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‘It is passable, I suppose’ - Adult Norwegian men’s notion of their own bodies

Stein Egil Hervik

Hedmark University College, Norway

Kari Fasting

Norwegian School of Sport Sciences, Norway

E-mail:

stein.hervik@hihm.no

Postal address:

Stein Egil Hervik, Høgskolen i Hedmark, Postboks 400, 2418 Elverum, Norway

Telephone:

+47 93 43 76 88

Fax:

+47 62 43 00 01

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.

‘It is passable, I suppose’ - Adult Norwegian men’s notions of their own bodies

Men’s bodies is an under researched area in sociology (Robertson, 2006a; Edwards, 2006), and scholars have largely ignored the ageing bodies (Slevin, 2010). Studies that have theorized older men and masculinity are also rare (Calasanti and King, 2005; Calasanti, 2004), and most research on bodies has been carried out on women (Tager et al., 2006) or adolescents and young adults of both sexes (Drummond, 2012; Clarke and Korotchenko, 2011). 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 was defined as masculine through its 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 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 (Lee and Macdonald, 2010; Burrows et al., 2009; 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; O'Flynn, 2004; Monaghan, 2008b). Physical activity and sport has 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 aging have either ignored gender or focused on women's aging (Hearn, 1995; Calasanti, 2004; 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 aging, 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 educational 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 (2005; 1987), 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 homophobia 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' (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. Aging should therefore be considered as a process throughout the life-course, 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 aging, 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' (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 level 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 to achieve a heterogeneous group of 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.

Table 1 – About here

Hedmark is one of 19 counties in Norway, and is, by area, the largest county in southern parts of the country. Besides some few urban areas and towns, Hedmark is, in the main, a rural county, and the population density is relatively low (7 persons per km²) 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, 2014), and it is the county with the second smallest number of inhabitants with education beyond secondary school level (Folkehelseinstituttet, 2010). In comparison with the national average, Hedmark is higher in several health risks, and lower in many health enhancing variables (e.g. smoking, use of cholesterol-lowering drugs, diabetes drugs and dementia drugs, proportion of elderly inhabitants and suicide rate) (Folkehelseinstituttet, 2010). In addition, compared to the national average in Norway, a larger proportion of the population in Hedmark is physically

inactive (Folkehelseinstituttet, 2014). Life expectancy for men in Hedmark is also lower than in the country as a whole (Folkehelseinstituttet, 2014).

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 (2), 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 at any time could end the interview. They were also informed that they could request for 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 gets the last 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 (Jackson and Lyons, 2012; Calasanti et al., 2013; Halliwell and Dittmar, 2003; 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, O'Flynn and Macdonald (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 (Jackson and Lyons, 2012; Calasanti et al., 2013). 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 aging masculinity, would be in line with the discussion by Kaminski and Hayslip (2006) who argued that a decline in functioning due to ageing may effect men in a particularly negative way since strength, independence and physical ability are closely allied to masculinity. If men are not able to fulfill 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-masculinisation of the male overweight body, and the de-masculinisation 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 (cf. 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 life-style-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' (Hutson, 2013; Dion et al., 1972;

Anderson et al., 2001; Hamermesh, 2011), and to avoid the negative stigma associated with men's fatness (Monaghan and Malson, 2013; Monaghan, 2008a).

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 self-experienced overweight. 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; Tager et al., 2006; Frost, 2003) 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 allw... 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 Andre (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 differs from other contexts (cf. 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-related, 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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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