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"There was other guys in the same boat as myself": the role of homosocial environments in sustaining men's engagement in health interventions.

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Title

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Abstract

Current approaches to obesity recommend weight control strategies that focus on energy restricted diets and increased physical activity. However, these approaches meet with (at best) limited success despite being central to evidence, policy and practice. There is apparently more to weight loss, including potentially important psychosocial processes that affect behaviour change. Using an ethnographic and narrative approach, this study explored the psychosocial processes experienced by those attending a men-only, community-based weight management intervention. Methods of data collection included semi-structured interviews and participant observation and thematic analysis was used to analyze and interpret the data collected. Analysis and interpretation suggests that personally meaningful psychosocial processes in participants' accounts comprised three themes, including: (1) 'Everybody is in the same boat': A shared safe place; (2) 'It's a nudge in the right direction': Broadening horizons and a push forward; and (3) 'You need to want to change': Taking control. This paper concludes with some implications for future practice and research in the area of weight loss and health promotion.

Introduction

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In the context of the 'obesity epidemic', anti-obesity campaigns equate "overweight" and "obesity" to being physically unfit and at risk of chronic disease and early death (Lupton, 2014). Weight-centred messages in these campaigns constantly remind heavier people of the inadequateness of their bodies, yet they often overlook the complexity of health-related behaviours, which are "embedded in individuals' historical, economic, cultural and social contexts" (Lupton, 2014, p. 39). Furthermore, such anti-obesity discourse mainly targets feminine fat (Monaghan & Malson, 2013), and as a result of this women have traditionally been unable to escape from the not-so-subtle symbolic violence that characterizes anti-obesity messages (Bourdieu, 2001; Monaghan, 2008). This may explain why traditional weight loss programmes, which often involve restrictive diets, are mainly attended by women. In this context, it is not surprising that many groups of men try to avoid engaging in any behaviours that can be seen as feminized, such as dieting or attending weight loss programmes.

To address this gender gap, an attempt has been made to develop culturally sensitive health interventions for men. These frequently consist of men-only groups and often involve a sports component (e.g. Hunt et al., 2014). These interventions can effectively engage and assist men with weight loss, and adherence to these programmes is generally good (Robertson et al., 2016).

However, men do not represent an homogeneous group, and not all men respond similarly to health messaging (Robertson et al., 2016). Thus, in spite of the efforts to make health improvement interventions "gender sensitive" and "male friendly", it is questionable whether all men are comfortable with these approaches. For example, Adams, McCreanor and Braun (2013) found that some health issues are specifically relevant for gay men, as opposed to other groups of men. Furthermore, some subcultures within male subgroups, such as the size-positive "Bear" gay community,

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embrace size-acceptance and sexually fetishize larger body sizes, meaning that weight loss may not be explicitly desirable for Bears (Edmonds and Zieff, 2015). Similarly, Lee et al. (2016) found that diabetes diet is not aligned with non-Hispanic black culture and tradition, and that the dietary instructions received by health care providers were perceived as culturally insensitive and inappropriate for them. Additionally, Lozano-Sufrategui et al. (2017) confirmed the specific health needs older men have when they attend sports-led weight management programmes. This means that diverse subgroups of men may have different health needs from the 'standard' man - white, middle-class, heterosexual, employed and able-bodied (Lee and Owens, 2002; Lyons and Chamberlain, 2006).

Not only do diverse subgroups of men have specific health needs, but also men's acceptance or rejection of health behaviours is context-dependant (Robertson, 2006). According to Connell and Messerschmidt (2005), hegemonic masculinity is shaped by local conditions and resistances. For example, although there is evidence suggesting that some men do not talk about health problems or seek help (Cameron and Bernardes, 1998; Courtenay et al., 2000; O'Brien, Hunt and Hart, 2005), other studies suggest that men do openly discuss health issues in the appropriate environment (Smith, Braunack-Mayer, Witter and Warin, 2008). Verdonk, Seesing and de Rijk (2010) found that men who participated in a physical activity intervention adhered to health regimens because these allowed them to compete with other men and therefore they were seen as masculine. In the same study, other men claimed that unhealthy behaviours instead were masculine.

Given that men's health beliefs vary with the type of masculinity they pursue and across social contexts, it is important to understand how social environments influence men's health behaviours. To date, there is limited qualitative evidence exploring the

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mechanisms through which homosocial relational environments, such as men-only interventions, help men bond around health-related behaviours and behaviour change. Shedding light on these processes can make a significant contribution to the literature with potential implications for public health policy and interventions.

Methods

The design of this study is guided by a relativist ontology, which sees reality as mind-dependent, multiple and created; and by a constructionist epistemology, where knowledge is seen as subjective and constructed by social actors. Critics of such epistemological and ontological stance would suggest that the approach adopted in this study is subjective and open for bias on behalf of the researchers. To address this criticism and enhance the transparency of our work, we have acknowledged below the potential influence LL's personal background and positionality may have had on the research process.

Methodologically, this research is underpinned by relational sociology (Crossley 2006) and relational psychology (Gergen 2009). Therefore, a qualitative research design has been used in this study, and a combination of ethnographic and narrative approaches to inquiry are the research traditions which inform this research.

Setting

Following ethical clearance, participants were recruited from a 12-week, free of charge, men-only weight management programme delivered in the North West of England. The name of the organization that delivers this programme is not disclosed here to protect its

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identity and the anonymity of participants. The programme aims to help men lose 5% of their body weight within 12 weeks through participation in exercise sessions and sports. It also includes education on healthy lifestyles. Adherence to the programme is high, with nearly 70% of the men who start complete the programme. The programme is delivered by a GP-led organization which works in partnership with public sector commissioners. Their 12-week programme runs weekly sessions from eight different venues across two towns in the North West of England, and these are delivered by qualified and experienced lifestyle coaches. Sessions take place once a week during 12 weeks, and each session consists of 30 minutes of weight and nutrition advice and 60 minutes of physical activity and exercise. Participants also receive a manual booklet to guide them through the programme, and a weekly weigh in and regular blood pressure checks. A self-funded completer scheme is also offered, and comprises fitness sessions to help men maintain their weight.

This ethnography took place in one of the venues where the programme is delivered. This is a sporting venue with 5- and 7-a-side pitches, where local football leagues are played. There is also a bar and a meeting room, which is where the interviews took place. Approximately, 25 men attended each session, although this number varied across weeks during this ethnography.

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Participants

In total, 21 men participated in this study. Most participants were middle-aged (4 between 29-39 years old; 7 between 40-49; 3 between 50-59; 4 between 60-69; and 3 between 70-79), all were White British and self-reported being heterosexual. Ten participants were in full-time employment, one was off-work due to depression, one

was part-time, seven were retired and two were unemployed. Most participants had children (n=17). Common reasons for attending the programme included: to lose weight; to improve health and wellbeing; to meet new people; and to improve confidence and mental health. Some men also attended because their colleagues and friends were attending or because they were referred by their GP. Participants generally self-reported poor (n=6) or average (n=10) health. However, many (n=13) "never" attended their GP. Thus, men in this study can be classified as hard-to-reach, as described by Faugier and Sargeant (1997). Out of the 21 men that participated in this research, 19 completed the full programme, and 2 dropped out after 6 and 10 sessions. The mean BMI was 32.8 kg/m^2 as calculated from self-reported height and weight, and all participants were at a reported weight-for-height that biomedicine labels 'excessive'.

Data Collection

Questionnaires were used to gather background information related to sociodemographics, height and weight, health behaviours and use of health services. The use of questionnaires enabled us to purposefully sample the participants that were identified as hard-to-reach: those who did not attend health services despite having health problems or rating their health as poor or average. Semi-structured interviews using open-ended questions explored the following themes: (a) men's journey to the programme; (b) their experiences during the sessions; (c) aspects of programme development; (d) barriers and triggers for attendance; and (e) lifestyle changes resulting from attending the weight management programme. This interview schedule was developed through discussions with the internal project team and guided by previous research in the area. Interview data was crystallized using participant observation, which was recorded using field notes by the first author (LL). LL attended all the

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sessions during 12-weeks and undertook intensive participant observation. Semi-structured interviews took place immediately after the sessions and lasted between 28 to 100 minutes. All the interviews were audio-recorded and transcribed verbatim. After this, each transcript was checked against the recording for accuracy and to ensure analysis was done in a rigorous way (Braun and Clarke, 2006).

LL conducted the interviews before or after the sessions, depending on participants' availability. LL is a heterosexual, middle-class female with an athletic and mesomorph body shape. Her height is 160cm and weight is 52kg, and she is a regular long-distance runner. She is white but of a Spanish nationality. Although she is fluent in English, this is not her mother tongue. She was 27 years old at the time of data collection. Such positionality influenced how the participants engaged with the research process. For example, LL's sporting background meant that she was able to participate in the exercise sessions of the programme and this facilitated the process of building trust and rapport with the men. Being foreign also meant that LL was able to ask questions about the meaning of some English sayings that other native researchers may have taken for granted. Being a female may also have influenced the responses of male participants, for example, LL noticed that while men openly talked about weight stigma in different settings, only a few men talked about weight gain influencing their ability to find a partner or their intimate relationships. We speculate that co-constructing knowledge with participants in this way is in part a result of the characteristics of the ethnographer who undertook data collection. We believe that knowledge would have been co-constructed in a different way if the main researcher had been of a different gender (e.g. male), age and nationality.

Data analysis

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In total, over 30 pages of observational notes and 24 transcribed interviews (404 pages) were collected. Three participants had to leave before the original interview was completed, hence a second interview was arranged with them. The exploration, management, and interpretation of such a large dataset without detracting from their essence and meaning (Creswell 2012) was facilitated through the use of Braun, Clarke and Weate's (2016) approach to thematic analysis. In line with the epistemological and ontological positions that underpin this study, where reality is mind-dependent, multiple and created; and knowledge is subjective and constructed by social actors; we did not use coding frames or independent coders to generate "inter-rater reliability scores". Braun, Clarke and Weate's (2016) approach to thematic analysis involves a six-phase method. However, these steps were not followed robotically. Instead – as Braun, Clarke and Weate (2016) suggest - the process of data analysis involved a recursive, iterative and reflexive process through the phases of familiarization and coding; theme development, refinement and naming; and writing up.

The first author familiarised herself with the data by initially conducting the interviews, transcribing them verbatim within seven days of being produced, and reading and re-reading each transcript several times. During this phase, familiarisation notes were recorded (Figure 1).

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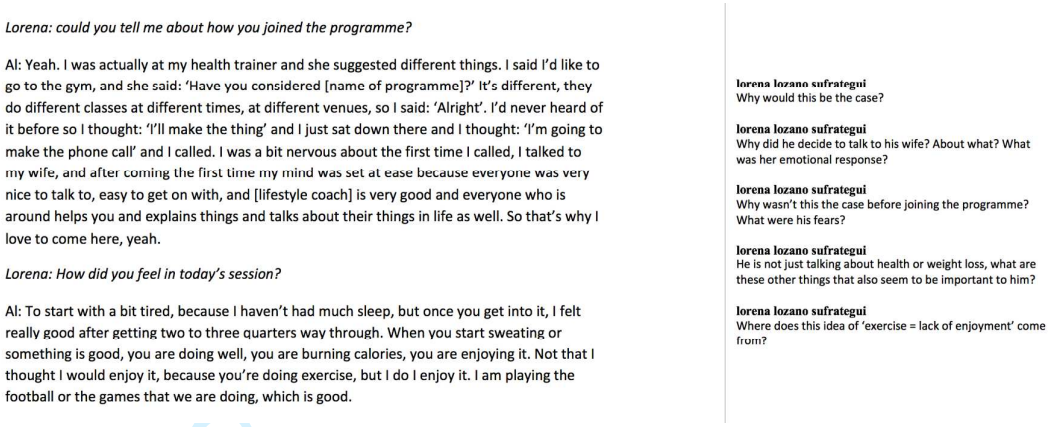
Figure 1. Example of familiarisation notes



Lorena: could you tell me about how you joined the programme?

Al: Yeah. I was actually at my health trainer and she suggested different things. I said I'd like to go to the gym, and she said: 'Have you considered [name of programme]?' It's different, they do different classes at different times, at different venues, so I said: 'Alright'. I'd never heard of it before so I thought: 'I'll make the thing' and I just sat down there and I thought: 'I'm going to make the phone call' and I called. I was a bit nervous about the first time I called, I talked to my wife, and after coming the first time my mind was set at ease because everyone was very nice to talk to, easy to get on with, and [lifestyle coach] is very good and everyone who is around helps you and explains things and talks about their things in life as well. So that's why I love to come here, yeah.

Lorena: How did you feel in today's session?

Al: To start with a bit tired, because I haven't had much sleep, but once you get into it, I felt really good after getting two to three quarters way through. When you start sweating or something is good, you are doing well, you are burning calories, you are enjoying it. Not that I thought I would enjoy it, because you're doing exercise, but I do I enjoy it. I am playing the football or the games that we are doing, which is good.

lorena lozano sufrategui
Why would this be the case?

lorena lozano sufrategui
Why did he decide to talk to his wife? About what? What was her emotional response?

lorena lozano sufrategui
Why wasn't this the case before joining the programme? What were his fears?

lorena lozano sufrategui
He is not just talking about health or weight loss, what are these other things that also seem to be important to him?

lorena lozano sufrategui
Where does this idea of 'exercise = lack of enjoyment' come from?

The next phase consisted of *generating analytical codes*. Given the largeness of the data set, LL used NVivo – a computer-aided qualitative data analysis software – to assist the process of organising, managing, and coding qualitative data in a systematic fashion. A list of the different codes across the data set was produced, and data relevant to each code was collated. These codes were sorted into a set of *candidate themes* – common patterns within the data – which were then combined to form an overarching theme, the *meaningful essence* that ran through the data (Sparkes and Smith 2014). Although NVivo had been helpful to organise, retrieve and manage the data, LL felt that it distanced her from the research, and analysis became a mechanical process at times. Discussions with the rest of the research team confirmed that the preliminary themes that had been generated using NVivo did not demonstrate an active engagement with the data. As a result of this, LL started theme development afresh, using an embodied approach to analysis and creating a thematic map. For more detail about this embodied approach to analysis, in particular with regards to the phase of *familiarisation with the data*, please refer to story 3 in Lozano-Sufrategui and Carless (2017).

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To *generate initial codes*, every time a new code was found, it was added to the map. Codes captured a meaningful idea relevant to the research question and represented a building block within the data. This way of understanding, presenting, and judging the data was more in line with an ontological assumption that celebrates the fluidity of social reality as well as a constructionist epistemological position in which LL became part of the data. After coding, LL *searched for and identified themes*. Themes were created if they represented potential clusters of patterned meaning. Next, LL *reviewed the themes* by checking that they matched the codes. Because this phase involved reworking themes, creating new themes, or discarding themes for analysis – and the thematic map was already messy – a table with candidate themes and example codes was created (Table 1). This phase was supported by the rest of the team, who questioned or reinforced the ways in which the themes related to the coded data, the dataset, and the research question.

Table 1. Candidate themes with example codes

Theme 1: A shared safe place	Theme 2: Taking control	Theme 3: It's a nudge in the right direction
• Relief for not being the fattest one • Feeling welcome • Not feeling embarrassed • Nobody is showing off • Nobody makes a fool of anybody else • Not feeling self-conscious IN the programme • Feeling comfortable to talk to others	• Wanting to get back to where they were • Weight loss does not happen overnight • Desire to be fit and enjoy new body • Goals (e.g. fitting in old trousers)	• Feeling in control with support from the programme • Learning new ways to become healthy • Positive experience within the programme • Fixing an unhealthy body • Have a healthy routine • Push towards a healthy life

Once the themes 'worked' in relation to the entire data set, LL *defined and named the themes*. As a team, we considered how the themes fit into the overall story identified in the data, in relation to the research question, and in light of the dialogue with the

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literature. The last phase of analysis consisted of *writing the report*, which helped to clarify, arrange, and consolidate the links between participants first-order constructs (Denzin, 1989), our own interpretations of these, and the relevant literature.

We made some active choices with regards to how we engaged with the data. For example, LL engaged with the data first, mainly at the level of the obvious meanings expressed. This semantic focus enabled her to identify explicitly stated ideas by participants and generate semantic themes. Once these themes were identified, and through a process of deep immersion in the data, the implicit ideas that underpinned those themes were uncovered, creating latent themes that were discussed with the rest of the team. Although the interview questions were broadly guided by existing literature, these did not drive analytic direction and therefore data coding and theme development were broadly inductive (Terry, Hayfield, Clarke & Braun, 2017). This means that theme development was guided by a 'bottom up' approach, where codes and themes were developed using what was in the data as a starting point..

The strengths of this method of analysis were particularly suitable for this research because: (i) it was a useful method to summarise the key features of the large body of data that was collected; (ii) given that thematic analysis allows for social as well as psychological interpretations of data, this method seemed particularly suitable for the theoretical purposes of this research; and (iii) the results obtained through thematic analysis can be accessible to educated general public and used to inform policy development (Braun, Clarke and Weate 2016). Following this, thematic analysis was chosen not only for its capacity to develop a theoretical understanding of men's experiences of health, but also to inform health policy and practice.

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Quality of this research

Judging the quality of qualitative research requires a specific set of criteria fitted to the pragmatic, ethical, and political contingencies of lived experience, and based on the particular ontological and epistemological positions that underpin this type of work (Denzin and Lincoln 2008). Taking this into consideration, Lincoln and Guba (1985) and Guba and Lincoln (1989) developed a set of criteria for judging the goodness of qualitative research. This approach somehow *parallels* the judgments of quality used in quantitative research, and has therefore been identified as the 'parallel perspective'. However, Sparkes and Smith (2014) identified a number of problems inherent to the use of the adoption of the parallel view, such as the assumption that a static form of *criteriology* can be applied to all qualitative work. For them, 'applying a set of universal evaluative criteria to all qualitative projects is not possible' (Sparkes and Smith 2014, p. 192). Following this, Barone and Eisner (2011) propose a *relativist* view in which judgements about social research should be related to whatever the criteria that are appropriate for that specific work to be assessed. As Denzin (2010, p. 41) reminds us:

> You can only critique a work from within its paradigm. It makes no sense to apply foundational-positivistic criteria to a poem, or to performance ethnography. In turn performance criteria should not be applied to a piece of statistical analysis. The two projects rest on different politics of representation. To repeat: differences in interpretive criteria must be honoured.

Taking this into consideration, we have adopted a 'letting go' perspective to address the issue of validity and how it has been dealt with within the parallel perspective (Sparkes and Smith 2014). In doing this, we adopt criteria forwarded by Tracy (2010, p. 840) for judging excellence in qualitative research. With this thought in mind, we suggest the following criteria for judging the quality of this work in a fair and respectful manner, consistent with the internal meaning and purposes of this research (Table 2).

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275 Table 2. Goodness criteria to judge this study

Worthy topic
•Is this research relevant, timely, significant, interesting, and evocative? •Has the topic emerged from priorities within the discipline of men's health? •Does the topic provide 'educative authenticity' and potential for moral critique? •Does the research question address taken-for-granted assumptions about traditional ideas about how men are?
Rich rigour
•Have we made smart choices about samples and contexts that are appropriate to study 'hard-to-reachness'? •Are there enough data to support significant claims? •Is the context or sample appropriate given the goals of the study? •Have we provided the reader with an explanation about the process by which the raw data were transformed and organized into the research report?
Credibility
•Have we explored the interpretations of experience and the meanings and motives of the participants involved in this study? •Does the reader feel that this research is trustworthy enough to act on and make decisions in line with? •Has the gathering of multiple data opened up a more complex, in-depth understanding of men's health behaviours? •Have we included multiple and varied voices in the qualitative report and analysis?
Resonance (impact)
•Can this study be valuable across a variety of contexts or situations? •Can the findings of this study be extrapolated beyond the immediate confines of the programme, both theoretically and practically? •Does this study invite transferability by providing rich description, and writing accessibly and invitationally? As reader, do you feel that the stories shared in this resonate with your personal experiences?
Significant contribution
•Does this study extend knowledge in the area of men's health? •Can the findings of this study be used in applied settings to improve practice? •Does this research liberate or empower men? •Does this research bring clarity to confusion, make visible what was hidden or inappropriately ignored, and generate a sense of insight and deepened understanding? •Does this research have heuristic significance, meaning that it moves people to further explore, research, or act on the research in the future? •Does this research help to shed light on or helpfully frame the contemporary issue of men's low engagement in health services?

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Findings

Although health policies centralize weight as the key outcome of weight management interventions (e.g. NICE 2014), our analysis reveals other processes that are personally meaningful for men during their participation in a weight management programme. The analysis and interpretation of the collected data suggested three themes related to these

processes, including: (1) 'Everybody is in the same boat': A shared safe place; (2) 'It's a nudge in the right direction': Broadening horizons and a push forward; and (3) 'You need to want to change': Taking control. In what follows, we draw on excerpts from the interviews to illustrate and crystallize the insights and interpretations we have drawn from the data.

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1. 'Everybody is in the same boat': A shared safe place

Feelings of being a recent outcast in physical activity settings were common before attending the programme (see Lozano-Sufrategui et al., 2015). However, participants experienced the programme as a *safe* space where they disconfirmed their uniqueness in an environment of shared hope. The realisation that other men were also in a *bad place* (or worse) was a memorable moment for Pierce in his first session:

> LL: *What do you remember about that first night?*
>
> Pierce: I think looking around, realising that I wasn't on my own anymore. There was other guys in the same boat as myself. And by the look of them and by the red faces at the end, and some of them were worse than I was, so I kind of came out and thought: 'Well, I am not a complete basket case after all, there is hope for me'. And I felt positive, I felt I had something creative and I had something positive about fixing myself.

The above example shows that these men found opportunities in the programme to compare themselves with others whom they believed 'were in a similar thing' (Milt) or worse than them, in terms of fitness. While this kind of downward comparison can, according to Hakmiller (1966), allow an individual to feel better about himself, it can also result in negative social consequences. Yet for these men, experiences of feeling better about themselves were important – particularly – during the early stages of participation because they helped alleviate negative affect generated in previous

physical activity environments (see Lozano-Sufrategui et al., 2015). Dermot compared the programme with a commercial weight management programme he attended in the past, and noted:

> This is ideal because nobody feels out of place. It is different from [commercial weight management programme]. Everybody is in the same boat, you know, wanting to lose weight. It's a bit of a social thing as well I suppose; everybody is very social and speak, talk to each other, so it's nice that side as well, it's good.

By being 'in the same boat', individual actions and physical bodily performances were not only respected, but also esteemed. This instigated a sense of belongingness that created a relieved state of mind. For example, when Miles was asked about his feelings in the first session, abashed, he said: 'I was slightly relieved that I wasn't the fattest to be honest [laughs], sorry!'. Conan also referred to the programme as a unique setting where he could use his body in particular ways:

> LL: *Would you change any elements of the programme to make it more successful for you?*
>
> Conan: No, I can't think of anything that would improve it for me. I love it. It is hitting the right age group. You know, it's totally accepting the fact that I am overweight. There is not a big song and dance about that, it's just accepting me as I am and I just get on with it.

According to Coates and Winston (1983), people who have been victimized in some way suffer from a profound sense of uniqueness or deviance. One reason for this perception is that these people seldom have an opportunity to come in contact with others like themselves. In the context of this study, our participants had been victims of weight stigmatization, especially in sport and exercise environments, where feelings of deviance were common and often resulted in exercise avoidance and social isolation (see Lozano-Sufrategui et al., 2015). Conan's excerpt suggests that being in a respectful environment where others experience similar difficulties, allowed him to feel less deviant and focus on the *solution* (i.e. weight loss), rather than on the *problem* (i.e.

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excess weight).

An important element of "being in the same boat" comprised the positive interactions the men developed with others, which bolstered positive evaluations of the programme. For some participants, like Ian, the positive social element of the programme was more meaningful than weight loss:

> These groups are all full of encouragement. It's not about you losing weight; it's about making friends and encouraging one another, and supporting one another. Not just with the weight loss, with anything. If somebody is like [pause] you know, have a bit of a problem, sometimes they may talk to you, just in general. And it's about listening, or it's about sort of saying: 'Yeah, I know what you mean, I know where you are coming from'. There's one guy called [name], his wife has not long passed away, and he feels lost. And [...] I don't think he's here to lose weight, because he is not really overweight, you know [name], I think he is just looking for friends.

This excerpt alludes to a sense of support and consideration towards each other; it follows the contours of a *relational narrative* rather than a *performance narrative* (Douglas & Carless 2009, 2015). Although cultural expectations of weight management programmes include weight loss as a performance outcome, the social reality in this programme prioritised a relational emphasis over performance outcomes. Akin to Robertson *et al.* (2013), the programme was a social space that facilitated personal sharing, which, in turn, activated and facilitated lifestyle change.

Similarly, Malcom witnessed positive exchange relationships between the men:

> Everybody talks to each other, and it's that sort of camaraderie. It's like the lads meeting up in an evening. They are not going out for a drink, they go and have a game of football and some bits and pieces, and some exercises, and it's [pause] it's almost like a bond, because some of the guys have been coming for a while now and everybody has got to know each other, and it's that encouragement between each other for coming back the next week. And I think that's what helps because it's relaxed and everybody talks to each other. That's what helps keep everybody together.

Here, Malcolm refers to a social space that encouraged positive aspects of male

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sociability. This reduced initial uncertainty in relationships and enhanced the quality of social exchanges. A sense of trust emanated from this process, which was helpful in developing relational bonds between the men (Kammeyer-Mueller and Wanberg 2003, Cropanzano and Mitchell 2005). Robertson *et al.* (2013) found that such positive interactions represented a central mechanism for sustaining men's engagement in health interventions. In the programme, the opportunity to demonstrate trust through participation in sport was remarkable. For the men involved in this programme, sport had positive consequences on their emotional relationships with other men.

Being willingly accepted at the outset was an important aspect that enabled the men to establish themselves as valued members. This gave beginners emotional security in an environment that was initially psychologically threatening (see Lozano-Sufrategui *et al.* 2015). For some, these supportive exchanges enhanced their sense-making and met psychological needs such as belongingness and competence (Ryan and Deci 2000). These discoveries facilitated newcomers' easiness, enabling them to explore a new environment that was 'completely different from what I expected' (Matthew). Positive social interactions evolved and - in most cases - strengthened during the development of the programme.

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2. 'It's a nudge in the right direction': Broadening horizons and a push forward

This theme consists of two sub themes. The first sub theme is that attending the programme 'broadens your horizons', because it increases the range of things the men knew about, experienced, or were able to do. Second, the programme was seen as a 'push' that 'drags you along' towards a healthier lifestyle.

2.1. It broadens your horizons

Before attending the programme, many men thought that being healthy required out-of-the- ordinary dietary regimens. For example, Ian said: 'When you talk about health [...] what you mean is eating a salad'. What is implied here is that participants felt that healthy lifestyles are restrictive and counterproductive, and futile thoughts like this prevented some men from attempting a lifestyle change. To illustrate this, Dean, talking about diets, said: 'You can only go so far, there's no point on making life miserable'.

Under such circumstances, some participants were *amotivated* - i.e. they lacked the intention to act (Bandura 1986) - towards weight loss because they did not feel competent about it (Ryan and Deci 2000). This may be a common feeling among some larger men because, as Chamberlain (2001) indicates, men may equate dieting with living a bland life. Further, the restrictiveness of the discourse of dieting (Chapman 1999) has been equated to an 'unhealthy obsession' (Crawford 2000, p. 219). Also, behaviours that some health professionals view as negative, may be seen by lay men as pleasurable parts of everyday life and essential to maintaining a sense of wellbeing and control (Davison *et al.* 1992).

However, men's preconceptions about the restrictions associated to 'healthy lifestyles' were challenged when men attended the programme. For example, Ian, after saying that 'to be healthy, you have to eat a salad or something like that', added:

> That was my general impression. But when you start coming here, and you realise that healthy eating is not, not just eating salad, it is eating the right sort of [pause] you can still eat the foods that you like, it's just cutting down on the portions sizes.

In a similar vein, for Matthew the programme was an 'eye opener':

> Well it [the programme] is an eye opener really, because you don't... you don't

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> know [sighs], you don't know what to put on your plate really, because you just think: 'Oh, I'll just pile it on'. But if it's a small amount is better really, just cut the sizes down, like I said, a fist full of meat, and then potatoes. Then you can eat as much vegs as you want, but just keep your meat, your protein, to a fist size. And obviously, I've been looking at different foods like chicken, pasta, with salad, ham salads; it's just mixing it up really.

Here, the programme is depicted as a provider of feasible solutions to tensions between control and release. Emergent themes included the idea that a substantial sacrifice or lifestyle change was needed; the plan was flexible; and there was a large variety of foods that could be eaten. According to Monaghan (2008, p. 102), 'these vocabularies of sustainability were intended to minimize feeling deprived'. These discoveries are important, because they provide viable answers to the 'structured disorder' that contemporary social life creates - i.e. control created by health authorities, e.g. weight loss vs. release encouraged by a capitalist society, e.g. overindulgence (Crawford 2000, p. 219).

A flexible approach to behaviour change is important if behaviour is to be maintained. According to Ian, restrictive solutions can have a self-defeating effect, because: 'The more you tell a man not to do something, the more he will do it, because men are stubborn'. Ian's comment is regarded, in social psychological terms, as a form of *reactance* that replicates previous research findings (Gough and Conner 2006) and supports Crossley (2006), who argues that those *rigid* attempts may exacerbate the very behaviours they are trying to prevent. According to this, a number of health promotion initiatives that attempt to highlight the dangers of certain behaviours and encourage individual responsibility for health may be running the risk of being counterproductive.

2.2. It pushes you along

As opposed to men's reluctance to engage in restrictive diets, many participants talked about the programme as 'a starter' that 'gets you looking forward into the healthy

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option' (Matthew). However, the men emphasised the need for the programme to support their yearning for a healthy life. Metaphorically, the programme was perceived as a 'push' (Ralph), because it provided the men with the external control they needed to achieve the desired outcome (i.e. weight loss or other).

The short-term goals men set during completion of the programme helped them guide their actions which often resulted in a healthier lifestyle. This guidance was important because many men often talked about not feeling or being able to achieve weight loss on their own.

Participants' readiness to exert control was changeable. Although a few men felt in control and confident to lose weight - or achieve other health-related goals – others believed that their health behaviours were beyond their personal control. For example, Conan said: 'If I didn't come here, motivation would go [...] I missed last week, I couldn't come last week, and I've put weight on the second week'. Similar to Conan, many men reported low self-efficacy regarding weight loss, or simply, finding other things to do. For example, Bert said: 'If someone is pushing me, then I'll do it. If I'm left with my own devices, then I can always find something else to do'. While many men wanted to lose weight before the programme, it was not until they were in the programme that their previous intentions translated into behaviour change: 'I don't have the motivation to go to the gym, I was looking for something like this, somebody to push me to do it' (Connor).

Men were implicitly or explicitly encouraged by other men during the sessions. Implicitly, men felt supported – particularly during the physical component – when they saw other men 'putting their heart and soul into the exercise' (Conan). This is an *imagined* form of support, where the men received visual information from others and

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they interpreted it as a social- psychological phenomenon of *shared pain*.

> If you are on your own, you just go like that: 'I am not gonna try to sort of prove it to me', you know, you look in the mirror and go: 'It's gonna make no difference anyway'. But when you are with other people, and they are making the effort, you make the effort too. And I think that's why I enjoy training in this type of environment, and it makes you a bit more at ease. It doesn't make you self-conscious of yourself if that makes sense.

Although *pain* may have negative connotations – and can be emotional (e.g. feeling self- conscious) or physical (e.g. feeling shattered) - the fact that it was *shared* with others made men's participation in the programme enjoyable. According to Schachter (1959), when people face novel, physical threats, they experience an increased desire to affiliate with other people who are currently facing the same threat. Lazarus and Folkman (1984) also noted that uncertainty over one's feelings and responses generates an enhanced desire for social comparison and affiliation with similar others. Hence, due to the uncertainties the men faced at the outset they became active agents seeking that push - i.e. social comparison and affiliation - from others, with whom they shared the same emotional space.

Explicitly, the men received direct, verbal encouragement and support from other men. Although being independent and autonomous are characteristics of male gendered roles (Courtenay 2004), many men in this study valued the company of others with whom they shared social bonds. For example, Ian said:

> If I'm doing it with other people then yeah, you know, I find it fun. If I have to go to the gym three times a week on my own, I wouldn't do it. I just go like that: 'Buff, can't be bothered'. One: I'm lazy; two: I don't push myself. I always need somebody, that's why I go with my brother [to the gym], because he'll push me, he'll sort of say: 'Come on, another five', or whatever. Whereas if I was on my own I'd go: 'Off. I'm knackered. I've done 4 minutes, I'm not gonna do the 10. I'm too tired', you know, just leave it like that: 'I'll do it next time I come' sort of thing, you know. That's why I find it personally better I think if you ask a lot of people they'll probably find it training with other people is a lot more, you get a lot more out of it, you tend to push yourself more when you are watching other people doing it.

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This excerpt suggests that explicit, verbal encouragement from others may enhance men's feelings of belonging and enjoyment in a way that increases their physical involvement in a previously threatening emotional space (see Lozano-Sufrategui et al., 2015). Once again, relational factors are paramount.

3. 'You need to want to change': Taking control

Although the 'push' from the programme was necessary in many cases to initiate behaviour change, maintaining it was dependent on the men's ability to control their own behaviours outside the programme. Taking control through "wanting to change" was a key theme that helped men modify their behaviours. The sense of choice, volition and freedom provided by the programme spurred men to trust it, because it did not impose on them a type of lifestyle that did not match their identities. Owing to trust, attempting weight loss became a desired process that was incorporated in the men's value systems. This is reflected in the first author's interaction with Don:

> *LL: Has anything stopped you from coming to the programme?*
>
> Don: A couple of times I've missed because I had to take my mother-in-law to hospital appointments and stuff like that, but nothing else has stopped me. I've even come when I pulled my muscle, I still came. I didn't train as hard on it, but I still came and trained. I'd say, to me, it's my time now when I go training. And I get that at home, she [wife] says: 'you are always at training'. Three times a week, because I come here twice a week, and I do [other health programme] on a Tuesday, so yeah, so I say: 'you can do what you want to, I am not gonna stop you going out and doing what you want today. If you want to go out and do some swimming or training, anything, I can't stop you doing that'. But I look at it now, it's three nights a week, it's my time. It's only three hours when I go out training by myself [...] I've got to look after myself as well. And I spend time when I come home afterwards. It's only an hour so... but is time for myself [...] Nothing stops me coming.

In this example, it seems that Don has: (i) seen weight as amenable to *his control* through physical activity; (ii) seen this as important *for him*; and (iii) he has become *conscious* of all this. Congruent with Robertson *et al.* (2013), trust appears to be the

mediator that facilitates these discoveries. Notably, developing trust is especially important with *hard-to-reach* groups, who often embody feelings of neglect, abuse, resentment, cultural misunderstanding and mistrust towards health professionals (Kierans *et al.* 2007). For example, Ian explained:

> I think every man that's slightly overweight should have a go at this. Because it's not just about exercise. It's about making friends, and broadening your horizons, and being able to talk to somebody if you feel that you know things are not right for yourself, instead of going to a doctor, you can sort of maybe say, you know, I've had a couple of other guys that said such and such things and I'll go: 'Well, if it was me I'd...' and if it's not, then go and speak to someone about it, but don't feel embarrassed about doing so, or whatever... but sometimes, when men are talking to men, it's easier than like talking to a doctor, or you know, talking to anybody else, you know what I mean. When they're training together they'll say: 'Oh, I damaged my calf, you know, I've found a bit of a lump in the leg' or whatever, and I'll go: 'Get it looked at', and they say: 'Yeah maybe you're right, maybe I should do', or something like that, you know.

The process through which the men incorporated the programme's values into their own lives was facilitated by the support for autonomy that the programme provided. The programme deliverers' endeavour to encourage men to set their own weekly goals epitomises their attempt to support autonomy. According to Bandura (2004), motivation is highly enhanced by helping people to see how habit changes and health-related goals are in their self-interest. Simplified, the programme encouraged the men to pursue personal goals rooted in their own value system. In an interview with Pierce, he talked about the goals he had achieved the previous week: 'bike every day, more fruit and stay off processed foods, completed full session, no chocolate at all, which I did, Yeah!' (Pierce). Setting goals enabled the men to exert control and translate their values and intentions into action in their lives outside the programme. Although all the men attending the programme were given a 'fixed' goal – i.e. losing 5% of their body weight in 12 weeks – each man decided how to do it, based on their personal circumstances. Through setting goals, men demonstrated a degree of confidence and control that enabled them to achieve their aspirations (Crawford 2000). In analogy to a virtuous

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circle, achieving their own goals – rooted in their own value system – and seeing and feeling the difference was a further incentive for the men to set new goals and attempt healthier lifestyles on a weekly basis. Dean explained it:

> I just think you can set yourself on doing something and you'll do it. That's true. That's what I do. My goal is 13.7 [13st 7lb]. I'll get 13.7. There is no question about it. That goal has to be superseded with another one: maintaining 13 stone. That's what I've gotta do after [...] I think I can do that. I hope so, that's what my plan is.

Ian referred to self-control when he talked about the programme as something that provided an opportunity to change, noting also that change was a matter of personal choice and control. Metaphorically, he referred to this process as follows: 'The ball is in your court, what you wanna do with it?'. Arguably, 'the ball' symbolises the sense of choice, volition and freedom men found in the programme. Instead of suggesting that men come to align with dominant discourses around personal responsibility for health/weight, this metaphor refers to the men's increased ability to take control of their lifestyles by deciding for themselves what matters in the context of their lives. The realisation that men could take personal responsibility for something (i.e. weight/health) that had previously been seen as outside of their own control made the men feel autonomous towards feasible and sustainable regulation of their own health behaviours. Central to all this was the possibility of taking personal control within a safe relationally-oriented space.

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Conclusions

Adopting a bottom-up approach, we have explored the personally meaningful, valuable and significant processes that men experienced during their participation in a weight loss programme. Our findings suggest that these processes do not always reciprocate, and sometimes even contradict, the top-down priorities established by public health policies. These are largely weight-centred and likely to threat health and cause harm, for example, by stigmatizing heavy people (O'Reilly and Sixsmith 2012, Medvedyuk, Ali and Raphael, 2017). To illustrate this point, instead of prioritizing the performance outcome of weight loss, this group of men valued the relational processes inherent in making and sustaining meaningful interpersonal connections with others on the programme. Participation in football offered the men a space for emotional investment in relationships with other men. Such emotional security spurred in the men a sense of trust, affiliation and competence within the programme that facilitated behaviour change. This suggests that moving beyond a "healthist" approach (Crawford, 1980), and recognizing, embracing and addressing the complexity of the social structural contexts in which health behaviour change takes place is paramount in health interventions (Lupton, 2014).

Instead of imposing restrictive lifestyles, the weight management programme was perceived as an empowering space that enabled the men to explore flexible attempts to improve their lifestyles. As opposed to counterproductive traditional approaches to health promotion, which were perceived as rigid and generated mistrust and reactance, the programme enabled the men to change their behaviours in ways that fit within their schedules, individual priorities and interests. The sense of choice, volition and freedom found in the programme matched men's identities and made behaviour change feasible – something the men valued and wanted to do - and sustainable, because it fit within

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their other, more important priorities. Similar to other effective health-centred approaches such as Health at Every Size (Bacon et al. 2002), prioritising the above personal and social aspects within health interventions, independent of whether weight was lost, led to more sustainable health improvements for this group of men.

Some implications can be drawn from this study. First, the findings suggest the assumption that giving people information will be sufficient to stimulate change is false and unscientific. Men in this study had some accurate knowledge of what a healthy diet was, however their views on the restrictiveness of those diets prevented them from adopting them. This suggests that if knowledge and information are to work effectively in promoting behaviour change, these ideas need to be easily translated into practice in the context of men's lives. Second, for some men, behaviours like eating, drinking, and being physically (in)active are ingrained in everyday lives, routines and habits. To an extent, these behaviours define a man's sense of self. Consequently, restrictive messages resulting from top-down approaches, such as exercising 150 minutes a week or eating five portions of fruit and/or vegetable a day, may inherently involve asking them to become a different person from the one they are. Third, the overreliance on quantitative methods and statistical probability indicators in epidemiological research has provided a receptive environment for obesity to be framed as an 'epidemic' (Campos et al., 2006; Gard and Wright 2005). As we have previously highlighted in this study and resonating LeBesco(2011), such vocabulary pathologizes fatness and can result in a heightened sense of shame amongst those who see themselves as fat and, as many men in this study reported, an aversion to seek medical care when needed. By using a qualitative approach in this study, we have provided men with an opportunity to talk about what 'health' means to them. In doing so, we have learned why men do what they do, and what can be done to from a public health policy and intervention point of

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view to reduce the gap in inequalities in health. Such understanding is important because, as suggested by Madvedyuk et al. (2017), it is now time to end the obesity and health focus, by moving towards an understanding of how societies can achieve a more equitable distribution of the social determinants of health, as these are the ones with better population health profiles and lower obesity rates. We believe that we have made a contribution to this area, and through this study, we now understand the legitimate reasons men have for not engaging in traditional weight loss programmes. In addition, we have identified some of the key ingredients that can make health interventions culturally sensitive for hard-to-reach men.

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