), cited in the theory section, about the production of similar habitus among 'the members of the same group or, in a differentiated society, the same class' (81), could be rewritten to take into account local context more broadly. Applying Bourdieu's thoughts in the conceptualization of the data above, we can claim that people develop similar habitus with 'the internalization of the same objective structures, are objectively concerted that the practices' (Bourdieu 1990, 81) with reference to the 'objective structures' also as local context. Context here refers to the unique and indivisible combination of nature and culture.

However, there are nuances to the claim about the importance of local nature. On the one hand, the natural environment and the local context in which this study was carried out could explain some of the attraction of activities undertaken outdoors. For example, André, who claims that he is close to nothing physically active, also says he goes elk hunting. That is a hunting practice demanding a number of skills required for staying outdoors for hours, perhaps even days, in a row. In that respect, André's reference to physical activity is perhaps a reference to physical activity that is more in line with an understanding of traditional sport activities. On the other hand, both the empirical material as well as Bourdieu's understanding of the concept of habitus would indicate that each interviewee's relationship to being outdoors is formed by the specific context and history of one's life. When the interviewees highlight the importance of being outdoors, it can be interpreted as a contextual and masculine influence by a habitus. And vice versa – trying to understand the interviewees' habitus, on both individual and aggregated group levels, the influence of the local context (nature and culture) must be taken into account.

Another point is that there may be layers in the development of one's habitus, from the very individualistic and specific, to (in this case) the national level of symbolizing something Norwegian by outdoor physical activity. That means that, despite intersections based on age, education and ethnicity, it is difficult to judge and claim that for example, friluftsliv as a specific form of outdoor physical activity – especially distinguished from ('just') exercising

outside, is more valued and conducted by ethnic Norwegians than immigrants. Those activities that are only capable of being undertaken outdoors must also be viewed as important regional and national identities (skiing, hunting etc.). That means that the findings of this study are limited to the local and rural contexts in which the interviewees live.

Conclusion

This study both supports and challenges other studies concerned with the meaning of physical activity in general, and studies into laymen's notions of physical activity in particular. It supports and is supported by findings by Mandelbaum (2004), for example, concerning the idea that physical activity and sport are connected to shared beliefs about national identity. Specifically, our findings are in line with former research into the power of *friluftsliv* as being the dominant Norwegian phenomenon (Christensen 1993; Goksøyr 2008, 2010; Strandbu 2000). Moreover, among those being physically active outdoors, they report this to be healthy in various forms, physically and motivationally. This is also in line with former research into being physically active outdoors (Thompson Coon et al. 2011), and research stating that there is more joy experienced with outdoor physical activity compared to indoor physical activity (Focht 2009; Marsh et al. 2006).

However, our study challenges – or at least nuances – the general idea about class and ethnic differences (Bourdieu 1978, 1984), as long as everybody in the sample agrees on the value of outdoor physical activity. Hence, our contribution to the research field is twofold. First, pinpointing how the combination of national culture and local nature jointly create the 'right' meaning about the phenomenon under scrutiny: physical activity among laymen in contemporary rural Norway. Combining national culture with the local natural environment, the right answer – from our sample – to physical activity is a unified 'outdoor physical activity'. Second, we contribute to the field of research into physical activity with a nuance of a well-known phenomenon, namely that ideological rhetoric and practical habit may differ. This is where the class and ethnic distinctions might be at work: everybody agrees on what to say, but what people actually do differs. However, given the limitations in our sample, more research is needed particularly quantitative research in order to find more of these suggested patterns.

In conclusion, the findings of this study can have implications for policy, practice and for research. The common understanding of the value of outdoor physical activity combined with the variation in actual practice strengthens the arguments found in some policy papers about the need to develop possibilities for outdoor activity such as hiking and ski tracks (with and without illumination).

For future research, there are at least three routes to go from this study. One option is, of course, to create a questionnaire and conduct quantitative research in order to identify more of the patterns indicated here and to test the representativeness and generalization of our findings. A survey will also enable analyses to investigate differences between class and ethnicity (or other social group characteristics, for example – if the operationalization is conducted properly – analyses of differences based on Bourdieu's capital forms) to a higher degree than has been possible here. Of course, both sexes should be included in a survey, enabling a more fine-masked analysis both between and within genders. Another obvious approach would be to conduct qualitative studies into laymen in rural contexts as well as lay women, to supplement this study's findings into lay men in a rural context. In

that respect, we suggest that further research looks more into regional variations rather than just class and ethnic differences (or gender differences, which we have not studied). A third and a most important route to follow is to conduct further qualitative studies where both rural and urban men are included and where the implication of ethnic backgrounds (for physical activity and its meaning), is scrutinized in more detail. Only then can we gain more nuanced insights into the meaning of the local rural context for physical activity that we have touched upon here.

Note

1. What? *Friluftsliv* is a Norwegian tradition for seeking the joy of identification with free nature. Why? – The emphasis on identification with free nature in accord with the Norwegian tradition of *friluftsliv* has intrinsic values and lifestyles imposed by modernity. How? – Through conwayorship, a sharing of the experiences of free nature in accord with the patterns of thought and values of the Norwegian tradition of *friluftsliv* in smaller groups for the joy of identification, as well as for finding in modernity routes towards lifestyles where nature is the home of culture' (Faarlund 2007, 56).

Disclosure statement

No potential conflict of interest was reported by the authors.

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Appendices

Norsk samfunnsvitenskapelig datatjeneste AS
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Vår dato: 05.11.2009 Vår ref: 22846 / 2 / LT Deres dato: Deres ref:

TILRÅDING AV BEHANDLING AV PERSONOPPLYSNINGER

Vi viser til melding om behandling av personopplysninger, mottatt 22.10.2009. Meldingen gjelder prosjektet:

22846	*"Hva helse, kropp og fysisk aktivitet betyr for meg?" - kulturelle dimensjoner (kjønn, klasse, etnisitet) sin påvirkning hos innbyggere i Hedmark*
Behandlingsansvarlig	*Høgskolen i Hedmark, ved institusjonens øverste leder*
Daglig ansvarlig	*Stein Egil Hervik*

Personvernombudet har vurdert prosjektet, og finner at behandlingen av personopplysninger vil være regulert av § 7-27 i personopplysningsforskriften. Personvernombudet tilrår at prosjektet gjennomføres.

Personvernombudets tilråding forutsetter at prosjektet gjennomføres i tråd med opplysningene gitt i meldeskjemaet, korrespondanse med ombudet, vedlagte prosjektvurdering - kommentarer samt personopplysningsloven/-helseregisterloven med forskrifter. Behandlingen av personopplysninger kan settes i gang.

Det gjøres oppmerksom på at det skal gis ny melding dersom behandlingen endres i forhold til de opplysninger som ligger til grunn for personvernombudets vurdering. Endringsmeldinger gis via et eget skjema, http://www.nsd.uib.no/personvern/forsk_stud/skjema.html. Det skal også gis melding etter tre år dersom prosjektet fortsatt pågår. Meldinger skal skje skriftlig til ombudet.

Personvernombudet har lagt ut opplysninger om prosjektet i en offentlig database, http://www.nsd.uib.no/personvern/prosjektoversikt.jsp.

Personvernombudet vil ved prosjektets avslutning, 02.08.2013, rette en henvendelse angående status for behandlingen av personopplysninger.

Vennlig hilsen

Bjørn Henrichsen

Lis Tenold

Kontaktperson: Lis Tenold tlf: 55 58 33 77
Vedlegg: Prosjektvurdering

Personvernombudet for forskning

Prosjektvurdering - Kommentar

22846

Utvalget omfatter personer bosatt i Hedmark fylke. Utvalget omfatter mellom 12 og 20 personer.

Prosjektleder oppretter førstegangskontakten.

Det gis skriftlig informasjon og innhentes skriftlig samtykke for deltakelse. Personvernombudet finner i utgangspunktet skrivet tilfredsstillende, men forutsetter at prosjektslutt er august 2013. Personvernombudet ber om at revidert skriv ettersendes før det tas kontakt med utvalget.

Opplysningene samles inn gjennom personlig intervju. Intervjuene tas opp på lydbånd. Det samles inn og registreres opplysninger om bl.a. personlige narrativer og oppfatninger av helsebegrepet, egen helse, kropp, og fysisk aktivitet. Det samles inn og registreres sensitive personopplysninger om etnisk bakgrunn, jf. personopplysningsloven § 2 nr. 8 bokstav a.

Prosjektleder har ikke lagt ved kopi av intervjuguide og personvernombudet ber om at denne oversendes så snart den foreligger.

Innsamlete opplysninger registreres på pc i nettverkssystem tilknyttet Internett tilhørende Høgskolen i Hedmark.

Innsamlete opplysninger anonymiseres ved prosjektslutt, senest 02.08.2013. Med anonymisering innebærer at navnelister slettes/makuleres, og ev. kategorisere eller slette indirekte personidentifiserbare opplysninger. Lydbåndopptak makuleres.

Forespørsel om å delta i forskningsprosjekt

I forbindelse med min doktorgrad ved Høgskolen i Hedmark og Norges Idrettshøgskole gjennomfører jeg et prosjekt som heter «Meningen av helse og fysisk aktivitet i livene til voksne menn i Hedmark». Hensikten med prosjektet er å undersøke hvordan menn i Hedmark snakker om sitt forhold til helse og fysisk aktivitet. Dette er en forespørsel om deltagelse i dette prosjektet.

Deltagelse i prosjektet innebærer å gjennomføre et intervju som vil ta ca 1time. Det er helt frivillig å delta i prosjektet og du kan på hvilket som helst tidspunkt trekke deg og kreve opplysningene som er gitt slettet, uten å måtte begrunne dette nærmere. Dette innebærer også at du kan la være å svare på enkeltspørsmål i intervjuet, og du kan når som helst i intervjuet be om at det avsluttes.

Jeg er underlagt taushetsplikt og opplysninger vil bli behandlet strengt konfidensielt. I tillegg til undertegnede er det kun mine veiledere professor Kari Fasting og professor Eivind Skille som vil ha tilgang til opplysningene som blir gitt i intervjuene. Resultatene av studien vil bli publisert anonymisert, som betyr at den enkelte deltager ikke kan gjenkjennes. Doktorgradsprosjektet forventes å være avsluttet til jul 2014. Da slettes opptakene og det eneste som vil lagres i etterkant for mulig videre analyse er anonymiserte avskrivninger av intervjuene.

Prosjektet er tilrådd av Personvernombudet for forskning, Norsk samfunnsvitenskapelig datatjeneste (NSD).

Dersom du ønsker å delta i undersøkelsen, er det fint om du signerer samtykkeerklæringen nederst på dette arket, og returnerer til undertegnede pr post eller pr mail. Dukker det opp spørsmål i forbindelse med dette intervjuet, eller ønsker du å bli informert om resultatene fra undersøkelsen når de foreligger, kan du gjerne når som helst ta kontakt med meg på adressen under.

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Samtykkeerklæring:

Jeg har mottatt skriftlig informasjon og er villig til å delta i studien.

Signatur ……. Telefonnummer ……..

Informasjon og samtykkeerklæring

Først vil jeg gjerne få takke deg for at du sa deg villig til å delta på dette intervjuet. Dette er en del av prosjektet «Meningen av helse og fysisk aktivitet i livene til voksne menn i Hedmark», som er mitt doktorgradsprosjekt ved Høgskolen i Hedmark og Norges Idrettshøgskole. Hensikten med prosjektet er å undersøke hvordan menn i Hedmark snakker om sitt forhold til helse og fysisk aktivitet. Mine veiledere på dette prosjektet er professor Kari Fasting ved NIH og professor Eivind Skille ved HIHM.

Deltagelse i prosjektet innebærer å gjennomføre dette intervjuet som vil ta ca 1-1,5 time. Det er helt frivillig å delta i prosjektet og du kan på hvilket som helst tidspunkt trekke deg og kreve opplysningene som er gitt slettet, uten å måtte begrunne dette nærmere. Dette innebærer også at du kan la være å svare på enkeltspørsmål i dette intervjuet, og du kan når som helst i intervjuet be om at det avsluttes.

Dersom du ønsker å delta i undersøkelsen, er det fint om du signerer samtykkeerklæringen nederst på dette arket.

Samtykkeerklæring:

Jeg har mottatt skriftlig informasjon og er villig til å delta i studien.

Signatur …… Telefonnummer ……..

INTERVJUGUIDE

Helse

1.0 Hvis jeg sier "Helse". Hva tenker du på da?

1.1 Hva betyr «helse» for deg?

1.2 Når opplever du dårlig helse? Når opplever du god helse?

1.3 Når du nå beskriver dette. Hvordan vil du oppsummere hva helse egentlig er?

1.4 Hvordan vil du beskrive din egen helse?

2.0 I befolkningen er det store forskjeller mellom ulike grupper når det gjelder helse. Hvorfor tror du det er slik? Hvem har, etter din mening ansvaret for befolkningens helse?

2.1 I dag er det slik at forsikringsselskaper kan sette opp forsikringspremiene og redusere utbetalingene for personer som røykere og veldig overvektige. Hva tenker du om dette?

- Noen ønsker at personer med atferd som er ansett som helserisikoer, f.eks. røyking og fedme, selv skal betale behandling for relaterte sykdommer og skader. Hva tenker du om dette?

2.1.1Mulige oppfølgingsspørsmål:

- 90 % av de som får lungekreft er røykere, hvem har ansvar for disse personenes kreftsykdom?
- Hvor går grensen for eget ansvar for helse? Trafikkoppførsel? Alkohol og rus?
- Er det bare vi selv som har ansvar for helsa vår?
- Hvem andre har da egentlig ansvar for vår helse?

2.2 Leger kan skrive ut såkalt Grønn resept til personer som ligger i en risikosone for diabetes og med høyt blodtrykk. Grønn resept er et alternativ til medisiner, der personene får et tilrettelagt program for, for eksempel, trening, kosthold, røykestopp osv fra legen. Hva tenker du om denne ordningen?

2.3 I dag er det slik at kvinner lever lengre enn menn. Hvorfor tror du det er slik?

3.0 Hvordan vil du beskrive din livsstil?

3.1 Med tanke på helse

3.2Har du noen vaner du vil karakterisere som positive?

3.3 Har du noen vaner du vil karakterisere som negativ da?

4.0 Tenker du på din egen helse?

4.1 Vil du si du tenker mye på din helse?

4.2 Hva tenker du på da?

4.3 Gir det noen følger for hvordan du lever livet ditt?

Fysisk aktivitet:

5.0 Hva tenker du på når jeg sier fysisk aktivitet?

5.1. Hva er fysisk aktivitet?

5.2. Hva med trening? Er det noen forskjeller på disse begrepene? Eventuelt: Hva slags forskjell mener du det er?

6.0 Hva er ditt forhold til fysisk aktivitet?

6.1. Hvordan er forholdet ditt til fysisk aktivitet i dag?

6.2. Har det vært annerledes før?

6.3 I hvilken grad er du selv aktiv i dag?* Eventuelt hvordan (ca hvor ofte? Ca hvor lenge?)? Har aktivitetsvanene dine endret seg over tid?

- *(HVIS NEI): Har det tidligere vært det? Eventuelt hvorfor har det endret seg?

6.4. Hvordan vil du beskrive ditt aktivitetsnivå i dag?

6.5. Er du medlem i idrettslag?

6.6. Er du medlem i treningssenter?

6.7. Konkurrerer du i noen idrett?

6.8. DERSOM AKTIV: Når du er fysisk aktiv; hvilke aktiviteter bedriver du da?

6.9. Hvorfor er du fysisk aktiv når du er det? Hva er grunnen til at du er /ikke er fysisk aktiv?

7.0.Er du inne eller ute når du er fysisk aktiv? Da tenker jeg på aktivitet utenom arbeidstida.

7.1.Hva foretrekker du (ute eller inne)?

7.2.Hva er årsakene til at du foretrekker det?

7.3.Hvorfor foretrekker du å være inne/ute? Dersom en del ute: Hva er grunnen til at du er ute?

7.4.Er du ofte ute i naturen?

7.5.Hvorfor er du ute i naturen?

7.6.Hva gjør du når du er ute i naturen?

8.0 Kan selve det å være ute eller ute i naturen spille noen rolle for en persons helse? På hvilken måte kan det å være utendørs påvirke en persons helse?

9.0. Bilder:

Nå tenker jeg å vise deg noen bilder, og vil gjerne høre dine tanker og assosiasjoner omkring dem. Etter det har jeg bare et par spørsmål igjen.

PÅ HVERT BILDE **(EKSEMPELBILDER)**:

Hva ser du på dette bildet?

Hva kan du si om den personen som er avbildet?

Hvordan tror du han/hun er? Hvordan tror du helsen til denne personen er? Begrunn.

9.1.

9.2.

9.3)

9.5)

9.6)

9.7)

9.8)

Kropp

10.0. Hva slags fokus opplever du at det er rundt kropp og kroppsfasong i samfunnet i dag?

10.1. Det blir skrevet og snakket en del om trening, kosthold og helse i media. Har du noen tanker om dette?

10.2. Hva er ditt forhold til din egen kropp da?

10.3. Hva er det som gjør at du føler på denne måten

10.4. Hva vektlegger du mest, når det kommer til ditt eget utseende?

Bakgrunnsinformasjon

11.0. Avslutningsvis vil jeg bare spørre deg om noen konkrete spørsmål om deg:

11.1 Hvor gammel er du?

11.2.Hvor er du født? Har du vokst opp der også? Hvor bor du nå?

11.3. Hva slags utdanning har du?

11.4 Jobber du nå? Hva jobber du med?

11.5 Bor du sammen med noen? Hvem bor du sammen med?

11.6 (DERSOM EKTEFELLE/SAMBOER) Hva slags utdanning har ektefellen/samboeren din? Hva jobber han/hun med?

Helt avslutningsvis vil jeg bare stille noen spørsmål om din bakgrunn:

11.7. Hvor er dine foreldre født?

11.8. Hva slags utdanning har dine foreldres?

11.9. Hva slags arbeid har/hadde dine foreldre?

11.10 Vet du hvor dine besteforeldre ble født?

Takk for intervjuet!!

Stein Egil Kolderup Hervik // “I have a pacemaker and hip replacement, but I’m up and running.”