

# **The Suffering Man: An Exploration of Body Image and Psychological Well-Being**

**Omara Naseem**



**Portfolio submitted in fulfilment of the requirements  
for the Professional Doctorate in Psychology  
(DPsych)**

**City University  
Department of Psychology  
School of Arts and Social Sciences**

**May 2015**



**THE FOLLOWING PART OF THIS THESIS HAS BEEN  
REDACTED FOR DATA PROTECTION/CONFIDENTIALITY  
REASONS:**

pp. 174-193: **Section B. Case study.** Using the Maudsley model of anorexia nervosa treatment for adults.

**THE FOLLOWING PART OF THIS THESIS HAS BEEN  
REDACTED FOR COPYRIGHT REASONS:**

pp. 196-230: **Section C. Publishable paper.** Understanding men's experience of their masculinity, body image and psychological well-being: An Interpretative Phenomenological Analysis.

## TABLE OF CONTENTS

### **The Suffering Man: An Exploration of Body Image and Psychological Well-Being**

The Suffering Man: An Exploration of Body Image and Psychological Well-Being .....	1
Acknowledgements .....	7
Declaration.....	8
Preface .....	9
SECTION A – DOCTORAL RESEARCH .....	12
Abstract.....	13
CHAPTER 1 – Introduction.....	14
1.1 Body Image: Definitions and Theories .....	14
1.1.1 Definition of Body Image.....	14
1.1.2 Symbolic Interaction Theory .....	15
1.1.3 Social Comparison Theory .....	15
1.1.4 The Sociocultural Perspective .....	17
1.1.5 Biological Perspective .....	17
1.1.6 Objectification Theory .....	18
1.2 Masculinity: Definitions and Theories .....	21
1.2.1 Definition of Masculinity .....	21
1.2.2 Early Theories and Essentialist Masculinity .....	21
1.2.3 Masculine Ideology .....	22
1.2.4 Internalization of The Muscular Ideal .....	23
1.2.5 Embodied Masculinity .....	24
1.2.6 Critique Of Masculinity Theories .....	25
1.3 A Critical Focus on Male Body Image Research .....	26
1.3.1 Research On Muscularity .....	26
1.3.2. Critique Of Body Image Research .....	30
1.3.3 Body Dysmorphic Disorder And Muscle Dysmorphia .....	31
1.3.4 Body Shame.....	33
1.3.5 The Aging and Changing Body .....	34
1.3.6 Sexuality and Body Image.....	34
1.4 Male Body Image / Masculinity and Psychological Well-Being.....	35
1.4.1 Psychological Well-Being .....	35
1.4.2 Depression .....	36
1.4.3 Self-Esteem.....	37

1.4.4 The Positive Psychology/Positive Masculinity Model .....	38
1.4.5 Help-Seeking Behaviours .....	39
1.4. 6 Men And Emotions .....	40
1.5 Summary of Literature Review .....	41
1.6 Aims and Rationale for the Current Study .....	41
<b>CHAPTER 2 - Methodology.....</b>	<b>44</b>
2.1 Research Design .....	44
2.2 Rationale for a Qualitative Approach .....	44
2.3 Design .....	45
2.3.1 Ontology .....	45
2.3.2 Epistemology .....	45
2.3.3 Hermeneutics .....	46
2.3.4 Idiography.....	48
2.3.5 Epistemological Reflexivity .....	48
2.4 Rationale for the Use of Interpretative Phenomenological Analysis .....	49
2.5 Validity .....	50
2.5.1 Sensitivity to Context .....	51
2.5.2 Commitment and Rigour .....	51
2.5.3 Transparency and Coherence.....	51
2.5.4 Impact and Importance.....	52
2.6 Procedures .....	52
2.6.1 Participant Selection.....	52
2.6.2 Inclusion And Exclusion Criteria.....	53
2.6.3 Materials.....	53
2.6.4 Sampling.....	54
2.6.5 Semi-Structures Interviews.....	55
2.6.6 Interview Schedule.....	55
2.6.7 Interview Procedure .....	56
2.6.8 Transcripts .....	57
2.7 Analytic Strategy .....	57
2.8 Personal Reflexivity.....	59
2.9 Ethical Considerations .....	61
<b>CHAPTER 3 - Analysis.....</b>	<b>63</b>
3.1 Overview .....	63

3.2 Master Theme 1: Changing the Body .....	64
3.2.1 Drive for Muscularity.....	64
3.2.2 Changing the Body.....	66
3.2.3 Body Image Dissatisfaction.....	68
3.2.4 Embodied Masculinity .....	70
3.3 Master Theme Two: Negotiating Masculine Ideology .....	71
3.3.1 Evolutionary Narrative of Masculinity.....	71
3.3.2 Soldier Masculinity .....	73
3.4 Master Theme Three: Negotiating Interpersonal Masculinity.....	75
3.4.1 Role Modelling .....	76
3.4.2 Male Relating.....	78
3.4.3 Help Seeking in Relation to Emotional Distress.....	80
CHAPTER 4 - Discussion .....	83
4.1. 1 Changing the Body.....	83
4.1.2 Negotiating Masculine Ideology .....	88
4.1.3 Negotiating Interpersonal Masculinity .....	89
4.2 Methodological and Personal Reflexivity .....	92
4.3 Strengths and Limitations to the Present Study and Suggestions for Future Research.....	94
4.4 Implications for Counselling Psychology Practice .....	97
4.5 Conclusion and Summary .....	99
References.....	100
Appendix A.....	149
Appendix B .....	150
Appendix C .....	152
Appendix D.....	153
Appendix E .....	155
Appendix F .....	156
Appendix G .....	157
Appendix H.....	162
Appendix I .....	165
Appendix J .....	166
Appendix K .....	172
Appendix L .....	173
SECTION B – CASE STUDY.....	174

Part A - Introduction and Start of Therapy .....	175
Introduction.....	175
Summary of theoretical orientation .....	175
The Setting and the Referral .....	177
Client Profile .....	177
The First Session .....	177
The Presenting Problem.....	178
Formulation.....	178
Negotiating a Contract and Therapeutic Aims .....	180
Part B: The Development of the Therapy .....	180
The pattern of therapy.....	180
Key content issues and therapeutic techniques .....	181
Therapeutic process and struggles encountered .....	186
Use of Supervision .....	187
Part C- The conclusion of the therapy and the review.....	188
The end of therapy and evaluation of the work.....	188
Personal and professional Learning.....	189
References.....	190
Appendix A.....	193
<b>SECTION C – PUBLISHABLE PAPER .....</b>	<b>194</b>
Abstract.....	195
Introduction.....	195
Symbolic Interaction Theory.....	197
Social Comparison Theory.....	197
The Sociocultural Perspective .....	198
Objectification Theory .....	198
Psychological Well-Being.....	199
Depression.....	199
Self-Esteem .....	200
Embodied Masculinity.....	200
Masculinity, Psychological Well-Being and Emotions .....	201
Help-Seeking Behaviours .....	201
Method.....	203
Research design.....	203

Participants.....	204
Procedures.....	204
Data analysis .....	205
Results .....	205
Overview.....	205
Master Theme Two: Negotiating Masculine Ideology .....	206
3.3.1 Evolutionary Narrative of Masculinity.....	206
3.3.2 Soldier Masculinity .....	208
3.4 Master Theme Two: Negotiating Interpersonal Masculinity.....	210
3.4.1 Role Modelling .....	210
3.4.2 Male Relating.....	212
3.4.3 Help Seeking in Relation to Emotional Distress.....	214
Discussion.....	217
Limitations .....	220
Conclusion and Summary .....	222
References.....	224

## **Acknowledgements**

I would like to thank my supervisor, Dr Jessica Jones Nielsen, for all of her support, guidance, patience, kindness and time towards my doctoral research. I would like to sincerely thank my parents for their unwavering love and belief in my abilities, incredible encouragement and endless support poured into me throughout the years of my training. This research is dedicated to them. Lastly, I offer my sincere thanks to the participants of this study who offered me their valuable time, allowing me a glimpse into their lives and for sharing with me so openly.

## **Declaration**

I grant powers of discretion to the University Librarian to allow this thesis to be copied in whole or in part without further reference to me. This permission covers only single copies made for study purposes, subject to normal conditions of acknowledgement.

## Preface

This section will introduce the components of the Doctoral Thesis Portfolio. The portfolio consists of three sections: 1) the empirical study, 2) a client case study and 3) a publishable paper that stems from the findings of the empirical study.

The purpose of this portfolio is to demonstrate the breadth and depth of clinical and research skills I acquired throughout the doctoral training. The empirical study and publishable paper convey a qualitative in-depth examination of the male participants' experience of their masculinity, body image and psychological well-being. There are interlinking elements between the empirical study and the case study as they both address similar issues pertaining to body image, the individual nature of the relationship with the body and low self-esteem in differing contextual frames and settings. Both illustrate convergences and divergences of experience and highlight the individual meaning making process for each participant. All three components of the portfolio attempt to understand the meaning ascribed to the body by the participants or by the patient and highlights the multi-faceted, complex nature of body image, and interpersonal difficulties alongside various sociocultural factors. The portfolio in its entirety highlights the multifaceted experiences one can have of the body in relation to psychological well-being and emphasises the importance of the individual meaning making process from the perspective of the participant, researcher and as a counselling psychology practitioner.

This portfolio forms a part of my formal Counselling Psychology training and its undertaking has helped shape me into a reflexive and empathic practitioner. I feel I have been privileged enough to meet, clinically work with and interview many who are striving to make sense of their experiences and am grateful for having been allowed into their lifeworld. I endeavour to respect and celebrate individual difference in all aspects of life and use this to build upon my practice. The completion of this portfolio is a significant marker in my professional career and has equipped me with the drive to continue to work within the field of eating and body image disorders.

### Section A: Doctoral Research

This section is comprised of the Doctoral Thesis Research entitled, “Understanding men’s experience of their masculinity, body image and psychological well-being: An Interpretative Phenomenological Analysis.”

Eight semi-structured interviews were conducted to gather relevant data from a homogenous sample of eight males who self-reported as having body image or masculinity issues which they were willing to discuss. The data was qualitatively analysed using Interpretative Phenomenological Analysis (IPA). The research emphasizes the men’s meaning making process and individual experiences of their masculinity, body and psychological well-being. The analysis is considered within the context of relevant theory and literature. The effects on clinical practice with males within counselling psychology are explored and considered.

### Section B: Client Case Study

This segment presents a reflective, case study of clinical work. The emphasis is on the practice of counselling psychology within an eating disorder clinical context. This case study intends to illustrate proficiency in using Cognitive Behavioural Therapy when working within the field of eating disorders with issues pertaining to body image and low self-esteem. This piece is a concise summation of the focal points of the therapeutic work carried out in accordance with the Maudsley Model of Anorexia Nervosa Treatment (MANTRA) model. The client’s presenting concerns are formulated according to the MANTRA model and a thorough account of this is provided alongside the incorporation of theoretical considerations and evidence of reflexive practice. The case study presents work with a female client who has an Eating Disorder not Otherwise Specified- Anorexic Type. This case was chosen as a good example of understanding and valuing the individual sense-making experience being a key feature of the therapeutic process and formulation. This collaborative means of working and understanding appeared to be a significant, key moderator of change within the therapeutic relationship. In addition, this case presents aspects of my professional development as a practitioner psychologist.

### Section C: Publishable Paper

This section contains an abridged version of the Doctoral Research with the aim of being published in the *Body Image Journal*. The formatting of the text is in adherence with the

journal guidelines. This journal was selected as it has a particular interest in the effects of body image and physical appearance in relation to psychological functioning and interpersonal factors. There is also an emphasis on psychosocial factors, factors which influence body image development and cultural context which is in-keeping with this paper. The publication of this article within this journal would allow its dissemination to practitioners from a wide and diverse range of disciplinary fields such as social, behavioural, health and medical sciences who also have a shared interest in body image, masculinity and psychological well-being. The article aims to convey the participants experiences of body image and masculinity in relation to motivators and barriers experienced in help-seeking and coping behaviours linked with psychological well-being. The article aims to demonstrate the prevalence of the participant's experience of coping with emotional distress, sharing difficulty expressing emotions and vulnerability and how the participants experienced their body image, masculinity and psychological well-being as being intrinsically linked.

## **SECTION A – DOCTORAL RESEARCH**

Understanding Men's Experience of Masculinity, Body Image and Psychological Well-Being: An Interpretative Analysis

Omara Naseem

Supervised by Dr Jessica Jones Nielsen

## **Abstract**

This current research study sought to explore male participants' subjective experiences of their masculinity, body image and psychological well-being using Interpretative Phenomenological Analysis (IPA). The purpose of this study was to employ an idiographic exploration of the participants' experiences of masculinity, body image and how these influence their psychological well-being. Semi-structured interviews were conducted with eight male participants. Participants were aged between 23-60 years old, fluent in English, White and Indian, heterosexual and homosexual. Five major themes emerged from the data: Masculinity as a Threat to the Self, The Suffering Man, Negotiating Masculine Ideology, Negotiating Interpersonal Masculinity and Changing the Body. The themes were complex, multifactorial and interpersonal in nature. Particularly interesting was the prevalence of the experience of coping with emotional distress with the participants sharing difficulty expressing emotions and vulnerability. This highlights how the men experience their body image, masculinity and psychological well-being as being intrinsically linked. Findings may provide insights into working with men in the field of Counselling Psychology and help to better recognise issues pertaining to masculinity and body image and how these may present amongst men when seeking help.

## **CHAPTER 1 – Introduction**

In the past thirty years there has been a marked increase in interest of the psychological aspects of male body image (Grogan, 2007). A muscular male body has been linked with the embodiment of masculine ideology in a Western cultural context thus representing forte, authority and aggression (Kogut, Langley & O’Neal, 1992; Weisbuch, Beal & O’Neal, 1999). Literature pertaining to male body image has conveyed the growing trend for the mesomorphic body shape prevalent in the West (McCreary & Sasse, 2000). This has been accompanied by an increased emphasis of the male body being used in advertising products not directly linked to the body (Borowiecki & Cohane, 2001). For example, research investigating body image and psychological characteristics in men in the USA demonstrates that body dissatisfaction is closely linked with depression, disordered eating pathology, use of performance-enhancing drugs, and low self-esteem. The belief of having small muscles was found to be the most important construct of body dissatisfaction of men in the study (Olivardia, Pope, Borowiecki & Cohane, 2004).

Masculinity and male body image research indicates that males may engage with harmful coping strategies to help manage the difference between their own masculinity and their idealised masculinity resulting in psychological distress (Clatterbaugh, 1990; Liu, Rochlen & Mohr, 2005). This may present in various forms such as a reluctance in help seeking (Blazina & Watkins, 2000; O’Brien, Hunt & Hart, 2005, Benenson & Koulnazarian, 2008), the development of eating pathologies (Carpenter, 2011), higher levels of behavioural risks and substance abuse (Hamilton & Mahalik, 2009; Chuick, Greenfeld, Greenberg, Shepard, Cochran, & Haley, 2009), increased relationship dissatisfaction and difficulties (Blazina & Watkins, 2000; Lisak & Roemer, 2002). The subject of male body image, masculinity and psychological well-being is a complex one. This chapter intends to describe the growing literature on men, body image and masculinity and psychological well-being, explore the various theoretical models applied in understanding male body image and masculinity that shape our understanding of the phenomenon and to explain how these theories and models have been used to guide treatment of body image issues and psychological well-being amongst men.

### **1.1 Body Image: Definitions and Theories**

#### **1.1.1 Definition of Body Image**

Body image refers to an individual’s subjective evaluation of oneself; it involves their thoughts, feelings and perceptions related to body and appearance. The body image construct includes:

weight satisfaction, accuracy of size perception, appearance satisfaction, body satisfaction, appearance evaluation, appearance orientation, body concern, drive for thinness, body esteem, body schema and percept (Thompson et al., 1999) and the drive for muscularity (McCreary, 2007). According to Cash and Pruzinsky, (1990, 2002) body image can be separated into two aspects: body investment and body image evaluation. The first refers to the level of cognitive, emotional and behavioural importance attributed to their overall appearance and the latter relates to an individual's level of body satisfaction or dissatisfaction, including evaluative attitudes. Research indicates gender differences are linked to both aspects as females reported more investment in (Brown, Cash & Mikulka, 1990; Cash, Melnyk & Hrabusky, 2004), and lower satisfaction levels with their bodies when compared to the males (Thomas, Ricciardelli & Williams, 2000) which may influence how psychological issues present in men. For the purposes of this study, body image is conceptualized as a multi-faceted concept that refers to a persons' perceptions and attitudes about their own body, particularly but not entirely related to appearance.

### **1.1.2 Symbolic Interaction Theory**

There are various theoretical approaches to body image including Mead's (1934) symbolic interaction theory. This theory can be applied in understanding the development of male body image by proposing that the self develops through three activities: language, play and game. More recently, this theory has been modified for body image and accounts for the manner in which men are now being culturally objectified, similar to the objectification of females resulting in increased comparison with others and self-reflection (Morgan, 1993). Also, embodied masculinity ideals have become more prevalent as illustrated by research into the changing Playgirl centrefolds. The findings highlight the evolution of preference for lean, well-muscled men (Leit, Pope & Gray, 2000) although there is lack of insight as to why this trend towards muscularity has occurred. Also, the heights and weights of the models used were not verifiable by Playgirl and visual estimates of body fat were used in calculating the BMI and muscularity of the centrefolds which if inaccurate influences the findings. Another study demonstrating changing the body shapes of male action figure toys similarly illustrates the increasing popularity of unrealistic, muscular body shape (Pope, Olivardia, Gruber & Borowiecki, 1999).

### **1.1.3 Social Comparison Theory**

Social comparison theory (Festinger, 1954) proposes that an innate drive exists which influences individuals to strive for appraisals from others. Self-evaluation is one of the main

roles of social comparison and is linked to self-enhancement and self-esteem and is therefore connected to the development of body image (Thornton & Arrowood, 1966). Festinger (1954) believes that the drive for self-evaluation triggers social comparisons, especially when objective measures of comparison are not available. This involves individuals comparing the self with images presented in the media. Research into socially comparing upwards has illustrated an influence on body satisfaction when explicit comparisons were made between the participant's bodies and that of media models (Catterin et al. 2000). It has been suggested that this is more relevant for women as their bodies hold greater socio-cultural value than males (Wykes & Gunter, 2005). Several academics have suggested that female bodies are socially constructed as objects to be scrutinized and judged to a much lesser extent than men experience (Bartky, 1990; Bordo, 2003; Fredrickson & Roberts, 1997). However, it has been shown that body satisfaction levels lowered after viewing male slim models (Grogan, 2006) and well-muscled models (Arbour & Martin-Ginis, 2006) proposing that men do socially compare their body upwards with others. However, the latter study used quantitative measures: the Body Areas Satisfaction Subscale of the Multidimensional Body-Self Relations Questionnaire (Brown, Cash & Mikulka, 1990) and the Drive for Muscularity Scale (McCreary, Sasse, Sacquier & Dorsch, 2004) to measure both body and muscle dissatisfaction. Using such measures with the Likert style scales provides a limited amount of feedback and does not illuminate us to as to why muscular or body dissatisfaction occurs. The study also lacked an important control condition of giving a presentation without showing images of muscular or hyper muscular males. This would have allowed for a baseline reading of responses to be obtained and used in the interpretation of the results.

Petrie et al. (2010) studied social comparison in US boys and found that social comparison was not an exclusive predictive factor of body satisfaction. In contrast, other research has demonstrated adolescent males engaging in socially comparing their bodies with other males which is linked to negative body image formation and behaviours. A study into US adolescent males by Smolak and Stein (2010) found that social comparison of their bodies were indicative of media influence and behaviours focused on developing muscles. Research by Warren et al. (2010) correlated social body comparison with eating pathology in Latino adolescent males in the US which also links with research into upwards body comparisons with peers in males as young as eight years of age (Grogan & Richards, 2002). Inquiry into US males' body comparison found that comparing appearances was a key predictive factor for body dysmorphia which could inform future clinical psychological interventions (Boroughs et al. 2010). Further

academic inquiry into the link between social appearance comparison and body satisfaction has shown that the process of internalization has a mediator function which is consistent with Social Comparison Theory and research pertaining to females (Shroff & Thompson, 2006). Research appears to suggest that adult men learn and develop their body values via comparison with other men. It has also demonstrated that social comparison for women and men from adolescent years onwards is linked with eating behaviours and pathology, muscle building behaviours and body dysmorphia symptomology.

#### **1.1.4 The Sociocultural Perspective**

The sociocultural perspective contextualises individual behaviour by emphasising cultural values and how these influence and shape behaviour. This involves focusing on the significance of cultural principles in understanding how people are perceived by others and in turn perceive themselves. Research on perceptions of attractiveness have focused on the body highlighting how culture can define an attractive body and influence an individual's self-perception. For example, in modern Western culture the thinness ideal is promoted for females and the lean, muscular ideal for males (Pope et al, 2001). Therefore, an individual's body image is also culturally dependent in how they consider themselves to be positioned in relation to the cultural attractiveness values (Jackson, 1992). Research conveys that men consider the ideal body for men perceived by other men and women to be more bulky than their current shape (Cohn & Adler, 1992; Demcrest & Allen, 2000). Mishkind et al. (1986) found that men experience increasing pressure from a variety of social factors to attain the muscular body idea and continually experienced body dissatisfaction. These researchers stated that this pressure is reinforced by the link between muscularity and masculinity and focused on the significance of the link between male body image and self-identity. Gillet and White (1992), also support the notion of socio cultural pressure for the muscular ideal for men and state that the male body is a personification of masculinity and power. They believe the pursuit of the muscular frame is a means to convey dominance and increased social standing between genders. Klein (1993) also links the drive for muscularity to an increasing disparity and insecurity regarding men's changing role and pressures faced in contemporary society which this study hopes to explore.

#### **1.1.5 Biological Perspective**

Others have argued that a more biologically based approach is suited to the discussion of body image. Kinsbourne (1994) states that if an individual focuses somatosensory attention on a specific part of the body it is then experienced as being a part of oneself. If a person cannot

focus somatosensory attention on a body part then this may result in disowning it or neglect and as an infant may disrupt the development of a coherent sense of self.

According to Kinsbourne (1994) the phantom limb phenomena conveys that the sense of having a limb stems from its representation in the brain which can continue to exist when the limb is no longer attached. This illustrates that body image is comprised of many different factors and is not biologically rooted. Also, children with limb aplasia describe phantom limbs despite never having the experience of the missing limb. This implies that body senses are represented in the brain sometime before experiences have had a chance to produce them. The somatic senses dominate the visual senses when the brain is representing the body which conveys the significance of somatic senses in forming body image and a sense of self (Kinsbourne, 1995). This supports the need for further enquiry into the nature of the experience of body image. Also, the Health Related Quality of Life (HRQOL) is used to assess clinical patients but does not sufficiently include body image. Perhaps now with increasing media exposure to the idealised male and female bodies this needs to be revisited and a qualitative aspect such as an interview incorporated (Hopwood, Fletcher, Lee & Ghazal, 2001) in order to provide more detailed and in-depth insights around the development of body image dissatisfaction. This research could be expanded and help to inform future studies in fields such as psycho-oncology and other health related fields to study the individual experience of body image.

### **1.1.6 Objectification Theory**

The feminist critique adopts a social constructionist perspective of female body image and maintains that sexual objectification of the female body occurs in western cultures and is predominantly expressed through the female body being stared at as an object of desire e.g. through the male gaze (Cash & Pruzinsky, 2004). Fredrickson and Roberts (1997) propose objectification theory as a sociocultural based inquiry into the effects of the female body being objectified in this way. The main component of this theory is that the prevalence of being sexually objectified goes on to socialise females and to internalise others perspectives of them thus resulting in self-objectification and appraisal based on physical appearance. This process of self-objectification has many negative outcomes including constant body monitoring, an increase in body shame and anxiety and an interference with affect regulation. Consequently these negative outcomes can lead to three specific psychological disorders: unipolar depression, sexual dysfunction and eating disorders (Jackson, 1992). Empirical evidence has provided support illustrating the link between self-objectification, body monitoring, shame and

disordered eating all relevant to psychological well-being in females (Fredrickson, Roberts, Noll, Quinn & Theage, 1998; Tiggemann & Lynch, 2001; Mercurio & Landry, 2008)

Evidence suggests that this process of objectification is also increasingly applicable to men (Pope et al., 2001). This is evidenced by the use of young, topless, lean and muscled men in fashion magazines and media advertising images (Pope, Olivardia, Botowiccki & Cohane, 2001). There has been an increase in the promotion of the mesomorphic male body ideal with a flat torso and narrowing hips via the media (McCreary & Sasse, 2000). Internalising these sociocultural body ideals can strongly influence how an individual perceives themselves and develops a sense of self. Continuous body checking and comparing the self to these body ideals has been linked to increased anxiety and body shame (Bessenoff & Snow, 2006; Calodero et al., 2005). Directly due to these increased levels of body shame and anxiety, negative body image beliefs may develop alongside increased low self-esteem (Ata, Ludden & Llally, 2007). Similarly, those who exercise with the aim of weight-loss and becoming more physically attractive have an elevated risk of developing a negative body image (Prichard & Tiggemann, 2008).

Tiggeman and Kurig (2004) found that constant self-monitoring of physical appearance creates negative mental health outcomes for both men and women. The variables proposed by objectification theory have influenced depressed mood and disordered eating however, the self-objectification questionnaire and construct used was gender specific to females. This is significant and may account for various attributes such as strength being viewed differently by each gender. These different conceptions could account for the negative pathway found in this study in relation to self-objectification and body shame for men. From this study, it appears a more gender appropriate measure for self-objectification is required for men. Also, the three behavioural subscales used for assessing Disordered Eating (drive for thinness, bulimia and body dissatisfaction) from the Eating Disorder Inventory (Garner, Olmsted & Polny, 1983) may not be appropriate as they do not assess for muscularity in men. Objectification theory offers a helpful background for recognising indicators of depressed mood states and perhaps could be supplemented by qualitative analysis to develop more on individual meanings for men.

This research fits with the multifaceted notion of body image with particular reference to the functionality of the male body as well as appearance. This research study supports Social Comparison Theory (Festinger, 1954) in relation to men which has previously been much

thought of in the context of female body image. However studies by Grogan (2006), Arbour and Martin-Ginis (2006) convey that men do socially compare upwards thus influencing self-esteem eating behaviours and can contribute to the development of Body Dysmorphic Disorder (Boroughs et al, 2010). Also, Fredrickson and Roberts (1997) Objectification Theory also developed for females is now increasingly applicable to men in the present day media saturated society which promotes desirable male body ideals. Comparison of the self to these images and body ideals has been shown to lead to body shame, low self-esteem and anxiety (Bessenoff & Snow, 2006; Cablero et al, 2005). Therefore, these theories in particular appear to be relevant when considering the various factors which influence the development of male body image.

## **1.2 Masculinity: Definitions and Theories**

### **1.2.1 Definition of Masculinity**

According to the Oxford Dictionary (2015) masculinity is defined as the “Possession of the qualities traditionally associated with men”. A masculine identity can be described as being socially constructed rather than simply being biologically male (Smiler, 2004). In relation to current understandings of masculinity academics are less inclined to define masculinity as a singular type in favour of their now being multiple masculinities. Smiler (2004) proposes two means of understanding these masculinities: interpersonal and intrapersonal. The first relates to differences pertaining to masculinity present in groups of males, categorised according to age (Cournoyer & Mahalik, 1995), race (Hammond & Mattis, 2005), sexual orientation (Connell, 1995) and socioeconomic status (Iacuore, 2005). Also, masculinity is not inherent in the body and can instead be described as being socially defined. Connell (1990) proposes that when the body is in conflict with the social definition of masculinity this may present issues and therefore it may be easier for the individual when the body corresponds with the social definition. It is also possible for the social definition to distinguish the body therefore allowing individuals to put in place their own meanings. There appears to be no one clear or complete definition of masculinity (Connell, 1998; Englar-Carlson, 2006; De Visser & McDonnell, 2013; O’Neil, Good & Holmes, 1995; Thompson & Pleck, 1995; Whitehead, 2005). There are differing types of masculine identity which are characterized by complicated relations of dominance and subordination (Connell, 1990).

### **1.2.2 Early Theories and Essentialist Masculinity**

Sigmund Freud was the first to attempt to build a scientific explanation of masculinity. Freud stated that sexuality and gender were fluid and developed through a complex process of conflict. He proposed the Oedipus complex where the male must resolve a conflict between love for one parent and hate for the other. The child’s sense of masculinity develops through identification with the mother which develops into a desire to replace the father. It is when this is challenged by reality that the child experiences their first negative psychological effect on their self-esteem (Kimmel, 1997). Freud emphasised the complexities of gender and how femininity was also a part of masculinity. Perhaps the most relevant aspect of Freud’s theory in relation to masculinity was that it is not a constant, fixed state of being, but is layered and conflictual.

Similar to Freud, Carl Jung was interested in the femininity within masculinity as illustrated in his work with gender curiosity. Jung differentiated between the notion of self, forming via social interactions with the environment which he called ‘persona’ and the self, developing in the subconscious comprised of suppressed elements known as the ‘anima’ and the ‘shadow’. The former is representative of the feminine facet and the latter represents the basic masculine urges males possess. He described the ‘persona’ and ‘anima’ to exist in opposition with each other based on gender and focused on the balance achieved between them. Through this he formulated an early version of masculine counselling suggesting that a particular type of modernised man conditioned to suppress vulnerability could do so no longer. Jung suggested talking directly to the anima, addressing it separately and providing it with psycho-education. This is reminiscent of modern day psychological therapy such as schema therapy.

The essentialist approach to masculinity encompasses an overarching description stating that there is an innate and exact way of being masculine. This approach states that there are fixed gender roles rooted in biology and expressed via different behaviours and traits (Haslam & Levy, 2006; Yoder, Fischer, Kahn & Gruden, 2007). Colman (2001), discusses three psychoanalytic theories which link with essentialist masculinity. He states that men and women are biologically distinct and that these go on to influence psychological experiences as they learn to accept and navigate these differences. Jungians focus more on the biological differences between genders and connect these to cultural archetypes (Jung, 1989; Moore & Gillette, 1990). More recently, compliance with culturally dominant male standards was viewed as being psychological beneficial for men and involved aspects such as emotional containment, competitiveness and ability to be self-sufficient (God & Brooks, 2005; Pleck 1981; Smiler, 2004).

### **1.2.3 Masculine Ideology**

David and Brannon’s (1976) definition of normative masculinity is built on highlighting physical toughness, being emotionally stoic, aggressive, competitive, high achieving, successful and avoiding anything pertaining to be feminine. The traditional masculinity construct is multifactorial in nature. They proposed four elements of traditional masculinity in the USA where: men should avoid being feminine (named “no sissy stuff”), men strive for achievement and respect (“the big wheel”), to not appear vulnerable (“the sturdy oak”) and increased risk-taking, adventure seeking and violent behaviour (“give ‘em hell”). They outlined masculinity as an ideology where masculinity and femininity are separate from each other. It is widely accepted from research pertaining to masculinity that males from a young

age are taught to mask weakness and vulnerability (Balswick & Peek, 1976) in favour of promoting strength, anger and aggression as these are traits associated with the “masculine warrior ideal” and demonstrate physical and mental endurance (Department of the Army, 2006 p.4-10). These traits can also be linked with “The Sturdy Oak” (David & Brannon, 1976) construct as men who subscribe to this strive to attain a sense of competence, containment and reliability and also seek challenges in order to prove and test their masculinity with others (Stouffer, 1976).

Levant et al. (1992), have further outlined seven aspects of masculinity: avoiding all things feminine, emotional restriction, exaggeration of toughness and aggression, emphasis on being self-sufficient, focused on achieving status, not relating, objectification of sexuality and a fear and detestation of homosexuality. David and Brannon (1976) used culturally specific terms to describe masculinity which possibly allowed further enquiry into the more distinctive aspect of the masculine experience.

#### **1.2.4 Internalization of The Muscular Ideal**

Body ideals now incorporate muscle tone for both men and women in terms of having a firm and toned body (Bordo, 2003). There has been an increasing emphasis of the male physique in the media and popular culture with more men seeking a more muscular mesomorphic body type with well-developed shoulders, chest and arms (McCreary, 2007). Pope et al. (2000) claim that men aspire to have a slim, well-muscled body as seen promoted in Western popular culture. This entails having low body fat levels in order to display lean muscle mass (Cafri et al. 2005). Modest levels of muscularity appear to be most favoured by men as opposed to extreme levels e.g. those seen in body builders as these are viewed as excessive and inorganic and representative of narcissism (Grogan & Richards, 2002). In general the Western body ideal that men aspire to is slim with modest as opposed to excessive muscularity (Monaghan, 2005).

Men and women who do not subscribe to conventional appearance values possible are less susceptible to the thin or muscular ideal present in the media and are less likely to experience dissatisfaction instigated by the resulting self-ideal discrepancies (Grogan, 2010). The Tripartite Influence Model (Thompson et al. 1999) proposes that influence of sociocultural factors on body image satisfaction is facilitated through internalization of a specific body ideal and social comparisons with these. In US males the internalization of the muscular ideal was found to be a direct predictive factor of muscularity dissatisfaction and high risk body changing behaviours (Karazsia & Crowther, 2010). This highlights that internalization is an important

predictive factor in male body dissatisfaction and is not exclusive to women. This is also supported by findings from Smolak and Stein (2010) where adolescent males in the US showed significant links with media investment and a drive for muscularity over two different periods of time. Also, a study by Pompper (2010) highlighted how US men felt pressure to conform to media images of male, muscled and hairless models despite feeling these were unrealistic in order to attract female partners thus again highlighting the role of internalisation.

However, Petrie et al 2010 found that when sociocultural and psychological factors were explored alongside internalization it was not exclusive in predicting body dissatisfaction in adolescent males. Also, it was not found to be a sole predictive factor in the development of eating pathology in adolescent Latino males (Warren et al. 2010). This highlights the need for more research into the function of internalization in forming body image in adolescent and adult male samples.

The importance of the function of internalization of thin or muscular ideals has been noted in relation to body dissatisfaction thus demonstrating a need to equip individuals with a means to resist engaging with the internalization process. One such approach is using psycho-education in order to teach people more realistic body ideals and to challenge and reframe their current perceptions (Levine & Smolak, 2002). However, these methods have mainly be researched on females and need to be further investigated with male samples in order to empower men to challenge the muscular body ideals promoted in Western media.

### **1.2.5 Embodied Masculinity**

Research indicates that masculinity can be experienced through the body where the body is viewed as a vehicle for action or limit setting. This can be linked to a biological focus on the body and its function or alternatively adopt the view that the male body is a blank canvas which is moulded and imprinted on by society (Connell, 1995). Masculinity can be conveyed through performance of the body which can lead to vulnerability when the performance is not continually maintained. The sociocultural context is important in ascribing influence on the meaning making process which individuals apply to their developing self-identity, including sexuality and masculinity (Light & Kirk, 2000). Dominant masculine ideology is also prevalent in the male body and represented culturally through hegemonic masculinity which can further influence gender roles and identity (Connell, 1995). This is demonstrated by the social status that men occupy in relation to their physical power and athleticism (Glassner, 1995). Kimmel (1997) believes masculinity is a direct result of the body rather than the mind. Beliefs around

masculinity influence men's bodies and behaviour thus moulding our understanding of masculinity (Deviser & Smith, 2006; Connell, 1998). Alternatively, evolutionary psychology emphasises motivators of male behaviour specifically focusing on mate selection due to the body's link with sexual attractiveness and reproductive fitness (Buss and Schmitt, 1993). Also, men focus more on appraising themselves according to masculinity, status and dominance (Wade, 2000). Research also found that the pressure is intensified by the link between muscularity and masculinity and has stressed the significance of the relationship in how men use their bodies to create a clear sense of self (Gill, Henwood & McLean, 2005). This study aims to build on these findings by exploring the individual experiences, possibly expanding on some of the above themes and underlying psychological impact of how the participants' view themselves.

### **1.2.6 Critique Of Masculinity Theories**

Existing literature illustrates that there are various complex definitions and conceptualisations of masculinity. Researchers postulate that current theoretical approaches towards masculinity hinder gender relations (Addis, Mansfield & Syzdek, 2010). Instead, they suggest that a more congruent approach needs to be applied in the theoretical understanding of masculinity and also in considering the societal impact of further empirical inquiry. O'Neil (2010) backs this view and states that essentialist masculinity endorses gender disparity which may serve to constrain the field of academic inquiry into masculinity. The Gender Role Strain (Pleck, 1981) and Gender Role Conflict (O'Neil, 1981) approaches emphasis the relationship of masculinity with psychological well-being and the sociocultural factors surrounding it. However, there is still the need for qualitative study into the manner in which GRS and GRC may be experienced in relation to masculinity and any commonalities or divergences present among males in differing contexts. From the sociocultural approach to masculinity Connell's (1998) hegemonic masculinity is a construct which describes ways that endorse the dominant social position of men in society and assumes that women occupy a socially subordinate position. This concept focuses more on power dynamics in society rather than the manner in which these are idiosyncratically experienced by males. However, additional research into hegemonic masculinity has led to an increased focus on the individual experience of masculinity for males and the influence that power constructs exert. A useful method of framing the significance of masculinity theory is also to focus on a construct such as help seeking behaviours from the masculinity perspective by enquiring into how the act of being masculine impacts on this concept. This is evident in a study by Addis and Mahalik (2003) where men who focused on

independence struggled more to seek therapeutic assistance. The theories presented in this section pertaining to masculinity highlight the complex, multifactorial, and contextual elements which need to be recognised in a modern day conceptualization of masculinity and individual meaning making in order to further understand the phenomenological experience of individual masculinity. This research aims to highlight any such constructs which may present for the participants relating to their experience of their masculinity, body image and psychological well-being.

## **1.3 A Critical Focus on Male Body Image Research**

### **1.3.1 Research On Muscularity**

Male body image is split into two separate types: the desire to bulk up or slim down, depending on their perception of and relationship with the pursuit of the lean muscular ideal and drive for muscularity (Oliviarda et al, 2004, Ricciardelli & McCabe, 2003, Shelton & Liljequit, 2002). This ideal appears to present a particular image of masculinity that manifests being powerful, in control, strong, independent and dominant corresponding with masculine ideology. When young men are exposed to this idealised image they are more likely to experience psychological distress due to the occurrence of body comparison resulting in a negative image. Minor body image issues in males have been linked to the use of anabolic steroids and other substances in order to increase muscularity (Grogan et al., 2006; Pope et al., 2000). Muscle dissatisfaction was found to be significantly associated with higher depression (Cafri, Strauss & Thompson, 2002), eating pathology (Hildebrandt, Langenbucher & Schlundt, 2004), lower self-esteem (Bergeron & Tylka, 2007), increased social physique anxiety (Duggan & McCreary, 2004) and less satisfaction with life (McCreary & Sasse, 2000). This conveys that muscularity concerns of college men are significantly related to psychological functioning, suggesting that this dimension of body attitudes plays a significant role in men's self-concept.

The research regarding male and female body image concerns indicates the main area of difference to be muscle dissatisfaction. Blond (2008) reviewed body dissatisfaction effect sizes from fifteen studies using mixed and between methods, exposing men to adverts containing images of idealized male bodies. The findings signify that viewing images of the male body ideal had a minor statistically significant negative impact on male body dissatisfaction. Three studies convey that young men who experience body dissatisfaction are at increased risk of

negative self-evaluations when exposed to idealized images. Two studies illustrated that men who are content with their appearance may be protected from negative effects from viewing these images.

The measurement tools used to assess body dissatisfaction spanned from Likert scales (to indicate agreement or disagreement with statements) to visual analogue scales (lines on which participants marked their degree of body dissatisfaction) and visual size estimation (selection or creation of male body silhouettes). The discrepancy in effect sizes by methodology must be considered with care as several of the variables were grounded in data from a few studies. Further research is required to ascertain which measures are most perceptive in detecting image generated male body dissatisfaction. A limitation of this research is that it focuses on young men in English speaking, Western cultures. All studies apart from one in Germany (Petersen, 2005) were carried out in America, Australia, Canada, or Great Britain. This highlights the pressing need for research based on a range of differing cultures to determine if male body dissatisfaction is commonly influenced by idealized images. Additionally, due to an ageing population there is a need for research focused on older males, as the majority apart from two studies (Halliwell et al., 2007 and Petersen, 2005) were conducted at adolescence or young adulthood. Although the studies reviewed by Blond (2008) propose that young men can be negatively influenced by exposure to idealized male body images, there needs to be more research into exploring whether this is relevant for men of different ages perhaps combining qualitative interviews in order to provide richer findings.

Men were found to have an increased drive for muscularity (McCreary & Sasse, 2000) and more specifically for the mesomorphic body type rather than the ectomorphic or endomorphic body types (Oliverio, Pope, Borowiecki & Cohane, 2004). Studies have found that body image dissatisfaction is an important factor in men's psychological well-being (Cafri et al., 2005, McCabe & Ricciardelli, 2004), which can lead to the development of muscle dysmorphia, eating disorders and depression (Oliverio, Pope, Borowiecki & Cohane, 2004). Research suggests that men hold a current body ideal relating to muscularity and with body fat levels and that their current ideal muscularity related discrepancies to be more divergent (Pope et al., 2000). Men were also found to report considerable psychological distress due to this incongruence pertaining to muscularity (Blashill, 2010).

Other factors which present alongside both female and male body image have a diverse impact on psychological health such as low self-esteem, depression and increased steroid use

(Oliviardia et al, 2004). The drive for increased muscularity can lead to engaging in unhealthy behaviours such as excessive weight lifting (Pope, Gruber, Choi & Philips, 1997), the use of supplements such as creatine (Oliviardia et al 2004) and the use of anabolic steroids. In a study of male body image, Bergeron & Tylka (2007) monitored for muscle dissatisfaction and drive for muscularity and found body fat dissatisfaction to be a unique predictive factor of psychological distress, depressive symptoms, low self-esteem, and lower psychological resilience. Further research of male body image exploring specific elements has highlighted body weight as an important predictor of body dissatisfaction, investment and anxiety, rather than muscularity, which was prognostic of body dissatisfaction (Tiggemann, Martins, & Churchett, 2008). These findings imply that, amongst heterosexual males, low body fat satisfaction is a key feature of male body image, and is perhaps more distinctively linked with psychological distress as opposed to muscle dissatisfaction.

Gillett and White (1992) suggest that socio-cultural pressures for the muscular ideal for men develop from various cultural and environmental sources. These concerns are linked to the male body embodying masculinity and power, and so anyone who fails to achieve this body ideal would consequently be vulnerable and experience anxiety associated with this. Men often feel pressure to act masculine and may feel like they have to succeed in situations that require physical strength and fitness. To seem weak, emotional, or sexually inefficient is a significant threat to self-esteem and masculinity. This could lead to masculine gender role stress arising where each show different methods of evaluating stressful predicaments and coping. The principles of masculinity can cause stress for men and can impact negatively on their ability to relieve stress. Men will often react in a way that is deemed acceptable with the relevant hegemonic masculinity rather than what may be best for them. Consequently they may not seek out help as this is inconsistent with their masculinity and coping strategies (Gillet & White, 1992). The existing literature conveys links between body image dissatisfaction and psychological issues and demonstrates that a sense of masculinity is intrinsic in how many men make sense of themselves and infers a causal link with masculinity.

According to McCabe and Ricciardelli (2004) academic literature suggests that women assign greater significance to the appearance of their bodies, their Body Mass Index and body weight than men. Research indicates that college females were more engaged with appearance directed behaviours than men and that gender role was an important predictor of body image. Feminine

men had a lower body image in a number of different areas compared to women who had a more positive body image (Jackson, Sullivan & Rostker, 1988). These findings convey that sex roles rather than gender alongside the stereotyped body ideals are relevant when considering how men view their body image. However, this research appears limited as it was collected on college students with an average age of eighteen to twenty-one and cannot be generalized or applied to an older male population. This can be improved upon in the future by using more representative samples.

Bergeron and Tylka (2007) found that control for muscle dissatisfaction and the desire for increased muscularity along with body fat dissatisfaction was an important predictor of psychological distress, depressive symptoms, low self-esteem and less psychological robustness. Further research has shown body weight to be a significant predictor of body dissatisfaction, compared to muscularity which was only predictive of body dissatisfaction (Tiggeman, Martins & Churchett, 2008). These findings demonstrate that in heterosexual men, body fat dissatisfaction is an important factor in body image and may have a more significant link with psychological well-being than the drive for muscularity. There are also other factors which impact on male body image satisfaction such as height (Ridgeway & Tylka, 2005). These findings convey that men who are not happy with their height described having less confidence in their stress handling capabilities. Therefore height dissatisfaction can also be described as a predictor of body image dissatisfaction and worry (Tiggeman et al., 2008) and is therefore relevant in a counselling psychology context.

Pope et al. (2000) found that the drive for a larger and more muscular body was present across different cultures. Men from France, Austria and the USA expressed wanting to be thirteen kg more muscular than what they currently were. They found that the highest levels of body dissatisfaction were present in those who held the greatest drive for increased muscularity. Another study found that body builders reported a higher drive for bulk over thinness than runners and held higher levels of body dissatisfaction (Blouin & Goldfield, 1995). Nudelman, Rosen and Leitenberg (1988) found that male runners were no different in their levels of body dissatisfaction than non-active men. These findings demonstrate that the nature of exercise taken up by men may convey different levels of body dissatisfaction and that a high level of exercise is not necessarily indicative of high levels of body dissatisfaction. Recent research shows that men also experience dissatisfaction with their body fat (Ridgeway & Tylka, 2005) and strive towards a leaner body (Tiggemann, Martins & Kirkbridge 2007). This research has illustrated that higher levels of body fat and body dissatisfaction are linked with psychological

well-being with increased symptoms of depression, anxiety, eating pathology and lower self-esteem (Bergeron & Tylka, 2007; Hildebrandt et al., 2004; Tiggeman et al., 2007 and Cafri et al., 2002). However not all of these studies found significant results as Cafri et al., (2002) found a non-significant result in their study of the relationship between fat dissatisfaction, depression, self-esteem and satisfaction with life. Also, Hildebrandt et al., (2004) found a non-significant link between symptoms of Bulimia Nervosa and fat dissatisfaction.

### **1.3.2. Critique Of Body Image Research**

However, the aforementioned research findings could be attributed to methodological issues in that the quantitative figure rating scales used do not measure the emotional and cognitive elements of body dissatisfaction which are more indicative of psychological distress than self-perceived evaluations of the body (Keeton, Cash and Brown, 1990). Research on male body image has been limited by its narrow focus on one or two aspects instead of being conducted on more broad evaluation measures incorporating more body image measures in a wider sample set (Olivardia et al., 2004). Existing academic research focuses predominately on a singular aspect which is thinness against obesity (Cohane & Pope, 2001; Stunkard, Sorenson & Schulsinger, 1993). This approach to male body image research has been derived from studies and measures based on females therefore leaving possibly inaccurate evaluative techniques not fitting with a male sample. A key example of this is the rise in relevance regarding muscularity relevant to male body image.

Also, the methodologies applied to the majority of body image research leads to a lack of evidence relating directly to the phenomenology of male body image and psychological well-being and the causes of these concerns which can be linked to an overreliance on correlation studies. Though potential causes of negative body image have been identified as: obesity, media representations of the body, influence of family and peers and subjective factors such as body comparison; the probable effects of negative body image have been identified as low-self-esteem, depression, and the development of eating disordered pathology (Burrowes, 2013). Therefore, we do not know enough regarding the phenomenological aspects of these issues pertaining to male body image and psychological well-being which this study hopes to address and expand on.

Other limitations of quantitative measures include how measuring the level of body dissatisfaction does not allow room for exploration of the reasons and overall impact these have on daily functioning. Qualitative research could also provide an improved, in-depth understanding into the individual experience regarding specific character traits in men in relation to body image satisfaction that quantitative methods do not account for. There is also a growing need to cross culturally explore men's body dissatisfaction as current research focuses on the USA, Australia, Canada or the UK. Body image disorders seem to be more predominant in Western males. Gray and Pope (2005) found that young Western men express idealistic body standards coupled with the significant influence that advertising emphasizing the male body holds (Yang, Gray & Pope, 2005). There has been significant research on female negative body image, eating disorders, low self-esteem and psychological distress in a counselling context (Johnson, Roberts & Worrel, 1999, Srebnih & Solzberg, 1994). However, research indicates increasing levels of male body dissatisfaction which warrants further academic research (Gray & Ginsberg, 2007; Furnham, Badmin & Sneade, 2002; McCabe, LA Ricciardelli, 2004; Cohane & Pope, 2001). Current quantitative studies do not account for the triggers and experiences around body image dissatisfaction, alongside the behavioural effects which are crucial in fully understanding Body Dysmorphia in men (Adams et al., 2005). Qualitative research such as this could provide insights into these aspects of men's experience and further explore them. At present there is a small amount of research pertaining to the area of Body Dysmorphia in men using focus groups (Grogan & Richards, 2002) or in direct relation to media influences (Fawkner & McMurray, 2002). The present study aims to contribute towards better understanding the participants' experience of body fat dissatisfaction and allow for the exploration of emotional and cognitive aspects. Therefore, qualitative research such as this aims to emphasise the intricacies of the males experiences and to phenomenologically explore the male experience of body image, masculinity and psychological well-being.

### **1.3.3 Body Dysmorphic Disorder And Muscle Dysmorphia**

Body Dysmorphic Disorder (BDD) according to the DSM-V criteria involves a distressing or impairing preoccupation with an imagined or slight defect in appearance which causes significant psychological distress and interferes with daily functioning. BDD individuals are preoccupied with the idea that some aspect of their appearance is inadequate. Muscle Dysmorphia can effect both men and women and is a form of BDD where individuals worry about muscle mass being lower than it actually is and can cause extreme psychological distress

and impair on daily functioning (Philips, 2000). BDD in psychiatric contexts has been linked to depression, substance misuse, social phobias, personality disorders and Obsessive Compulsive Disorder. BDD was also found to be prevalent in 11.9 per cent of patients seeking cosmetic surgery and dermatological treatments (Philips, 2000) thus highlighting where further qualitative enquiry would prove useful in exploring the preceding and resulting affect and experience.

Also, gay men are overrepresented in body image disorder studies which can be argued as a result of the misrepresentation of heterosexual men affected (Olivardia, 2002). Also, men with Muscle Dysmorphia suffer low self-esteem, may experience issues with gender identity and be susceptible to sociocultural promoted masculine ideals (Olivardia, 2002). Body image and stereotypical beliefs relating to masculinity appear to be noticeable among men with long-term Anabolic-Androgenic Steroid use. (Kanayama, Barry, Hudson, Harrison & Pope, 2006). Further studies (Bjork, Skarberg & Engstrom, 2013) linked self-image and psychiatric indicators in males with eating disorders and males who had used Androgenic Anabolic Steroids. They found that the ED group demonstrated a significantly more negative self-image at the beginning of treatment than the AAS group, but the two groups were similar in serious psychiatric symptomology. Body dissatisfaction was found to be common among both females and males with body dissatisfaction presenting as a risk factor for the development of an eating disorder and for anabolic androgenic steroid abuse.

There is a common misconception often held by researchers and clinicians regarding men's preference to discuss personal issues with other men however, Adams et al (2005) study into body dissatisfaction in men contradicts this as only three of the fourteen participants chose to be interviewed by a female. Perhaps further research could help to inform the delivery of clinical treatment programs and interventions related to body image and masculinity. Research has shown that men find it difficult to identify and discuss issues relating to physical appearance (Mishkind et al., 1986) which has a bearing on the assessment measures used for Body Dysmorphia in men. The BD construct is considered multifactorial (Cash & Deagle, 1997) however, assessment measures currently widely used only serve to evaluate one aspect of BD. Franzer and Shields, (1984) illustrate this by assessing the cognitive aspect of BD by using rating scales to signify body part satisfaction. Behaviours linked with BD are evaluated by means of the Body Checking Questionnaire (BCQ; Reas, Whisenhunt, Netemeyer & Williamson, 2002) and the Situational Inventory of Body Image (SIBID; Cash, 1994) which

have been designed as an affect measure. These are effective in assessing more distinct elements of BD but lack in that they do not assess meticulously enough to evaluate the construct. Adams et al., (2005) found that the process of body image formation appeared more important than the nature of the concern itself therefore emphasising the idiosyncratic nature present in body image formation.

Multiple assessment measures are more useful (Thompson, 2004) and there are a small amount of multifactorial assessment measures available such as The Body Shape Questionnaire (Cooper, Taylor, Cooper & Fairburn, 1987) yet their applicability to men is restricted as they have been formed based on the assessment of females. The Multidimensional Body Self-Relations Questionnaire (MBSRQ; Cash, 2000) is a comprehensive assessment tool measuring affective, cognitive and behavioural elements however, Carr (2002) states that it is perhaps over-inclusive as an evaluative measure of body image dissatisfaction due to its inclusion of health, fitness and illness. Also the MBSRQ does not account for issues of preoccupation with being underweight in males. Care must be taken in relation to psychometric data validation on samples used particularly of younger and ethnic minority samples as many measures are validated on adult mainly White samples. Also, many psychometric evaluation ratings scales have a restriction range resulting in a narrow range of selection figures possibly leading to false or misrepresentative scores. An affective rating may yield higher size ratings than requesting a cognitive rating. It appears that the above quantitative measures are not easily applicable to male samples and do not fully account for individual differences in body image formation.

#### **1.3.4 Body Shame**

Shame is an area of research increasingly receiving attention and is described as an individual experience (Tangney & Fischer, 1995) and an interpersonal process (Crisp, 2001). Mascolo and Fischer (1995), state that shame stems from self-evaluation of failing to live up to individual or others values relating to worth. Worries pertaining to body image, life events, ability or intellect are linked to perceived levels of acceptability, rank and status amongst peers and sexual partners in terms of self-worth and its link with feeling approved of and desired (Gilbert, 2002). In terms of body image and self-identity shame is relevant when people perceive their body to be unattractive or less desirable resulting in a higher risk of experiencing psychological distress and other disorders (Thompson & Kent, 2001). These instances are also known as body image disturbances (Cash & Grant, 1996). Body shame involves experiences relating to the body and its ability (Gilbert, 2002). The process of shame is multifactorial

involving: a social or intellectual external element, a self-evaluative component (such as feelings of worthlessness), an emotional, behavioural and physiological factor (Fischer & Tangney, 1995). The experience of shame has also been linked to stress which has been demonstrated by research showing increased parasympathetic activity when shame has been experienced (Schore, 1998).

### **1.3.5 The Aging and Changing Body**

Exploring how people react to their changing body, its function and physical appearance is key in comprehending psychological adjustment as an adult (Whitbourne & Skultety, 2002). There are three aspects of body image which require requiring attention as an adult: appearance, competence and physical health. Compensatory and preventative behaviours become significant factors in trying to diminish the effects of aging (Whitbourne & Skultety, 2002). Identity Process Theory (IPT, Whitbourne, 1986), maintains that an adult's view of self-identity is comprised of emotions regarding their physical, psychological and social performance. This involves the process of identity assimilation and identity accommodation. This approach states that our over reliance on either process is costly, as over dependence on identity accommodation in middle aged and older adults has been linked to high levels of neurotic self-reflection, low self-esteem (Sneed & Whitbourne, 2003) and negative memory control beliefs (Jones, Whitbourne, Skultety & Whitebourne, 2009). Research suggest that individuals who rely more on identity accommodation will be increasingly sensitive to the results of physical aging in later life. Recent quantitative research suggests that the psychological effects of aging should be taken into account as physical changes during aging are relevant to negative psychological outcomes in later life. The individual interpretations of these differences in the self-identity process influenced older adults and placed them at risk of low self-esteem, helplessness and worthlessness (Weinberger & Whitebourne, 2010). However, other studies have reported that older adults have reported increased body satisfaction than younger people (Reboussin et al., 2000) but still maintained a link with individual body satisfaction linking with the body's performance. These findings support the need for further enquiry into the individual differences in sensitivity to aging stereotypes which may help recognise factors linked to depression.

### **1.3.6 Sexuality and Body Image**

Research suggest that sexual orientation may have an effect on the prevalence of body dissatisfaction among men. Findings convey that gay men are at a higher risk for eating disorders than heterosexual men (Boisvert & Harrell, 2009), with homosexuality/bisexuality

being a particular predictor of risk in men who develop bulimia (Carlat et al., 1997). Also, Siconolfi, Halkitis, Allomong & Burton (2009) found that White and Latino gay men had higher eating disorder scores than did African American gay men.

Gay men are found to have higher levels of body image dissatisfaction than heterosexual men (Morrison, Morrison & Sager, 2004). This has been linked to the objectification of men (Wiseman & Moradi, 2010) coupled with gay culture which purports the messages of unattainable physical beauty ideals, puts increasing pressure on gay men (Hospers & Jansen, 2005). Research has shown that although gay men experience increased levels of body dissatisfaction they do not always experience different kinds of worries than heterosexual men (Tiggeman et al., 2008). Studies demonstrate that body fat dissatisfaction is a predictive factor in men's psychological well-being for both heterosexual and gay men (Blashill, 2010). Therefore, this study aims to explore all aspects of body image that the participants discuss in order to understand their experiences fully related to their psychological well-being.

## **1.4 Male Body Image / Masculinity and Psychological Well-Being**

### **1.4.1 Psychological Well-Being**

Literature has traditionally theorised psychological well-being as the quest for happiness with this perspective later shifting towards individuals being able to reach their full potential (Rhyff, 1989). More recently psychological well-being can be conceptualised as an amalgamation of positive affect such as happiness and optimum functioning related to aspects of individual and social life (Deci & Ryan, 2008). Huppert (2009) stated that "Psychological well-being is about lives going well. It is the combination of feeling good and functioning effectively." Hence, those with high levels of psychological well-being describe feeling content, accomplished, supported and fulfilled (Huppert, 2009, p.137). Psychological well-being also encompasses an existential view point in that it highlights the importance of the individual meaning making process coupled with the extent to which a person is daily functioning (Ryan & Deci, 2001). Huppert's (2009) evaluation asserts that the outcomes of psychological well-being comprise of improved physical health, possibly facilitated by neural activity patterns, neurochemical effects and genetic influences. There is a widely accepted acknowledgement that psychological distress in various forms such as anxiety, depression, irritability, self-consciousness and

emotional vulnerability is significantly linked with physical illness, reduced quality and expectancy of life, and increased use of health services (Lahey, Winefield, Gill, Taylor & Pilkington, 2012).

Men describe having different body concerns to that of females with the most obvious gender difference presenting in literature as muscle dissatisfaction, where men report experiencing this more alongside a desire to increase muscularity (e.g., McCreary & Sasse, 2000). Literature specific to masculinity theorise that male body dissatisfaction can be split into two types: the desire to slim down and/or increase mass, based on the individual's relationship with their lean or muscular body ideal (Konstanski, Fisher, & Gullone, 2004; Olivardia et al., 2004; Ricciardelli & McCabe, 2003; Shelton & Liljequist, 2002). In relation to males there is also an increasing interest regarding the health costs of a negative body image. Males now seem to be engaging with body comparisons and objectification in response to unattainable masculine body ideals promoted in the Western media which consequently influence how they evaluate their self-worth based on their appearance. A study by Tager, Good & Morrison (2006) reinforces the link between body image and psychological well-being by demonstrating that appearance evaluation for young men was 20 percent of their self-acceptance which ties in with previous research signifying a link between negative body image and psychological difficulties.

#### **1.4.2 Depression**

Olivardia et al. (2004) tested the body image and related psychological traits in 154 American, college men. This involved using the Somatomorphic Matrix, to test body image perception. The participants were exposed to a range of various body images including from overweight to muscular and also filled in paper based tests assessing depressive symptoms, eating disorder pathology, levels of self-esteem, and the use of performance-enhancing substances. The results convey that the participants exhibit considerable body dissatisfaction and that this is linked with depression, eating pathology, use of performance-enhancing substances, and low self-esteem. Muscle belittling also presented as a significant concept in the body dissatisfaction of participants (Cash, 2006).

Various research exploring the link between male muscle dissatisfaction and mental health have illustrated that high levels of muscle dissatisfaction alongside the drive for muscularity are associated with higher levels of depressive symptomology (Cafri et al., 2002, McCreary &

Sasse, 2000 and Olivardia et al., 2004), eating pathology (Hildebrandt et al., 2004, Olivardia et al., 2004 and Tylka et al., 2005), low self-esteem (Bergeron and Tylka, 2007, Cafri et al., 2002, McCreary & Sasse, 2000) and increased social anxiety related to appearance (Duggan & McCreary, 2004). Significant levels of fat dissatisfaction in males have also been linked with greater depressive symptoms (Bergeron & Tylka, 2007), therefore the general consensus from the existing male body image literature demonstrates that high levels of body dissatisfaction are associated with depressive symptoms

#### **1.4.3 Self-Esteem**

The growing concern of negative body image issues in the United Kingdom led to the government launching a body confidence campaign and further subsequent studies which found that negative body image is correlated with low self-esteem, depression, and the use of unhealthy eating behaviours (Burrowes, 2013). Literature has linked self-esteem with body image suggesting that there is a positive link between high self-esteem and positive body image. Research has demonstrated that both men and women with high self-esteem appraise their bodies more favourably and have higher levels of body satisfaction throughout life (Paxton et al. 2006; Tiggemann 2005; Wilcox 1997). A cross-sectional study applying the Objectification Theory model found that appearance related anxiety and body shame were predictive indicators of self-esteem in female and male participants (Choma et al, 2010). The relationship of the effect is not clear due to the cross-sectional form of the study however, the illustrated link between self-esteem and body image is reinforced by Tylka et al. (2005) that male self-esteem and body image are related rather than being independent of each other as previously suggested by Ogden (1992). Further research by Petrie et al (2010) found self-esteem to be a strong indicator of body satisfaction in adolescent boys in the US. This was found to be the strongest predictive factor over other physical or psycho-social factors included in the study and links with findings from Choma et al (2010) study. This highlights the need for male body image psychological interventions to focus on self-esteem in order to be effective.

The cause and effect relational pattern between self-esteem and body satisfaction is contested, however much of the research has suggested that body image dissatisfaction influences later self-esteem as illustrated in studied of adolescents (Paxton et al 2006; Tiggemann, 2005). An Australian study of body dissatisfaction and self-esteem in older adult males and females tested participants on measures related to each aspect, twice over a period of two years. This study found that low body satisfaction was linked to low self-esteem in both men and women. High

levels of body dissatisfaction for women younger than thirty-one years old at the first time period being measured were predicted to have lower self-esteem two years later. These findings were not evident for older female participants or the males. Therefore, the variances in the findings highlights how the relationship between body satisfaction and self-esteem is influenced by both gender and age.

Although the direction of the relationship between body image and self-esteem has yet to be established, both emotional and evaluative aspects of body image have been reliably linked with self-esteem in men. Further approaches to working with body satisfaction should aim to incorporate these findings into interventions especially in relation to adolescent boys (Petrie et al. 2010). Studies from the US and Australia have demonstrated that programs aimed at raising body esteem in adolescent males and females (O'Dea & Abraham, 2000) and adults (Springer et al. 1999), proved effective in increasing body satisfaction. More studies are needed to determine the effectiveness of such programs in raising self-esteem and improving body image in adult males and females and will also further contribute to improving understanding regarding gender differences.

#### **1.4.4 The Positive Psychology/Positive Masculinity Model**

Englar-Carlson and Kiselica (2013) advocate the use of strength based approaches to counselling males with focus on what the client can do rather than what they cannot. Kiselica and Englar-Carlson (2010), have proposed a new frame for understanding men and masculinity known as positive psychology of boys and men which highlights positive components of masculinity, development and the socialisation process. The aim of this approach is to help males to attune to and endorse the strengths and healthy constructs of traditional masculinity which will allow for an improved clinical understanding of males. These aspects include: “male relational styles, male ways of caring, generative fatherhood, male self-reliance, the worker/provider traditions of men, male courage, daring and risk-taking, the group orientation of boys and men, the humanitarian service of fraternal organisations, use of humour and male heroism” (p. 277). These ten strengths are socially constructed, not gender specific or biologically determined. However, males are socialised to express these strengths in specific ways which is then expressed and passed on in certain forms through generations of males (Pleban & Diez, 2007). Research has conveyed a strong link between restrictive compliance with traditional masculine norms and an adverse impact on men’s health such difficulty expressing affect and seeking help for physical and mental health worries (Addis & Mahalik, 2003; Englar-Carlson, 2006). The majority of literature on masculinity relates to its negative

aspects and effects which has left scope for further research into positive masculinity and it's role to play in endorsing psychological health and "honourable manhood" (Keselica, Englar-Carlson, Horne & Fisher, 2008, p.32). This shift in perspective onto the positive has demonstrated reduced depression and increased levels of happiness (Seligman, Steen, Park & Peterson, 2005). Hardiness is a particular trait related to resilience which is relevant with the present study of psychological well-being and masculinity. Hardiness is a set of values and ideals that enable someone the courage to turn a difficult situation into an opportunity for growth in a healthy mind set in spite of feeling stressed (Kobasa, 1979; Maddi, 2004, 2006). In a positive psychology context the inquiry into resilience described a string of characteristics that help individuals oppose developing psychopathologies in stressful predicaments (Vaillant, 2000).

The development of a man's identity and masculinity is influenced by his social class, ethnicity, sexuality, religion and other significant roles (Shields, 2008). With this in mind the PPPM model would have to account more for these factors in order to develop a deeper culturally rooted understanding regarding male strengths and masculinity. Studies have conveyed the importance of the contextual and cultural components which shape, define and influence the expression of male qualities as men will contribute to others in relation to their cultural context. This is conveyed in studies of Latino men where family is an important factor on being a man (Hurtado & Sinha, 2008) and with African American men (Hammond & Mattis, 2005) but is not recognised as an important aspect of masculinity in the majority of masculinity research (Wong et al., 2011).

#### **1.4.5 Help-Seeking Behaviours**

Understanding the array and extent of various forms of masculinity could possibly help in better understanding ways to help males deal with issues (Tager & Good, 2005). For example there is a shared understanding of hypermasculinity in the armed forces (Rosen, Knudson & Fancier, 2003) and an acknowledgement that multiple masculinities exist in the military service (Higate, 2003) which may influence help-seeking behaviours. There has been growing academic interest in the expression of masculinity alongside the manner in which this influences how stress is dealt with (Addis & Cohane, 2005; Mahalik et al. 2003).

Perhaps due to adherence to dominant masculine ideals and shame related to help-seeking and the expression of vulnerability has led to the number of military members with psychological issues being underrepresented (Britt, Greene-Shortridge & Castro, 2007).

Another strength-based approach with men is to challenge the socially accepted behaviours around men seeking help and to initiate and implement male-friendly outreach programs. Studies convey that men are reluctant to seek help for psychological and physical health care, which has been associated with compliance with traditional masculine ideals which serve to reinforce this hesitant behaviour (Addis & Mahalik, 2003; O'Neil, 2012). However recent research suggests that this may be changing with an increase of 9.3 per cent of men reporting that they had sought treatment for substance abuse in the past year. (Substance Abuse and Mental Health Services Administration, 2012). Further research in Canada and the USA suggests that gender was not a significant predictive factor in the use of mental health treatment centres (Edlund et al., 2002) suggesting that other sociocultural factors need to be considered. Kiselica (2008) found that males will engage with social and mental health services when these services tackle issues that are relevant and are delivered by professionals who adopt male-friendly approaches.

#### **1.4. 6 Men And Emotions**

Restraining, self-censorship and containment of emotional distress are evident themes in research pertaining to masculinity. Recent empirical research, a large-scale cross-cultural study backs the concept of distinct emotional development between males and females. In a study of 220 Argentine, Italian, and US families with children of 20 months, the findings conveyed that mothers of girls were more sensitive and organising than those of boys, and that daughters were more receptive and relational than sons (Bornstein et al., 2008). This study strengthens the notion that young males are left to cope and be more self-sufficient than females during the early developmental stages where they are known to be very receptive to the caring environment (Gerhardt, 2004).

According to Mahalik (2005) men are less likely to express emotions and adopt a traditional stoic stance. Others contend that this containment and lack of expression is due to hegemonic masculinity, symbolic of strength, whereas revealing emotional distress is seen as a failing (Courtney, 2000; Connell, 1998). This reluctance to seek help due to hegemonic views was further supported by a study of Scottish men exploring their experiences in medical consultations in relation to their individual constructs of masculinity. However, they did find that allowances were made for help seeking when it was viewed as a method to conserve or re-establish other valuable aspects of masculinity such as their sexual functioning or working as a fireman (O'Brien, Hunt & Hart, 2005).

## **1.5 Summary of Literature Review**

Existing research demonstrates a link between negative body image, psychological distress, physical distress and aggression amongst men (Agliata & Tantlett-Dunn, 2004; Cafri et al, 2005, Furnham & Colnan, 1998, O'Dea & Abraham, 2002, Ricciardelli & McCabe, 2004, Olivardi, Pope, Borowiecki & Cohone, 2004). Studies focusing on gender differences have illustrated that men experienced low self-esteem and psychological conflict when exposed to the lean, muscular male body ideals prevalent in men's magazines (McCabe & Ricciardelli, 2001; Tiggemann, Martins & Kirkbride, 2007). Kinnel and Mahok (2004) found that conforming to traditional masculinity ideals led to higher levels of body dissatisfaction demonstrating an existing link between body dissatisfaction and psychological conflict in young men. Men are increasingly experiencing body image dissatisfaction which has been linked to poor psychological adjustment, eating disorders, steroid abuse with an over-emphasis on exercise alongside other potentially harmful behaviours (McCabe & Ricciardelli, 2003). Therefore, it is important that the field of counselling psychology strives to better understand the mental health implications of issues pertaining to masculinity and body image.

The aforementioned studies have been limited in that they favour using quantitative methods (McFarland & Petrie, 2012), frequently use specific adolescent and body builder samples (Botta, 2003; McFarland & Kaminski, 2008) and fail to explore the individual experiences of masculinity and body image of the participants. However, there is a lack of qualitative research into the experience of male negative body image and psychological conflicts and how this goes on to shape masculinity. Due to this lack of research focusing on the psychological functioning of men, particularly in the United Kingdom (Wilkins, 2010) this study aims to explore in-depth the participants' unique experiences of their body image, masculinity and psychological well-being and may lead to an in-depth phenomenological understanding of how the participants experienced and dealt with issues pertaining to body image and masculinity and coped with any psychological distress.

## **1.6 Aims and Rationale for the Current Study**

Early body image research was conceptualized and based on females thus requiring a different line of empirical inquiry pertaining specifically to the study of male body image. Although

there is a lot of existing literature and theoretical models related to the study of masculinity there are few studies which explore the experiential aspect of masculinity together with body image and how this may influence psychological well-being. A considerable amount of qualitative literature on male body image has focused on empirically testing the theoretical constructs linked to aspects of body image such as the drive for muscularity and found that this was linked with psychological distress. Similarly, studies involving testing constructs of masculinity have shown links with experiencing psychological distress. Male body image literature focuses more heavily on qualitative research. Initially this research was tailored towards measuring and evaluating body image traits, constructs and body change related behaviours linked with measures of psychological well-being and is now being built on by a growing trend towards more qualitative research related to male experiences of their body, masculinity and various psychological aspects. There is a gap in male body image literature which qualitative research could contribute to by emphasizing the individual aspects of the male experience of body image and masculinity and the influence this may have on their psychological well-being. Particular focus should be on the meaning making process ascribed to the male's experiences which would benefit the field of counselling psychology in further understanding the idiosyncratic nature of the client's experiences.

The present study aims to highlight the individual meaning making process for the participants pertaining to their experience of their body image and masculinity, illustrating any differences and commonalities across the accounts and how this may have influenced aspects of their psychological well-being. This research will provide new insights, develop on existing research in the field and may help to develop new theory and clinical practice (Yardley, 2000). It may also be possible to draw on any commonalities and divergence of experiences in order to better understand how to engage more men in psychological therapies experiencing body image and/or masculinity issues.

This study will attempt to qualitatively explore the experience of individual masculinity of the participants, their body image and psychological well-being using Interpretative Phenomenological Analysis. Qualitative research aims to further understanding in different areas and link with related, external and influential factors in order to generate new insights (Camic, Rhodes & Yardley, 2003). The purpose of this research study is to: explore the participants' experiences of their body image alongside their experience of their masculinity and how these connect with or possibly influence various aspects of their psychological well-being. Findings from this study could also identify specific areas of mental health affected by

body image or masculinity issues and potentially increase awareness of men's help seeking, coping behaviours and engagement with psychological therapy services. Therefore, the present study intends to answer the research question: What is the experience of masculinity and body image in relation to psychological well-being.

## **CHAPTER 2 - Methodology**

### **2.1 Research Design**

A qualitative methodology was adopted as it is a fairly unexplored investigative method used within this subject area. It was also used as a means to engage with the complexities of the individual's subjective experiences. This study will involve the participants describing how they feel about their bodies and what masculinity means to them in relation to their psychological well-being. This study used a qualitative methodology that involved collecting data from semi structured interviews using a homogeneous male sample, aged between eighteen to sixty years old, from varying socio-economic and cultural backgrounds. The semi-structured interviews aimed to explore their lived experiences of their body image, masculinity and psychological well-being.

### **2.2 Rationale for a Qualitative Approach**

In relation to body image research in men, there is a limited amount of qualitative studies relating to masculinity and psychological well-being compared with the quantitative literature available in the field of Counselling Psychology. Also, there is a growing if somewhat limited amount of literature focused on understanding the wider socio-cultural contexts of men's perceptions and relationship with their masculinity, body image and psychological well-being (Fawkner & McMurry, 2007, Gill et al., 2000; Pope et al., 2000). This research aims to use a qualitative approach to further build on existing research and incorporate an additional element by exploring in-depth how the participants understand and make sense of their masculinity, body image and psychological well-being whilst taking into account socio-cultural contextual factors (Hargreaves & Tiggemann, 2003; Smolak et al., 2005).

Nevonen and Broberg (2000) state the limitations of qualitative research in that less flexibility exists in relation to what participants report and that often overly structured reporting methods are used which result in a limited representation. However, Willig (2008), states that the quantitative paradigm can result in a narrow perspective. It was therefore decided that this research would use Interpretative Phenomenological Analysis (IPA) in order to focus on the subjective meaning making processes of men in their experience of their body image, masculinity and psychological well-being in order to create a rich understanding of their lived experiences.

IPA was selected as it would allow for an in-depth detail orientated exploration of the participants experience unlike the quantitative approach which wouldn't allow the participants a voice and assumes an objective role of the researcher which does not account for their impact on the research (Langridge & Hagger-Johnson, 2009). IPA therefore, accounts for the researcher's role throughout the process thus encouraging reflexivity (Griffin, 1995) which is more akin to the interpretative, phenomenological approaches used in the field of Counselling Psychology. Another advantage of the qualitative methodology is that it allows scope for unexpected findings (Langridge, 2007) and links this with research which aims to produce data specific to the subject explored.

## **2.3 Design**

### **2.3.1 Ontology**

A relativist ontology relates to the idea that knowledge develops from an “evolved perspective or point of view”, (Raskin, 2008; p. 13). A relativist ontology rejects the idea that the world consists of structures and objects which are linked via a cause and effect relationship instead, favouring that the world exists in relation to our perception (Blaikie, 2007) or our construction (Reason & Bradbury, 2006). A relativist ontological approach will be used in this study which assumes that reality as we know it is constructed inter-subjectively through the meanings and understandings developed socially and experientially. It also places emphasise on the diversity of interpretations that can be applied to the world (Willig, 2008). This research may provide rich material and insights into the manner in which the participants ascribe meaning to their experiences of their bodies, masculinity and psychological well-being. This research is phenomenological as it approaches the subject of the study through the experiences, perceptions and understandings of the participants from which we would be able to comprehend their masculinity, body image and psychological well-being.

### **2.3.2 Epistemology**

Positivism postulates that there is a definitive link between the world, its contents and an individual's understanding and perception of it. Positivism supports the idea of there being a right or wrong way to perceive things in the world. This suggests that phenomena can directly influence our perception of them and that a clear link exists between things and how they are presented (Willig, 2011).

The aim of Interpretative Phenomenological Analysis is to build a rich picture of understanding of the participants lived experience. IPA aims to provide a voice to the participants' issues and illuminate their psychological meaning making process (Larkin et al., 2006). This requires that

as a researcher I find a balance between my account of interpretation and contextuality which will result in an in-depth understanding. IPA links a personal experience with a descriptive account to make sense of individual experience rather than to focus only on the dialogue and linguistic aspect. Eatough and Smith (2006) state that this is a light constructionist view and is only partially how individuals construct their narratives and highlight the existential phenomenological view of individual experience. In relation to Constructivism knowledge is created by individuals through active and deliberate interaction in the world (Morcol, 2001) which corresponds with this research. This research also links with the contextualist perspective which is rooted in the notion that human acts or events are active, ever-changing and developmental moments of a reality which constantly shifts (Jaeger & Rosnow, 1988). This fits with exploring the chosen subject by considering individual behaviours, subjective expectations and interactions with the immediate environment. It also accounts for how an individual's choices are determined within a changeable context dependent on varying fixed or changeable factors. My epistemological position could be described as contextualist with a nod to light social constructivism as this features in participants' accounts and helps attribute meaning to further understanding masculinity, body image and psychological well-being.

This study approaches masculinity and body image with the participant's actively changing context in mind whilst taking into account the past and present. It can be said that our bodies express who we are and how we relate with others in the world. My epistemological position denies the Cartesian divide of the mind, body, person and world and embraces the Heidegger view of individuals being in the world and always being present and involved in a significant context (Larking, Watts & Clifton, 2006). This phenomenological research aims to incorporate an understanding of the biological factors relating to masculinity and pertaining to body image issues in relation to psychological well-being. My sense making and interpreting of the participants' experience will also be rooted in my own social, historical and cultural context (Jaeger & Rosnow, 1988). I am grounding my knowledge in the participants' subjective descriptions of their diverse experiences. In keeping with Counselling Psychology, this contextualism allows me to utilise my own background and history coupled with my practitioner psychological skills when analysing. As a result, data gained through analysis are the result of an iterative, interpretative process involving reflexivity.

### **2.3.3 Hermeneutics**

Finlay (2011) proposes that research focusing on individual experience can be considered phenomenological if it links with the supporting theory and philosophy. Two of the most

influential names in the field of phenomenology are the philosophers Husserl and Heidegger. Husserl's views were based on the study of understanding conscious experience therefore feeling restricted by empirical science. Husserl was attempting to split the duality of the subject (the researcher) and the object (the topic) by investigating how things present themselves. He was interested in focusing on phenomena which equates to studying the participants experience of phenomena (Finaly, 2011). Langridge (2007) states that all phenomenology is linked with individual experience and connected with Husserl's idea of intentionality. Husserl's notion of intentionality is relevant in that it emphasises the participants' conscious awareness in what they experience and how they experience it. Husserl states that to engage in this phenomenological enquiry we must adopt a reductionist approach which involves bracketing our knowledge and experiences so as not to make assumptions. This requires that the researcher brackets off and suspends their views so as to fully absorb themselves in the data in order to uncover themes or commonalities. This is to ensure a detached and curious approach and perspective. IPA recognises that fully accessing another's world is not possible which is why semi-structured interviews are used in order to help reach a deeper understanding (Conrad, 1987).

The contextualist stance stems from Heidegger (1993, 2010) in which the person is always a part of a meaningful context where there is no room for the Cartesian divide of the mind and the body as a person is always a part of the world (Rennie, 1999). Heidegger believed that it is not possible to fully bracket off ourselves from our experiences as to experience anything is in some form to interpret it (Finlay, 2011). In the context of this research I am attempting to understand my participants through the use of the hermeneutic circle through an iterative process in which interpretation of phenomena and linguistics takes place. IPA is influenced by hermeneutics versions of phenomenology in that it pays close attention to the interpretation activity involved in the analytic process. Smith and Osborn (2003) believe that the process of IPA could be described as a double hermeneutic as the researcher is aiming to make sense of the participant making sense of their own personal world thus making it a two stage interpretative process. It is directly due to this that IPA accounts for and recognises that data is interpreted by the researcher with their theoretical knowledge, thoughts, social and cultural context which is why reflexivity is an integral part of the process. IPA is also shaped by Heidegger and Gadamer who adopt the hermeneutic perspective that by existing in the world we are surrounded by a cultural, social and historical context which we understand

linguistically (Smith et al., 2009). IPA uses an idiographic approach which allows the voice and experience of each individual participant to be acknowledged.

IPA does not frame the researchers' context or knowledge as bias but instead as a tool which assists in the meaning making process. The researcher is engaged with the hermeneutic process by revisiting the data in a process of self-reflexivity. Shaw (2010) believes that this method lends itself to a contextualist ontological position which involves forming various accounts of reality and significance. The double hermeneutic can also involve empathic and critical hermeneutics (Ricoer, 1970). IPA looks to comprehend the experience from the perspective of the individual empathically whereas critical hermeneutics involves the use of psychological interpretation to include facets that the participant is less aware of. This research looks to combine both of these which will result in a better quality of analysis.

#### **2.3.4 Idiography**

A tension exists between the idiographic nature of IPA and developing commonly occurring themes. It has been said that the search for themes lessens the idiographic focus and leaves behind alternative themes if they are not commonly represented across the sample (Wagstaff, Jeong, Nolan, Wilson, Tweedlie, Phillips, Senu & Holland, 2014). However, IPA's strength lies in the resulting intricate account from participants, produced from the semi-structured interviews. The engagement and involvement of both the researcher and participant in allowing their unique experience to be voiced is acknowledged throughout the research process unlike with quantitative methods. Given its idiographic nature, IPA is reluctant to claim the generalisation of results to a wider population (Smith & Osborn, 2003). Giorgi (2011) also criticises IPA for being unscientific as it does not allow for research to be reproduced. However, the results produce a theoretically rather than scientifically based generalisation of knowledge where significant links can be made between the findings, personal and professional experiences and existing literature (Smith & Osborn, 2003). An advantage of IPA is that it is rooted in data and allows for a deeper interpretative understanding which allows for psychological depth. IPA is mainly concerned with the meanings that certain experiences, events and states have for participants (Smith et al., 1997) which reflects the aim of this study.

#### **2.3.5 Epistemological Reflexivity**

The contextualist and emic position of this research, rooted in phenomenology puts the unique experience of each participant at the heart of the research. This means that care needs to be taken to account for possible power dynamics being in play during the research process. This could present in the form of the researcher being in the role of the expert or vice versa with

the gender difference being prominent within this specific research context. It can be said that this type of phenomenological research lacks in its ability for the findings to be generalised. However, the interpretative process involved in the nature of this study is in keeping with IPA's ontology and epistemology as Willig (2001, p.66) states that there is no claim for the objective nature of any one thing, but an interest in the subjective statements that a co-researcher brings to a given question.

This study referred to the epistemology criteria for IPA stated by Willig (2001) in the hope of developing an understanding of the participants lived experience and an insight into their thoughts, feelings and perceptions pertaining to the topic. In line with this, this research explored the individual subjective experience of masculinity, body image and psychological well-being rather than answer any direct questions or hypothesis. This research also recognises the role of the researcher throughout the process by means of a reflective journal which is also in keeping with Willig's (2001) epistemology regarding IPA.

## **2.4 Rationale for the Use of Interpretative Phenomenological Analysis**

Interpretative Phenomenological Analysis (IPA) was developed by Jonathan Smith in the mid 1990's and is an increasingly popular qualitative method within the field of Counselling Psychology. IPA (Smith & Osborn, 2003) was the chosen qualitative approach because it meets the aims of the research question in this project. As Smith (2011) states, it is a phenomenological approach focused on exploring individual experience therefore offering a way to develop a rich picture of understanding in the world. IPA is interpretative and through the hermeneutic process of interpretation allows us to make sense of experience (Smith, 2011). IPA can be both phenomenological and social constructivist, in that it involves interpretation and personal experiences within a context and is therefore consistent with my epistemological position. This research project used IPA to analyse the data in order to describe and interpret the participants lived experience of their masculinity and body image in relation to their psychological well-being. My intention as a researcher was to understand their subjective meaning making process relating to their bodies, masculinity and psychological well-being.

IPA also focuses on cognitions as it aims to understand an individual experience based on thoughts and values. O'Connor and Hallam (2000) propose that phenomenology is interested in all features which shape an individual's world which includes pre-cognitive aspects such as thoughts, mood states and ideas on the edge of our awareness. Smith, Jarman and Osborn (1999) highlight that the purpose of IPA is to gain an in-depth understanding of phenomenon

from an insider perspective. With this in mind it would not be possible to access this type of information unless I was personally present during the participants experiencing of their body image or masculinity issues. Unlike conventional phenomenology, IPA openly acknowledges the role of the researcher throughout the process by encouraging reflexivity. IPA's interpretative process is considered a critical factor in the production of a consistent and themed enquiry into the participants' experiences (Biggerstaff & Thompson, 2008). This differs from descriptive phenomenology as IPA aims to illuminate a phenomenon and attempts to understand the account in relation to a wider socio-cultural and theoretical context (Larkin et al., 2006).

IPA also involves empathic interpretation which enhances meaning with the hope of understanding. The level of interpretation employed can lead to uncovering the underlying meaning which is beyond descriptive (Braun & Clarke, 2006). Giorgi (1997) favours staying at the descriptive level whereas Smith et al (2009) state that IPA allows the opportunity to explore and unpack individual descriptive accounts at a deeper level as employed by this research whilst holding the individual's context in mind. Other qualitative methods such as Grounded Theory and Discourse Analysis were also considered but deemed to be less well suited to this research.

## **2.5 Validity**

This section aims to outline the quality and validity criteria and use them to inform the methodology, procedure and reflexivity process. As this research is qualitatively based, I will draw on Yardley's (2000) four comprehensive values as an evaluative guide for this research. These are: considering the sensitivity to context (existing literature, socio-cultural context and the participants' interview data), commitment and rigour (quality of the interviews, the depth of analysis and appropriateness of the sample), transparency and coherence (the link between the research and theory and the clarity of the stages of the research process) and its impact and importance (whether the findings of the research inform the field of counselling psychology of anything useful) (Coyle, 2006; Smith et al., 2009). Smith (2011) has also added clarity of research focus, robust interview data, rigour, explanation of theme analysis, emphasis on the interpretative process, to evidently convey divergence and convergence of themes and good writing. The application and use of these principles is included in the Analysis and Discussion section.

Other validity measures include supervision and peer support groups (involving reviewing). The process of analysing transcripts was peer reviewed via support offered through an IPA support group with two City University London trainees who were all bound by the same ethics and confidentiality. This allowed for discussion around using IPA and provided each with constructive feedback which allowed me to usefully incorporate alternative reflections and perspectives into my own interpretative process.

### **2.5.1 Sensitivity to Context**

In this qualitative research study there was considered sensitivity to the participants and their socio-cultural backgrounds throughout the process. This was demonstrated through the use of semi-structured interviews utilising open ended questions where the participants could communicate openly. Conveying sensitivity to the social-cultural context is in keeping with the epistemological view of this research and that of Interpretative Phenomenological Analysis which emphasizes the individual experiences thus including contextual factors. This has also allowed for the nuances in how language is used, differing family and cultural backgrounds alongside, changeable environmental and contextual factors to be highlighted. In this study, it was necessary for me to consider how the male participants may have felt being interviewed by a female researcher and whether this inhibited them or caused them to self-censor during the interviews.

### **2.5.2 Commitment and Rigour**

Commitment and Rigour was construed through my commitment and focus on the research alongside my level of engagement, comprehensive data analysis and use of interpretative skills grounded in my counselling psychology training. I have also endeavoured to demonstrate sufficient detail regarding appropriateness and suitability of the sample thus in keeping with the homogenous sampling necessary for this study.

### **2.5.3 Transparency and Coherence**

Coherence and transparency relates to the clarity of the research process and a coherent research account which fits with the epistemology of the research. I have attempted to make clear the aims of the research, the research question and to provide a complete and detailed description of the design and procedures used that relates to the literature reviewed. I have also kept a complete paper trail to evidence the research and analysis process which further highlights the coherence and transparency of this research.

#### **2.5.4 Impact and Importance**

This research concentrates on the meaning, context and intricacies of the men's subjective experience of their masculinity, body image and psychological well-being which has consequently produced a rich, contextual and interpretive narrative of their experiences. This research will hopefully lead to an improved understanding of men's relationship with their body image, masculinity and psychological well-being and can hopefully help to assist in further informing counselling psychologists in relation to their clinical practice.

### **2.6 Procedures**

#### **2.6.1 Participant Selection**

The participant sample of the present study was eight (8) males of ages 21 to 60 varying in cultural, educational and socioeconomic backgrounds. Since masculinity and body image concerns are likely to vary over a lifetime (Cash, Winstead and Janda, 1986), a broad age range was chosen to capture this and represent the aging male. In trying to determine what number of participants would be considered appropriate for this research I encountered mixed views. The preference suggested was for a scale of between four to ten participants for doctoral studies (Langdridge, 2007; Smith & Osborn, 2008; Smith et. al, 2009). The research indicates that there is no steadfast rule regarding the number and it can vary according to the research question, administrative limitations and the quality of the findings. One marker is an overload of data where there is repetition of findings (Wertz, 2005). Since male body image, masculinity and psychological well-being is a vast and individually nuanced topic, data saturation was not deemed to be an issue of concern. The choice of number of participants in this study was selected via consultation with my research supervisor and by following Smith's guidelines. Due to the time constraints and idiographic nature of the study, the sample size was deemed adequate (Langdridge, 2007).

Interpretative Phenomenological Analysis promotes the use of purposive sampling of small, comparatively homogeneous groups (Smith & Osborn, 2003). A purposive sample of eight men who according to research would be more likely to have experienced body image or masculinity issues e.g. gay men, men who play sports or body-build and have differing Body Mass Index (BMI) levels (Conner, Johnson and Grogan, 2004; Blouin & Goldfield, 1995; McCabe & Ricciardelli, 2001) were used in this study. Smith (Smith & Osborn, 2008; Smith et al., 2009) suggests that the use of purposive sampling is not to produce generalizable results but to examine the experience of a homogeneous group. This will allow for the analysis of

points of convergence and divergence in regards to the research topic (Smith et al., 2009). It is apparent that in this study the participants are a diverse group however perhaps due to the method of recruitment there were demographic similarities amongst them perhaps due to putting themselves forward for the study (e.g. mostly heterosexual, educated and middle class males). The cultural, age and racial diversity of the group is perhaps more representative of a modern day snapshot sample of London males which is line with the ethos of IPA.

### **2.6.2 Inclusion And Exclusion Criteria**

The inclusion criteria was that participants must be fluent in speaking and understanding English and be males aged twenty-one to sixty years. The exclusion criteria was that participants should not be actively psychotic, experiencing severe mental distress or be receiving in-patient care for mental health problems. Those who cannot converse fluently in English will also be excluded due to the qualitative nature of the study which involves discussing and exploring emotional aspects of the topic in depth during the semi-structured interviews.

### **2.6.3 Materials**

Participants were given an Informed Consent form- Appendix C, Information Sheet- Appendix B, Debrief Form- Appendix D and Demographics Form-Appendix E in this order, prior to the interview. The Informed Consent form surmises data protection and confidentiality information alongside the right to withdraw at any point, combined with my own and my supervisors contact details. The Information Sheet and Debriefing forms provide more detailed information regarding the nature, purpose, intention and safeguarding measures of the research project. The purpose of the Demographics form is to gather demographic information from all participants which included questions regarding their sexual orientation, age, ethnicity, and employment status and education level. This would also go on to provide information relating to convergences and divergences in experiences (e.g. education level). The Debrief form covers the rationale for the study and provides contact details should anyone want to seek help with any issues. This process also encourages the participant to voice if they have been emotionally or psychologically distressed by the interview process.

Eight participants were recruited to attend a semi-structured interview (Appendix F) which lasted from 30 to 80 minutes in a private and safe setting at a University campus. These interviews were digitally audio recorded in order to be transcribed by me before the process of analysis could take place.

#### **2.6.4 Sampling**

Flyers for the research study were distributed to peers at university, around the university campus and placed as an advert on a Psychologist group on Facebook. The Facebook method did not generate any responses however, my university peers provided me with a snowball sampling method where a colleague facilitated contact between myself and potentially interested males who went on to later become participants. Through this method of sampling I was helped with understanding if there was interest to participate via my university colleague that knew the potential participant on a personal level. This helped me gage their willingness to engage with the study and safety for all. It should be noted that these participants have self-identified to participate in the study after being given a flyer and told about it via a third party therefore their motivation to engage with the research topic would be worth considering e.g. looking for validation or normalisation of body image or masculinity issues. I ensured to have a range of representative views present in the findings by having a diversity of ethnicities, ages and cultural backgrounds represented in accordance with Yardley's (2008) criteria and due to there being under-representation of such factors in existing research. Although there was some diversity the majority of participants were White British and all shared a similar socioeconomic status and university education level in the interest of homogeneity. Consent to contact the participants was attained via the university colleague and I went on to communicate through email and telephone to inform them of my interest in interviewing them. I also carried out a consultative discussion assessing their suitability for the study with the third party person. Those who were not fluent in speaking English and were out with the age range or were experiencing emotional or psychological distress were excluded in case disclosing potentially sensitive information would cause them further upset. None of those contacted were unsuitable for the study.

A pilot study was conducted with two participants in addition to the other interviews over a period of two weeks. The purpose of the pilot was to trial the interview questions, paying particular attention to the phrasing of the questions. The pilot enabled me to evaluate the participant's replies to the questions and hear feedback regarding the content of the interview schedule. It also allowed me to practice my interview technique and ability to follow the schedule but not be rigidly led by it. The pilot interviews were audio recorded to allow me to listen back and hone my interview techniques and to listen for suitable findings. The findings from the pilot studies allowed me to amend and improve the wording of some interview questions as at times there appeared to be repetition. It also allowed me to be more concise and

develop more efficient prompts. The pilot studies contributed towards a more eloquent, confident and articulate interview schedule and delivery.

Demographic information was collated using the data from the demographics form (Appendix E) and summarised in the Table 2.1 below.

Table 2.6.1 Participants Demographics

Participant	Age	Ethnicity	Nationality	Sexual Orientation	Education Level	Experience of Therapy
A	24	Bangladeshi	British	Heterosexual	MSc	Yes
B	35	Black Caribbean	British	Heterosexual	BA	Yes
C	30	White	British	Heterosexual	BA	No
D	42	White	Canadian	Homosexual	MSc	Yes
E	53	White	British	Heterosexual	MSc	No
F	34	White	Australian	Heterosexual	BA	Yes
G	53	White	British	Homosexual	BA	Yes
H	23	White	British	Heterosexual	BA	No

### 2.6.5 Semi-Structures Interviews

A semi-structured interview schedule was produced (Appendix F) which was in line with the aims of the research topic. This schedule was also informed by the psychologically based literature pertaining to masculinity and IPA research. The questions were then constructed relating to the IPA guidelines and revised following the pilot studies. These revisions were based on constructive feedback gained from the pilot study interviews. These pilot study interviews helped me to understand that some questions needed to be re-ordered in order to avoid repetition and help the organic flow of the interview.

The interview schedule was informed by relevant literature, guidance from my supervisor and reviewed through discussion with peers in the IPA support group. The schedule was used as a guide to inform the process. Constructing a valuable interview in which the participant's lived experience can be described whilst also providing an accurate voice for their experience is a challenge (Kvale, 1996).

### 2.6.6 Interview Schedule

The schedule contains open-ended, non-directive questions conducive to exploring the participant's lived experiences of their body image, masculinity and psychological well-being (Willig, 2008). The questions are linked with the research aims but allow for the participant to elaborate on and give voice to their own subjective experience (Smith and Osborn, 2008). The layout of the interview allows for the participant's to introduce topics that may not have been anticipated in the construction of the schedule but are still consistent with the research aims.

The schedule also allows for fluidity in the structure of the interview with the questions being asked in no set order so as to allow for the participants account to flow organically (Smith and Osborn, 2008). I adopted a curious and relaxed approach which allowed me to probe further into the participant's meanings.

The interview questions aimed to obtain an account of the participants experience based on thoughts, emotions, and perceptions in context with the aim of creating new and meaningful information (Spradley, 1979). According to Spradley (1979) the interview questions can be categorized into four different types: descriptive, structural, contrast and evaluative. These help to facilitate the gathering of different types of information during the interview process. Descriptive questions are concerned with accounts of their experiences and biographical information. Structural questions focus on how the participant structures their knowledge and help to determine categories and frameworks of how they construe meaning. Contrast questions enable the participant to draw comparisons between events and experiences. Evaluative questions focus on the participants feelings towards someone or something.

Smith (Smith et al., 2009) proposes grounding interview questions based on the epistemological stance. Primary research questions are rooted in the epistemology position of the study, looking to explore the individual understandings of experience and secondary questions are more based around theory and aim to gather information from which to evaluate with. A naïve and curious interviewing style was adopted to encourage the participants to name obvious things so as to make them explicit. This is said to be beneficial as it allows for a richer understanding of their experience (Willig, 2008).

### **2.6.7 Interview Procedure**

Interviews were held at in a pre-booked private room. Room booking was communicated and confirmed with the participants via email. For personal safety I told a close friend of my location and timings of the interviews with the intention of checking in and out with them prior to and at the end of each interview. The interviews lasted between 30-90 minutes and were recorded using an audio-digital voice recorder. Prior to the interview the recorder was checked (spare batteries were taken into the interviews) and the room was set up, with bottled water provided.

At the start of the interview each person was asked to complete a demographics form (Appendix E), the interview process talked through briefly, the information sheet distributed and read through together (Appendix B) and the consent form (Appendix C). Each participant

was given time to read through and sign the materials at their own pace. They were made aware of anonymity, confidentiality and the right to withdraw and ask questions throughout the process. Once written consent was provided the taping of the interview commenced.

The interviews were conducted in a relaxed and open, conversational manner. Rennie (1998) refers to using 'basic attending skills' which include eye contact, paraphrasing, clarification and pacing. These were all used and attended to so as to allow for an exploration of emotions, thoughts and meanings (Wilkinson, Joffe & Yardley, 2004). The interview schedule (Appendix F) was used as a guide to inform the interview but was not used in a linear fashion in order to help enable a natural flow. Any emotional issues were noted throughout the session so that they could be followed up in the debriefing.

Following the interview there was a debriefing and useful supportive contacts were given to the participants. My contact details were also given should they need to make contact to withdraw, require support or have any questions (Appendix D).

### **2.6.8 Transcripts**

Interviews were recorded with a digital voice recorder and transcribed according to Smith et al. (2009), Willig (2008) and Langridge (2007) guidelines in order to produce an accurate written record. The transcription included every word that would be subjected to IPA analysis which includes mispronunciations and repetitions. Elongated pauses and laughter were also included in the transcripts and care was taken to remove references to names and places so as to preserve confidentiality. Each transcription was reviewed against the recording at least once to ensure accuracy.

### **2.7 Analytic Strategy**

As detailed above Interpretative Phenomenological Analysis (IPA) was the method used to analyse data (Smith and Osborn, 2003; Smith, Flowers and Larkin, 2009). In line with IPA's idiographic nature, each interview was first analysed in-depth individually (Smith et al., 2009). Each interview recording was listened to at least once, and the transcripts read several times so as to absorb the data. The transcripts were set up so that there was two large margins on each side which would allow space for annotations. The lines were also numbered so that data could be easily identified later on during analysis. Initial noting was made in the left hand margin and themes were noted in the right hand margin. After extensive re-reading of the transcript notes in the left hand margin consisted of descriptive, linguistic (underlined) and conceptual (italics) in accordance with Smith et al. (2009).

Notes in the right hand margin focused on emergent themes which captured the meaning of the text. These were listed chronologically and then rearranged to form clusters of emergent themes. To create the clusters and themes, they were typed and spread around a large desk space so they could easily be seen and mapped onto. This allowed me to move and change themes to produce thematically linked clusters. These emergent themes were then subjected to a higher level of abstraction and named accordingly using psychologically relevant terminology when deemed appropriate. These super-ordinate themes stem from a continual process of asking what is happening in the data and how these link or relate to other events or feelings within the data. I constantly checked the interview data to make sure I was suitably engaged with the participants own words and my interpretation of these. IPA is inductive in that it allows for unexpected themes to emerge from the same data. Each theme was noted and links and differences were highlighted.

These super-ordinate themes were then listed with numbered examples of text from the data which illustrated each theme. These were then clustered based on the overarching concepts they were grouped under and how these linked. A table of these coherently ordered super-ordinate themes and clusters was produced for each transcript including the numbered quotes from the transcripts to illustrate each theme. Some of the themes were not included within the clusters as they were not relevant for the research and well represented across the data. In order to assist with the subjective nature of producing themes and clusters I kept a reflective research journal to help understand my process and decision making so as to be able to map this (Appendix I). All paper components of this process were kept safely in a locked filing cabinet.

A master list of super-ordinate themes was produced (Appendix H) from each transcription and contained sub-ordinate themes from each interview to ensure that they were well represented in the data. This allowed for commonalities across the participants experiences to be mapped. The table included the corresponding line numbering which references quotes in the data. According to Smith et al. (2009) themes which were relevant and applicable to four or more participants were used. Certain themes were often combined as they fit into different overarching concepts. A paper trail of the development of my themes was kept in the interest of transparency and adhering to the criteria for quality and validity for research (Yardley, 2000).

Smith and Eatough (2006) state that the analysis flows from a low-level interpretation towards becoming more nuanced, interpretative and theoretical. The process of constantly revisiting the data allows for the researcher to develop a deeper level of understanding and interpretation of the data. This enables me to move beyond empathic hermeneutics and to engage with the process of critical hermeneutics during which I critically engage with the data and ask questions of the participants experience that they themselves might not be able to do. Using both levels of interpretation allows me to build a richer understanding of the participants lived experience.

## **2.8 Personal Reflexivity**

Reflexivity involves reflecting upon my own role and impact on this research process. According to Yardley (2000), the beliefs and assumptions of the researcher will influence how they conduct the study. Rather than this being a negative, it can be said that these are necessary components for making sense of the participants' experiences which highlight how interpretation is a key component of understanding (Willig, 2008). IPA is influenced by hermeneutics versions of phenomenology in that it pays close attention to the interpretation activity involved in the analytic process. The double hermeneutic process of IPA means that I the researcher am aiming to make sense of the participant making sense of their own personal world thus making it a two stage interpretative process (Smith & Osborn, 2003). The resulting knowledge is then described as reflexive as it recognizes its reliance on the researcher's perspective (Willig, 2010). In qualitative research the beliefs and assumptions of the researcher will shape how they gather and analyse data. This requires that I be as transparent as possible regarding what these are. In order for me to consider my own impact I must consider why I have chosen to study this topic.

I am a British born, 29 year old Scottish Asian female of Pakistani and Indian descent. I am a first generation Scottish Asian brought up in a town in Scotland with my parents and three older brothers where I lived for most of my life. I have worked in the field of mental health for the past ten years within the area of counselling. I believe this interest in counselling psychology stems from my noticing the cross cultural differences towards mental health and accessing support whilst growing up, particularly in the attitudes towards mental health within my family. I do not believe in a blanket approach of one size fits all being appropriate for therapy which is reflective of my multicultural upbringing. I believe there are multiple ways to conceptualise, approach and treat mental health and well-being which respect the individual and their meaning making processes. I would therefore describe my theoretical orientation as

integrative as it combines elements of many different models and theories such as person-centred, psycho-dynamic, cognitive behavioural therapy, schema, systemic and existentialism.

I believe my interest in this research and in masculinity stems from growing up in a household which was predominately male with three older brothers and my father. I believe that over the years I have been able to reflect on my personality development and recognise that within my family unit more stereotypical masculine personality characteristics were implicitly valued and encouraged (e.g. independence and leadership). This has led me to be openly curious about my own relationship with my masculinity and in terms of the masculinity of others around me. I feel that this research alongside the use of personal therapy will also help me address my own struggle in understanding my personal conflict and complex relationship with my femininity as well as my masculinity.

My interest in male body image and identity also stems from the overwhelming bombardment of images of the ever changing male and female body ideals present in the Western media and culture. I am well aware of the societal messages that promote thinness as the ideal for women and have been at times very consciously rejecting of engaging with these. I refrain from buying magazines and watching reality TV shows as I believe they feed into the idea of women having to live up to a certain unattainable beauty ideal and promote the notion that appearance is the most valued asset. Throughout my training, I have engaged in a process of self-awareness by engaging with personal therapy where I have openly explored such issues. I believe that my interest in this topic stems from witnessing a change in the societal discourse in what is the body ideal for men and for women and being aware of this as a teenager in the context of self-identity and development.

My interest in body image also stems from being aware of my changing shape as a teenager growing up against a multicultural backdrop with my three older brothers acting as my main reference points. I can recall my brothers being suddenly interested in clothes, going to the gym and striving to have muscular bodies. As I was the only girl in my family, this was what I was exposed to as a main reference point as a teen which allowed me some insight into how others thought about their bodies. I noticed differences in how each of us coped with changes to our appearance and compared this to the way I heard my female friends at school express concerns about their bodies. I was intrigued by these differences in attitudes towards the body and how these were expressed and became curious about why they exist and how these impacted on us.

I'm also aware of how saturated the field of research is in relation to female body image issues which is also why I decided to focus on males and help add to the field of research for counselling psychology.

When considering my own personal impact on the research and how this has influenced and shaped the research I believe my gender, ethnicity, age and nationality will all have played a role. I believe these were noticed and influenced each participant in a different way. I believe my being female perhaps acted as an inhibiting factor for some and made some reluctant to bring more sensitive aspects of their experience into the room with me regarding issues of anatomy or sex. I was aware that this could lead to some self-censoring for some and could perhaps have felt more comfortable for others and am aware of how this could be present in the research. To help assist with this I kept a reflective journal (Appendix I) throughout the research process which helped to track my thoughts and processes throughout the project. This is in accordance with Finlay (2011) and Giorgi (2008) who state that reflexivity should be a constant feature of the process of research.

## **2.9 Ethical Considerations**

Ethical approval was granted by the University Ethics Committee. An Ethics Release Form for Psychology Research Projects was granted as a result of this approval (see Appendix K). No further ethical approval from any other organisations was required for this study. Written consent to participate in the research project and to be audio recorded was obtained from participants (Appendix C). All participants were asked how they were and monitored throughout the interview to ensure that they were not experiencing any distress. They were encouraged to seek further help if distressed and a list of support services was provided to them. All of the interviews were audio recorded with a digital recorder and files were kept securely on a password protected laptop in a locked drawer. All research notes and transcribed interviews were kept securely in a locked filing cabinet separately from any identifiable details. Any identifiable names or personal information was blanked from transcripts. Identifiable information was coded and kept separately from other materials in a locked file. All information was kept in a lockable filing cabinet in a secure location. The participants' expectations were listened too and taken into account. They were made aware that they could openly ask questions or withdraw from the study at any point in the process. Participant's details and data will be kept for up to five years in accordance with the British Psychological Society's minimum standards of ethical approval (BPS, 2004).

The interviews were held on campus at City University London in a safe, confidential, pre-booked and private room. I had notified a friend of the times I was going into an interview and checked in and out with them via text message so as to ensure my personal well-being and safety. Also, there were other safety measures in place such as: campus security nearby, others using the library and administrative staff. I also allowed for extra time to be spent during the debrief if I felt the participant had touched on sensitive material during the interview. I made a point of emphasising the helpline numbers included on the Debrief sheet (Appendix D) before the debrief session ended and followed up with an email on one occasion to ensure their well-being.

Kvale (1996) proposes a model of ethics consisting of: informed consent, confidentiality, beneficial consequences and the role of the researcher. Plummer (2001) highlights other ethical problems such as ownership, honesty, deception and exploitation. Most of these ethical dilemmas are addressed in the minimum standards of ethical approval for the BPS (2004). I will also draw on Yardley's (2000) four alternative criteria for evaluating qualitative research considering the sensitivity to context, commitment and rigour, transparency and coherence and impact and importance of the research (Coyle, 2006).

Throughout the research process I have also engaged with personal therapy and kept a reflective journal (see extract in Appendix J) so as to be mindful of my own processes and personal involvement with the research. This has helped me to be reflexive and address and attend to any issues arising.

## CHAPTER 3 - Analysis

### 3.1 Overview

This section aims to present and discuss the themes in an organised manner which demonstrates the overlap between the themes thus conveying the convergences and divergences in the participants' experiences. The analysis resulted in three (3) Master Themes and nine (9) Superordinate Themes. The data will be presented in this section alongside the interpretative analysis. This was considered the most appropriate data presentation method as it conveys the participants' experiences as a collective whole whilst also highlighting the idiosyncrasies of their experience. This method of presentation was also considered best in representing the fluidity of the participant's accounts as experienced during the research process. The aim of this chapter is to present a highlighted and organised portion of the data analysis rather than an exhaustive account due to the quantity of the data collated. The data presented highlights the interesting and representative excerpts that have arisen out of the data. The participants are presented using pseudonyms in order to preserve confidentiality. Table 3.1 below summarises the framework used to organise the study findings in Master and Superordinate Themes.

Table 3.1 Master Themes and Superordinate Themes of the Present Study

Master Themes		
<b>Master Theme 1:</b> <b>Changing the Body</b>	<b>Master Theme 2:</b> <b>Negotiating Masculine Ideology</b>	<b>Master Theme 3: Negotiating Interpersonal Masculinity</b>
<i>The Drive for Muscularity</i>	<i>Evolutionary Narrative of Masculinity</i>	<i>Role Modelling</i>
<i>Changing the Body</i>	<i>Soldier Masculinity</i>	<i>Male Relating</i>
<i>Body Image Dissatisfaction</i>		<i>Help Seeking in Relation to Emotional Distress</i>
<i>Embodyed Masculinity</i>		

### **3.2 Master Theme 1: Changing the Body**

This Master theme outlines the various ways in which the participants manifest a desire towards changing an aspect of their body. There is a shared thread of changing the body in these superordinate themes which relates to a drive towards muscularity, body image dissatisfaction and changing the body shape. In the '*Drive for Muscularity*' I explore the participant's drive towards changing their body shape and size via muscularity. In '*Changing the Body*' I describe the participants' beliefs and behaviours related to their body and the desire to change certain aspects in order to heighten body satisfaction and influence their sense of self. In '*Body Image Dissatisfaction*' I consider the participants experiences of differing levels of satisfaction and dissatisfaction with their physical appearance for a variety of reasons. In '*Embodied Masculinity*' I examine the participants' experiences of their masculinity via the meanings they assign to their body alongside its function.

#### **3.2.1 Drive for Muscularity**

This theme refers to the participants' desire towards changing their body size and increasing their muscularity.

Johnny repeats the use of "drive to pump iron", which reinforces an intense testosterone fuelled, body building, image of a relentless pursuit towards increasing muscle size. He refers to the term "we" perhaps in reference to the men in the gym being similar to a unified "*pack*" working towards the same aim, perhaps bonded by a sense of "*machismo*". This extract may indicate that Johnny links his body image with his masculinity. The words "consecrated/congregated" also add to the unification theme of the excerpt - maybe even alluding to a ritualistic aspect of becoming more masculine in the gym:

*"...it's very macho in the gym, especially my one because – eh – not too many women come [...] and then you'll have the weights, where guys would more or less tend to be. That's what we care about, pumping iron – pumping iron. We don't care too much about the cardio, we just want to pump iron, and that's will be consecrated – congregated [...]."* (Johnny: 376-391)

Johnny discusses comparing himself to other men in the gym and feeling insecure with his body particularly regarding his muscle size. He demonstrates body comparison with other gym members and how this leads him to feel inadequate and competitive. This appears to compel him to want to change his body in order to be happier. He references Body Dysmorphic Disorder perhaps in an attempt to understand his dissatisfaction and provide it with a frame to

explain his constant striving for change via unrelenting standards. This perhaps shows his attempts to try and understand why he is unhappy with his body image and how he channels this through his body as a vehicle for change. There is also an underlying sense that Johnny is never satisfied or happy with his body shape and size perhaps leaving his self-esteem in a state of flux:

*[...] even today as I was getting changed in the changing rooms, this guy – he's like – one of his abs was just the same size as my chest, and it's like 'You're cheating.' - and as you was doing that, like you admire his physique and think to yourself 'Oh, you know what – if I would have your physique' sort of thing 'I would be so happy' sort of thing, but – emm [...] – and that's what I say about the whole body dysmorphia thing, 'cos you're always going to be looking at towards, or you want to look at someone that you see has a nicer physique than yours, 'cos you want to have that [...] – I've never been happy with my physique." (Johnny: 511-537)*

Similar to Johnny, Greg discusses a desire to increase his muscularity which perhaps for him embodies and reflects a balance of internal and external strength conveyed in the use of "well defined and together," fitting with his view of his masculinity. He uses imagery such as the "Michelin Man," as being undesirable and possibly over inflated in favour of a more "lean and toned" body:

*[...] they're not excessively pumped, it doesn't look as if somebody's been at them, like the Michelin Man. But they're just well-defined and um together. Those ones I think 'yeah, that's really impressive.' [...] Lean and toned with...with decent muscle development but not ridiculously so." (Greg: 495-512)*

Fred's speech is possibly indicative of uncertainty and reassurance seeking or perhaps even self-soothing evidenced by the repetition of "you know". He describes media images of muscular men perhaps reinforcing this cultural expectation of how men should look. He links this culturally dominant idea of being more muscled with feeling inadequate about his own body size indicative of body comparison:

*[...] like, I didn't ever have a reason to be unhappy with my body but, you know, I would always look at other, you know, images of masculinity maybe that you would see in the media or, you know, in comic books and say oh I should look...I should have*

*more muscles, I should have bigger shoulders, I should have.. yeah, so, like, that... ”*  
(Fred: 522-536)

The pursuit of increased muscularity size or definition and tone was evident throughout all of the participant's accounts. Various influential factors were cited such as contextual factors, media and friends. There was a shared, prevalent theme around changing body size and feeling an improved

### **3.2.2 Changing the Body**

This subtheme describes the participants' beliefs and behaviours related to their body and the desire to change aspects of themselves in order to increase body satisfaction and the impact this has on their sense of self.

Steve outlines a sense of low body image satisfaction and self-esteem. He alludes to liking himself more and linking this with being different. The implication in this extract being that if he was bigger he would have an improved sense of self and body image. He is quick to reply in his sharp intonation of “I have a set um”, from the idea of wanting to be more muscled. He frames changing his body image with being an improved vehicle for performance:

*“I don't have a huge amount about me that I do like... I'm too skinny, [...] I have a set um, I have a view of what I'd like to be...And that would be slightly taller, slightly um bigger I guess, not necessarily more muscly but I'm very skinny in bone structure as well so um... that stems from playing a lot of football and feeling like I was just too small or just not heavy enough so I think if I was another two inches taller and another five to ten kilos heavier[...]I would have been a little bit more successful and things would have been that little bit easier.”* (Steve: 427-445)

Jack describes wanting to change his body image due to injury. He is learning to accept his body having changed and seems to find it difficult to discuss which is perhaps reflected in his fast paced speech combined with the hesitance and incomplete sentences. At the end of this extract he appears to distance himself from the possible discomfort or anxiety experienced when discussing his body and becomes a bit more abstract, discussing in more general terms his desire to achieve. He appears to experience a struggle with feeling satisfied with his current body and wanting to change it:

*"I, I mean, I don't necessarily think they're... they're negative, I never look at my body and go "oh no that's terrible", like, "you really need to sort that out" but it's a drive to be... what I've had before, I think, or just to be... I, I don't always think I would want to be a little bit better than.... I am currently, and whatever it is, regardless of whether it's body achievement, or whatever I'm doing, I always like to think you can do better than that."* (Jack: 526-532)

In contrast to Jack, Johnny candidly discusses that he believes there is a link between increased muscularity, body satisfaction and self-esteem. He also conveys how this relationship between his body and self-esteem is in flux. He indicates that his psychological-well-being is linked with his cognitions and beliefs about his body which then impact on other aspects of his life:

*"I don't, uh, think every person that's "muscle-ly" gets happy that he' got muscles so, you know, it depends on your self-esteem, so there is a correlation between the two [...] if you're feeling less happy about yourself you're gonna feel less happy about everything, you're gonna feel less happy about your relationship, your body, your financial commitments, how long it takes you to get to work..."* (Johnny: 742-753)

The following extract from Chris conveys a sense of longing for a lost past in terms of his body ideal. His attitude towards his initial change in his body and fitness is of incredulous disbelief. He then goes on to lament the loss of his ideal body which could be indicative of rumination and a difficulty adapting to his present body. He appears to possess a critical approach to how he perceives his changing body shape and size:

*"I'm not as comfortable now with my body as I was um whereas previously, years ago, I was...I was overweight and stuff like that and I was never, ever...I was totally uncomfortable with my body um and then I got to this point where I was like Oh My God, this is amazing, I'm finally happy with who I am, I'm doing all this kind of stuff um and then for that to go, to lose that again um I've...found that quite difficult."* (Chris: 265-272)

The majority of the participant's accounts illustrated a desire to change body shape or size in turn using this as a vehicle for self-expression. This presented in a variety of ways and directly influenced their psychological well-being in the form of low self-esteem or depression. This also presented as an integral factor in instigating help-seeking in some accounts and triggering maladaptive coping mechanisms such as over exercising.

### **3.2.3 Body Image Dissatisfaction**

This subtheme refers to the participants experiencing different levels of satisfaction and dissatisfaction with their physical body for varying reasons in differing contexts over a period of time.

Chris discusses feeling current anxiety with his body. He appears to associate feeling more content when having a fitter body and finds his current body difficult to accept. His speech falters when thinking about his physical fitness in the past perhaps indicating a reluctance to think on this:

*“I’m not particularly happy with my body at the moment. Um a couple of years ago I was at the peak of my physical fitness I’ve ever had in my life. I wasn’t at maybe the peak that I could...I was...I was able to but I was definitely the fittest I’ve ever been...Um I had a couple of injuries and stuff and I’ve never really been able to regain that.”* (Chris: 235-244)

The following extract relates to Greg being asked about his response towards images of muscled men in the media and the pressures men may now face when looking at these:

*“Um I can’t say I have ever felt challenged by them, no...I’ve always been, as I say, very fortunate...Because I’ve...I’ve always been pretty much entirely happy with my own body image.”* (Greg: 486-491)

In contrast to Chris, Greg conveys a high level of body satisfaction and a sense of security and confidence in his self-identity. It also demonstrates a high level of intuitive self-awareness where he relays that he is aware of these changing images of male body ideals in the media and can reflect upon the impact these may or may not have on him.

Greg also describes a desire to push his body to its limits where it appears his body is used as a vehicle for expression and conveys an understanding and reluctance to accept his aging body’s changing needs. This could be interpreted as Greg being unable to accept his body changing perhaps feeling as thought this is a decline in performance thus feeling dissatisfied and having to push it to its limits to perform like it used too:

*“So I’m still doing it but at a somewhat lower level and age is definitely taking a wee bit of a toll now. Because I ran a marathon the other weekend, that was really quite*

*hard work, it didn't go very well [...] and my legs got terribly sore and um I sort of plodded unhappily home at the end. [...] I think it's probably fair to say age is definitely beginning to have an impact..."* (Greg: 276-293)

He appears to have adjusted to his body's needs to a point but perhaps seems unwilling to fully adapt his intense physical training possibly seeing this as a defeat or decline in his fitness which is intrinsically tied to his masculinity and self-identity.

Imran refers to his experience of his body image dissatisfaction in the context of his family growing up through his skin colour. He makes reference to specific cultural beauty ideals where in South-Asian culture a fairer skin tone is stereotypically perceived to be more socio-economically higher status, attractive and desirable. His experience of not conforming to this stereotype seems hurtful and ostracising. There is a sense that this had a strong impact on his self-concept which led to him questioning his self-worth and negatively influencing his self-esteem. There is also a real sense of his internal conflict and struggle to understand who he is and where he belongs in the face of feeling rejected by his family. This extract also possibly suggests a sense of feeling shame related to his appearance. The extract ends with an almost existential questioning or plea in the face of his experience of rejection which highlights his possible desperation for acceptance and belonging within his family unit:

*"Um so growing up, you know, I had this kind of image of me and my body and my...so growing up, I mean I always had like a kind of thing about my skin, that was the first thing because, you know, I'm sure you know in Asian culture, the lighter.. the fairer skinned you are, the better you are, end quotes...Um so like me being the darkest one in the family, I was always ridiculed about it and that kind of knocked me down and then I started to question me and myself and who I was, if I'm being bullied by my own family, then who, kind of, who even am I?"* (Imran: 233-249)

The majority of the participants describe feeling insecure with their body at different points in time. Most of the participants expressed having experienced a critical and punitive encounters which influenced their construction of their body narratives and emotional expression. Greg differed in that he appeared confident and secure with his body image, sense of self and emotions. However, all of the participants linked body image satisfaction directly with their psychological well-being at times (e.g. low mood states, self-esteem etc.) as well as their emotional states.

### **3.2.4 Embodied Masculinity**

This subtheme refers to the participant's experience of their masculinity through the meanings they ascribe to their body alongside their use of their body.

In the following extract, Norman acknowledges my going back to the topic of his body image and relays his discomfort in talking directly about his body. He seems to encounter difficulty expressing and engaging with these seemingly intense negative emotions towards his body. He refers to his body as failing him when he was young perhaps resulting in him projecting feelings of dislike onto his body for failing to protect him. His sense of his own body, due to earlier experiences, may have resulted in feelings of body shame. This may be why he avoids the question and, even upon return to it, does not fully engage and appears chaotic in his narrative:

*“...I noticed I’ve side-stepped the question about how I view my own body and the...my answer would be, because I have thought about this, it’s um...there’s going to come a point when it starts getting worse but I still feel better...I...I...I hated my body when I was young [...] I don’t know how much of that was the constant bullying from my older brothers because my body wasn’t strong enough to fight back.”* (Norman: 723-740)

When Imran was asked about his masculinity he discussed his body and stereotypically masculine traits. There is a sense of the traditional masculine ideals associated with strength and being competitive conveyed alongside his body being used as a vehicle for expression in terms of competitive sports. The following extract encapsulates stereotypically masculine ideals and the prevalence of these in him making sense of his body and self-identity:

“And, you know, a strong posture and, you know, knowing what you want and, you know, being good at so... Yeah being interested in and being good at sports [...] Being competitive, that kind of thing...” (Imran: 60-64)

Greg also experiences a strong link with his body in relation to how he views himself as a man. He discusses men being able to withstand a lot physically and mentally as illustrated in enduring “pain and suffering”, thus representing an embodied strength and masculinity which must somehow be tolerated against the odds. There is an idea that things must be experienced in extremes for Greg and that these are expressed through the body’s performance. There is also a sense of a form of rite of passage into manhood being enacted through physical endurance and a man’s ability to handle his own pain. This embodied masculinity also relates to the Soldier Masculinity referenced earlier:

*“A lot of it for me is about um it’s sort of...it’s sort of a physicality, a lot of it is willing as well to take physical risks...I think is a key part of the way I see things[...]Um endurance of the amount of sort of pain and suffering.”* (Greg: 16-25)

Greg appeared confident, honest and reflexive in his understanding of his embodied masculinity in contrast to Norman and Imran who appear to have experienced punitive or judgemental attitudes towards their bodies thus leading to a complex relationship with their body and masculinity. Many of the participants discussed an embodied sense of their masculinity and linked this with muscularity as a means of expression. This was also illustrated through the pursuit of particular endurance sports or via contextual factors.

### **3.3 Master Theme Two: Negotiating Masculine Ideology**

This Master Theme relates to how all participants have experienced and negotiated their masculinity in various socio-cultural contexts at differing points in their lives. Specific experiences such as intensive army or triathlon training seem to have impacted on their experience of body image, masculinity and the manner in which this is incorporated into self-identity.

#### **3.3.1 Evolutionary Narrative of Masculinity**

This theme outlines the various ways in which the participants felt that masculinity has evolved as a cultural concept and in relation to their individual experiences of masculinity.

Fred defines his experience of being a man in a very direct and concise way by referring to his biology as illustrated in this extract. He states that being male simply relates to having male anatomy however, the use of “nothing more” may imply that he rejects any other cultural impositions onto his masculinity and reject identifying with any externally imposed notions of masculinity:

*“How would I define being a man? I...I...anatomically, probably... I think that being a man um is probably nothing more than um a biological definition, you know, you have a penis, you have...[...]Testicles, you are a man.”* (Fred: 120-131)

Whereas, Greg refers to the evolutionary perspective of masculinity and relates this to his perceived differences in evolutionary gender roles. For Greg masculinity seems to be context independent (as the context has changed since ancient times) yet Greg interprets his experience of masculinity through the context of modern-day evolutionary science. He hints at

masculinity possibly stemming from a process of natural selection and evolutionary gender roles maybe explaining his focus on meaning making through health and physiology:

*“...one of the benefits of... being a man is you generally need to be far less bothered about.. about um the sort of looks than if you’re a girl. I’m not sure it’s entirely fair but I think on the whole it’s probably pretty accurate and I think there’s probably a fairly good...reason for that in that men basically got selected by.. by being good at sort of killing woolly mammoths, women got selected because they look like good breeders. [...]And as far as I recall from the sort of things that I’ve read, a lot of what is perceived as.. as beauty...In women tends to be things that are implied or likely to be good genetic stock.”* (Greg: 604-632)

Steve also refers to an evolutionary basis for masculinity in terms of the existence of male and female social roles. He displays a level of discomfort (evident in his hesitance and disjointed speech) in identifying with these social constructs and seems to move towards saying something personal then possibly due to his discomfort, relationally drifts away by discussing an abstract, perhaps safer concept outside of himself thus avoiding experiencing any anxiety. He appears to experience a discomfort in relating directly with a concept of masculinity outside of himself. He provides a possible rationale around evolutionary defined gender roles perhaps as a way of providing his anxiety with a frame of reference and a source of containment:

*“I know I can behave in masculine ways but again, I... it’s difficult for me to separate the social from it because that’s where it’s come from...The idea that I behave this way therefore I must be male must be a masculine behaviour. That has come from years of evolution and years of sort of being boxed in that’s.. your um your role...I think that hunting, like the...if you go the traditional...if you go back a number of species you had quite specific roles within the two...two genders and so I guess masculinity stems from those basic behaviours.”* (Steve: 343-363)

For Chris a connection with nature and his environment appears to be important in connecting him with his sense of masculinity. This also encapsulates an adventurer form of masculinity with a man against the elements imagery emerging. There is an idea of competitive mastery present with him overcoming harsh environmental conditions and prevailing. This also relates to the role of being the provider and being seen as dominant in relationships which may be important in how he experiences his masculinity and a sense of self-worth:

*“Being able to enjoy um a kind of adverse environment, I think that’s really cool, that’s quite masculine, kind of man against the elements type thing[...]Being able to provide and being able to be seen as someone that can do that and someone that can help out.”*

(Chris: 169-178)

The above extracts convey a shared commonality of experiences which involve increased risk-taking behaviours, physical and mental endurance, combined with the awareness of traditional masculine norms such as strength, risk-taking and stoicism. Some participants embraced relating to the gender roles and others vehemently rejected identifying with them. In general, all participants spoke about biologically being male and constructing and relating with their masculinity based on additional socio-cultural and contextual factors.

### **3.3.2 Soldier Masculinity**

In this theme all participants discuss how their individual masculinity is linked with risk-taking and dealing with physical and mental difficulty. This theme was called *Soldier Masculinity* as it refers to the participant’s reference to a tough, action man type of masculinity which encapsulates a sense of a warrior with a cause.

Chris refers to his army training as being significant in shaping his sense of masculine self. There is a clarity and confidence evidenced in this extract which perhaps mirrors how he felt at this point in his training and in relation to his body. His speech is clear, he possesses a confident and well-paced rhythmic delivery and he appears passionate about the subject:

*“I mean to give you an idea of like British Armed Forces training, it’s very...it’s like uber masculine, it’s exactly the same machine theory, [...] it’s like a wolf pack mentality and it’s encouraged because you’re...ultimately you make that decision to kill other people and...and look after the guys around you and stop them from being killed. Um so it’s encouraged this [...] kind of testosterone idea of just like a rage and things like that and [...] like hyped up all the time and be totally confident in your abilities, your physical abilities, being almost over-confident so that you...you would maybe take more risks.”* (Chris: 571-592)

Chris discusses a real soldier and champion type of masculinity where the man is a risk-taking, hero with a cause. His use of “machine theory” is a possible reference to repeating a skill or behaviour often enough so that it becomes instinctive akin to an automated, mechanical response. He discusses a heightened machismo and a type of belonging to a raw, animalistic

brotherhood; “wolf pack,” all unified and working towards the same goal. He also refers to a testosterone driven environment which relates with the evolutionary hunter and survivalist characteristics of masculinity. He also refers to an acceptable language of hyperbolised aggression between the men “just like a rage...like hyped up all the time” which possibly served to increase his self-concept and confidence in his abilities so as to engage more with extreme risk-taking combative behaviours. This includes behaviours such as protecting others and himself from being “killed.”

Unlike Chris, Jack places less emphasis on the body being a vehicle for performance. Jack also discusses a type of stoic masculinity with reference to the Western traditional stiff upper lip form of masculinity which implies strength through suffering in silence. This traditional view of masculinity suggest emotional containment and relates to various sociocultural aspects:

*“I suppose, like, you kind of hear people say and I say that myself kind of jokingly, uh, “be a man”, “c’mom, be a man”, “stop it and be a man”, like, quite jokingly, so I suppose subconsciously that might be that sense of... being, like, being a man is being, you know, quite tough, and quite strong, uhm not necessarily... maybe showing your emotions that sort of thing?”* (Jack: 26-40)

Differing from Chris and Jack, Johnny discusses leadership as imperative to his masculine identity. The following extract conveys his belief's around being socialised to perceive himself as a leader and this being indicative of a higher social hierarchy such as within the hierarchical power structure in the Army. His language is of particular interest with reference to being “*ahead of the pack*” akin to that of wolves often associated with masculine identity. A pack animal is often seen as representative of primal instincts such as ferocity and sexuality. Johnny’s use of “*alpha male*” represents how he views his masculinity. Alpha derives from the first letter of the Greek alphabet, *aleph*, which in Phoenician means *Ox*. This again creates imagery around bulk and strength associated with masculinity:

*“I believe I’ve been taught that we-we are going out there to be leaders, and the more masculine you are, the more you’ll be a leader instead of a follower in your-in your pack and [...] masculinity goes hand in hand with alpha-with being an alpha male sort of thing.”* (Johnny: 30-33)

Greg provided a more embodied sense of his masculinity relating specifically to physical endurance of pain and risk-taking. This could be interpreted as traits suitable for dealing with

adversity similar to that of a battle. This appears to be important in how he defines a part of his masculinity and relationship with his self-identity. There is a real sense of self-worth being derived from the more he is able to endure and suffer silently and how key this is for his masculine identity. This could be viewed as possibly conceptualising risk-taking behaviour and suffering as a right of male passage:

*“A lot of it for me is about um it’s sort of...it’s sort of a physicality, a lot of it is willing as well to take physical risks [...] I think is a key part of the way I see things [...] endurance of the amount of sort of pain and suffering...that you take is part of it.”*  
(Greg: 16-24)

The male culture of denying emotions and emotional inexpressiveness was prevalent throughout this theme mirroring that of military culture. Aging and injury appeared to heavily influence self-concept in negatively impacting on health and fitness perhaps because these were aspects of health which were visible and hard to deny or repress in combination with emotional inexpressiveness often causing feelings of low mood, isolation and low self-esteem. Other performance aspects also emerged such as endurance and risk-taking in terms of proving masculinity and self-worth amongst the participants in various forms.

### **3.4 Master Theme Three: Negotiating Interpersonal Masculinity**

This Master theme links with the experience of interpersonal aspects of the participant's identity formation. This includes how they experience relating with other males, modelling their behaviours or self-image on others (immediate and extended social environment) and their experience of their sexual identity and masculinity in a Western socio-cultural context. In '*Role Modelling*' I explore the development of masculinity and body image based on male role models such as celebrities. In '*Male Relating*' I describe how the participants emotionally connect with other men in various contexts. In '*Help Seeking in Relation to Emotional Distress*' I describe how the participants seek help in various forms in response to emotional distress.

### **3.4.1 Role Modelling**

In this theme all participants describe the formation of their masculinity or body image based on how closely they relate or do not relate with male role models such as their fathers, step-fathers, other males (e.g. in the gym) or celebrity figures.

Johnny describes identifying with and aspiring to his role models who perhaps embody an aspirational sense of masculinity and body image. He also considers his aging body in that he's imaging himself in a future context by admiring and identifying with older male bodybuilders. This suggests a sense of his body changing over time. Perhaps for Johnny, these bodybuilders embody strength and resilience. Johnny discusses the idea of physical strength linking with dealing with difficulties and this being aspirational and perhaps being represented through a physical manifestation of strength:

*"I like my gym and I like working out and a lot of my role models have all...It's funny 'cos it's looking at elderly men that's got better physiques than me, and it's been... breaking of – emm – a mental concept of what I would look like when I get older. Eh – I've got this one ...bodybuilder, his name's C. T. Fletcher, 6 time world bodybuilding champion ...but he's like 55-60 and an awesome physique, and he goes out there and challenges himself to do things that people my age are finding it difficult, and those who I kind of see as role models." (Johhny: 160-181)*

Chris relates more to a childhood experience where he describes a memory and relates this with a renewed perspective during the interview process. He relates his sense of "action man" masculinity as possibly being influenced and shaped by his step-father when he was younger due to the absence of his biological father. The following extract conveys his strong sense of identifying with an aspirational role model figure that embodies the survivalist characteristics relating to the evolutionary and soldier perspective of masculinity he holds:

*"Um I remember my wee brother's Dad um he was into his climbing when I was quite young, I remember him showing me pictures of being up mountains and things like that and I remember thinking 'that's amazing, that looks really cool.' He was a very nice guy, quite an old guy, but a very kind of um old-fashioned guy and I remember kind of looking up to him and thinking 'yeah I want to.. I want to do a bit of climbing too.'" (Chris: 549-568)*

Greg also associates role modelling with his family and creates a strong image of looking up to his father as an aspirational figure. Based on his reports, he embodies masculine principles of being *fair* and *just* which he appears to have integrated into his own sense of masculinity. His speech in reference to his father is slow in pace and thoughtful, with pauses as he reflects. The following extract demonstrates how he has extrapolated guiding principles of *fairness* and *justice* from his father which he has mirrored and incorporated actively into his life:

*"Um I would put it as a tendency for all sorts of hero worship with fathers to some extent but I think I was quite fortunate, he was quite a...sound role model that way... he wouldn't be pushed around and I think he would sort of stand up for people. He wouldn't push downwards and certain people at work, the ones I really despise would be the ones who crawl above and bully below. The ones I admire are people who actually take... take the responsibility when something's gone wrong." (Greg: 125-153)*

Like Greg, Johnny discusses his father in a response to a question relating to metrosexuality. The following extract conveys a sense of his father representing stereotypical masculine norms and adherence to values frowning upon emotional displays. Johnny also describes challenging these norms and modifying his masculinity by displaying emotions with his dad in the form of an embrace. There is a sense that this may be a risk and of how Johnny is eager to take this risk in order to incorporate and accept this aspect of himself into his identity:

*"Just not really showing your emotional side 'cos...It's funny cos when I'm with my dad [...] I mean it took me up until three years ago the first time I could hug my dad, and it's that whole culture of-like, you know-men shouldn't cry sort of thing, and you kind of want to reinforce that 'we can take anything' sort of thing." (Johnny: 105-108)*

The theme of '*Role Modelling*' involves the participant's proximity or distance of relationship with their role models as influential in relation to the form and level of role modelling taking place. The participants varied regarding the levels of role modelling identified with and described contextual factors as important. A range of role models were discussed across participants with friends and family appearing to be the most influential in the majority of the participants accounts.

### **3.4.2 Male Relating**

This theme outlines how men emotionally connect or avoid connecting with each other in various contexts. There appears to be a common thread running through these extracts which relays the idea that men showing or sharing emotions is somehow perceived as shameful and incongruent with their experience of masculinity.

Jack discusses the notion of being a man suggesting the idea that there may be a socio-cultural *right* and *wrong* way of fulfilling this role. He describes being a man as being the strong and silent type that does not openly express emotions and therefore relate with others. This conveys a sense of male inexpressiveness being the norm for him which he appears to be uncomfortable deviating from. This also leaves for a limited expression of his self and masculinity which can be extrapolated from the following statement:

*“...like, you kind of hear people say and I say that myself kind of jokingly, uh, “be a man”, “c’mom, be a man”, “stop it and be a man”, like, quite jokingly, so I suppose subconsciously that might be that sense of... being, like, being a man is being, you know, quite tough, and quite strong, uhm not necessarily... maybe showing your emotions that sort of thing?”* (Jack: 31-40)

Chris also discusses how displaying certain emotions over others is more personally acceptable for him and socially depending on context. This extract conveys a sense of him having to mask experiencing emotions which fall outside of his masculinity such as sadness. This could allude to how Chris suppresses and does not express emotions when with others for fear of appearing weak, non-masculine and perhaps feeling rejected by others. His delivery of the following extract appears faltering and less confident than in other extracts. Perhaps this was due to him experiencing discomfort during the interview which felt very personal for him possibly even akin to shame:

*“Not in any of my social circles but I think definitely there’s a general um feeling that it’s acceptable to be um kind of unemotional in terms of like um sadness or...or kind of tears, that kind of thing um not...not really showing any kind of emotional turmoil um if there’s any suggestion of weakness but when it’s...when it’s emotions, when its displaying emotions that show strength it’s fine.”* (Chris: 59-67)

Chris also discusses vulnerability as being a form of weakness. He describes being emotionally self-contained and keeping a lid on his real emotions so as to suppress or manage them by

himself as in keeping with his view of masculinity as the strong and silent type. He appears to have difficulty acknowledging his emotions possibly due to his view of his masculinity, therefore making it difficult to relay these to others and consequently containing them. This is illustrated in his use of “locked away” which implies a very strong sense of inaccessibility and having boundaries:

*[...] for me masculinity is more kind of um kind of strong and silent, I think, and just getting on with things um yeah. Yeah I think so although obviously I do get emotional, I...I...I kind of keep it locked away, whether that's good or bad, I don't know.”* (Chris: 69-80)

Greg conveys a traditional view of his masculinity by discussing an idea of braving and enduring emotional distress and difficulties. Greg outlines inner qualities of masculinity as modelled by his father such as courage and moral fairness as possibly being integral in how he experiences and expresses the conscientious aspect of his masculinity. In contrast to the others, this perhaps shows that confronting his feelings is a key part of Greg’s masculine qualities:

*“...the word used is courage....And some of it physical, some of it moral [...] if I felt I was running away from things, I would definitely consider myself less of a man, so yes, that...that I think definitely. Comes quite high in the masculinity concept...Where you...would have to...when...when things count, you have to stand up [...] I guess, kind of...I see it as being very specifically a...a key part of maleness.”* (Greg: 99-121)

The following extract from Imran illustrates a divergence from the others in how he experiences his masculinity and relates with others. He demonstrates confidence in his delivery and appears reflective. Imran’s masculinity appears to allow space for his vulnerability to be expressed illustrating a more encapsulating view of his masculinity when compared with the other participants previous extracts. He conveys an ease with identifying with and expressing relational aspects of his masculinity such as his vulnerability and values:

*“masculinity for me, being a man is, you know, chivalry, it's, you know, being vulnerable but persisting, a quiet strength in a way.”* (Imran: 112-113)

These above extracts convey commonalities across the experiences of the majority of participants in that they felt there was an acceptable array of masculine emotions which did not often include vulnerability or sadness. Also evident in the accounts were that emotional displays were context dependent and varied according to whom they were with. A clear

possibly cultural divergence from this was Imran who acknowledged and engaged with his vulnerability and also framed this as a personal strength. This also links with the prevalent notion that all participants felt strength and endurance was an important masculine quality which presented itself in various forms whether physically, emotionally or through values.

### **3.4.3 Help Seeking in Relation to Emotional Distress**

This theme relates to the participants help seeking behaviours in relation to their experience of emotional distress.

Imran describes an intuitive self-awareness which guided him towards help seeking as a possible means of empowerment and self-care which served to and enhanced his sense of self-agency rather than detract from his masculinity:

*“...Um but yeah, no, dealing with it was quite difficult and that’s why I went to therapy [...] Um I sorted it out myself actually, I’m an incredibly self-aware individual. So when I know something’s wrong I knew [...] I went to see a therapist and um yeah, she really helped me out.”* (Imran: 433-455)

In contrast, for Steve it seems as though his experience of distress had to reach the stage of becoming overwhelming thus becoming intolerable before he sought help. There is a sense of him trying to contain and self-manage this before he is prompted to seek help. This may suggest a reluctance to seek help from others as it seems to reach an unmanageable extreme point before he is prompted to seek help. There also seems to be an awareness of experiencing behavioural shifts attributed to internal mood states which could signify a deeper rooted issue needing attending to:

*“I think lying in bed crying and having those thoughts of ‘if I didn’t wake up tomorrow, would people care’ that would be a key trigger for me to say ‘I need to go and speak to someone.’ Um if it’s much more about just slowly increasing my sleep and.. and not really getting anything done, they’re more difficult things to realign I think, so.”*  
(Steve: 1021-1024)

The following extract from Chris also demonstrates a hesitance in help seeking. Chris conveys a sense of being conflicted and reluctant to seek help even though he seems to sense he needs assistance in dealing with emotional distress. He appears to be experiencing a sense of inner

conflict in asking for help which perhaps goes against the grain of his masculinity which he later goes on to discuss. It is also possible that he fears rejection and/or is experiencing shame and reluctance at the discomfort of acknowledging and expressing his vulnerability:

*[...] I really should speak to someone but it's just not in my nature I think, it's difficult to.. to make that step [...] I should really phone and make that appointment, and you just don't like, you just um you just don't bother, you just kind of go onto the next day and the next day turns into the next day and before you know it, it's like six months later, two years later, you know what I mean. Um but yeah I think it's definitely related to my kind of unwillingness to talk about how I feel and...in relation especially to my injuries and my fitness and things like that...of maybe not being as masculine as I was, maybe not as happy about my body." (Chris: 346-376)*

For Chris it is as though he experienced difficulty in reaching out and asking for help whilst feeling vulnerable. Interestingly he would have accepted help if offered at this point, which perhaps demonstrates an awareness of needing help alongside a reluctance in asking for it and a difficulty with expressing it. This may not tie in with his view of masculinity and his ability to self-manage his emotions, as an intrinsic part of him thus causing internal psychological conflict. This could also mean that he only seeks help when he feels he has been pushed to an extreme of no longer being able to cope and then experiences intense emotional distress as this extract illustrates:

*[...] I would have gone through the motions and gone along to.. to whatever um whether it was CBT or something like that or just even kind of general counselling, I would have definitely done that, yeah." (Chris: 379-402)*

This notion of inexpression is also discussed by Jack in relation to contextual factors. Jack discusses feeling unable to openly express his emotions and relates this back to a lack of emotional expression from his parents whilst growing up. This suggests an awareness of role modelling from his parents in terms of emotional regulation and expression. He may have incorporated this into his sense of self and stoic masculinity where he does not ask for help or need to openly share his feelings. Perhaps due to the lack of emotional expression from his parents he has internalised a sense of shame surrounding sharing emotions with others:

*"Uhm... And I don't- I mean, don't know, somebody might argue, and you might, about this and argue that possibly it's- that is, I don't want to feel... any less masculine than possible. I don't think that is, I think it's just a personality thing [...] Like, I think, it goes back to my parents, very much like that, very, very, like, closed off within themselves. It's just something that I've kind of taken on, uhm, but maybe there is an element of that in it, that, you know, I don't want to appear weak so I don't want to appear less masculine..."* (Jack: 494-500)

This constituent theme demonstrates a commonality in the participants accounts of male emotional inexpressiveness and the prevalence of stoic masculine ideology in relation to help-seeking. Some participants such as Imran demonstrate a high level of self-awareness which enables him to seek help upon recognising the need for it. However, the majority of participants only sought help of some form when pushed to the point of intense emotional distress. Understanding the idiosyncratic relationships relating to the varying psychological components experienced by each participant could help to contribute to further understanding the complexities of male emotional distress.

## **CHAPTER 4 - Discussion**

In this chapter, the results from the Interpretative Phenomenological Analysis process used in this study are discussed in relation to the research question and the existing relevant literature. Specifically, the existing literature is used to illuminate participants' perspectives on Changing The Body, Negotiating Masculine Ideology and Negotiating Interpersonal Masculinity— the master themes found to capture their experiences. The chapter is then concluded by discussing the implications for Counselling Psychology practice, my epistemological reflexivity, alongside a critique of the current research, including recommendations for future studies.

### **4.1. 1 Changing the Body**

This master theme refers to the participants drive to change aspects of their body linked with experiencing varying levels of body dissatisfaction. All participants expressed experiencing body image dissatisfaction at various points in life consequently resulting in a drive to change an aspect of the body. This was presented in various ways such as the drive to increase muscularity, dissonance in adhering to traditional masculine traits such as conforming to hegemonic masculinity (Connell, 1993) and experiencing body shame (Fredrickson & Roberts, 1997).

Evident in the study's findings was the inevitability of facing a changing body due to age and how this would impact on their masculinity and psychological well-being. Some participants (Greg, Chris, Johnny and Jack) had experienced having to adapt their physical functioning due to injury or illness. They discussed the difficulty they faced managing this and how this had led to over evaluation of weight and shape linking to feelings of low self-esteem and depression. They discussed a sense of feeling empowered and a sense of control over their bodies and lives frequently linking this with partaking in competitive sports which links with the notion of the body being a vehicle for performance. They also discussed how it led to a re-evaluation of their self-concept leading to reflection on who they would be if they couldn't exercise and retain their independence in relation to this. This demonstrates how these participants along with Johnny, Imran and Norman experienced their lived body being linked with their sense of self, performance and masculinity in particular with their self-esteem. A notable divergence from this was Fred who conveyed a different form of relating with his body. His account communicated clearly that he related to his body as an object (constructed) separate from himself and tended to make sense of himself through interactions with others.

The reason for this is unclear, and it is possible that more information regarding Fred's family background and history would allow a richer picture of understanding.

Also relevant was the manner in which the participants expressed their masculinity via an embodied experience (Mishkind, Rodin, Silberstein & Striegel-Moore, 1986). Research proposes that men and boys have begun defining themselves more so through their bodies due to varying socio-economic and cultural factors which have influenced how they make sense of their self- identity in relation to their working environment particularly in relation to the changing roles of males in the labour force (Connell, 1995; Henwood, Gill & McLean, 2005). Giddens contends that the disbanding of 'high' or 'late' modernism has been typified by a burgeoning reflexive daily concern with identity and the body. This is said to lead to the self then becoming a 'reflexive project' continually worked through by individuals via their values and beliefs with the aim of grounding their identity including their masculinity within the body (Giddens, 1991, p.102). Bourdieu (1986) highlights the importance of class when considering embodiment. He focuses on three points: where the individual is situated socially, the developmental nature of their habits and tastes. He states that the maintenance of the body is key to gaining status and to the maintenance of class and other differences. This is perhaps reflected in body comparison with other males and in the pursuit of muscularity that presented in the findings. Reflected in the findings in the present study, Featherstone (1991) claims that the body is viewed as a vehicle of self-expression, strengthened by the consumerist market and that body projects are a way to endeavour to build and sustain a unified and meaningful self-identity via directly focusing on the body.

Nettleton and Watson (1998) maintain that individual narratives of the male body have been ignored and warrant further exploration through research. In relation to gender studies there has also been a lack of research pertaining to the embodied aspect of masculinity for men who do not fall into a specific sample set such as those who are disabled or ill. Watson (2000) states that there is a lack of attention paid to individual accounts and insights into masculinity. Recent research such as Gaitianidis (2012) regarding gender socialisation and Krugman (1995) on shame-based defences suggests that phenomenological lines of enquiry may be more fitting for qualitative in-depth investigation of the experience of masculinity, body image and psychological well-being which adopts a more empathically curious stance better suited to the research topic. An issue with research into the male body is the inability to go beyond the Cartesian mind and body divide thus leading to simplified accounts of embodiment being

presented. This study has academically contributed and built on understanding aspects of embodiment in that it has offered insights into the idiosyncrasies involved in the participant's experience of embodied masculinity and self-identity.

The participants experiences of their masculinity and body image was not overtly negative however they did demonstrate significant dissatisfaction in the past or present. McCabe and Ricciardelli (2004), found in a review of body image dissatisfaction across a lifespan literature in males to be linked with poor psychological adjustment, eating disorders, steroid use, exercise dependency alongside other negative health-related behaviours. The participant's accounts illustrate them making sense of themselves through their masculinity and body. Only Jack did not report a similar experience, which may be due to the fact that he sustained an injury at a young age which rendered him immobile for a period of time. Jacks' sense of self may have been influenced through other means not relating to his body dissimilar to the other participants. Despite this divergence, body dissatisfaction was pronounced and prevalent in all participants' accounts even when avoidance from the topic occurred. Research consistent with the findings of this study demonstrates that the pursuit of endorsing masculine ideals and gender role stress is implicated in men's drive for muscularity (Murray & Touyz, 2006). What also became apparent throughout the research process was the participants level of self-awareness pertaining to their body image and how this impacted on how they related with themselves, others and with the world. This ties in with the phenomenological perspective that the body is vital in understanding any situation as it is through our body that we access the world and derive meaning (Finlay, 2006).

Johnny, in particular, demonstrated the greatest desire out of all the participants to increase his muscularity. Male body image dissatisfaction presents as a drive for enhanced thinness (similar to that predominately experienced by females) in the form of Anorexia Nervosa or more commonly as a drive for increased muscularity also known as muscle dysmorphia (Murray & Touyz, 2006). The levels of desire to increase muscularity varied across all participants in accordance with what they perceived as desirable for attracting a sexual partner or in order to gain the respect and admiration of other men (Kimmel, 1997), and was linked to their expression of masculinity and assertion of gender role hierarchy (Mishkind et al, 1986; Olivardia, 2001). The drive for muscularity may also be in response to the theory of threatened masculinity (Mills & D'Alfonso, 2007; Mishkind et al., 1986) which has been proposed to explain why male body image dissatisfaction in response to images of muscled men is on the

increase (Gray & Ginsberg, 2007). This links with the gender equality movement where the traditional male role in society was challenged thus leading to a masculine identity shift consequently resulting in men needing another outlet for masculine expression. This need to differentiate could be expressed as a form of embodied masculinity through increased muscle mass (Luciano, 2007; Mills & D'Alfonso, 2007; Mishkind et al., 1986; Pope et al., 2002) alongside other overt expressions of masculinity such as aggression (Bosson, Vandello, Burnaford, Weaver & Wasti, 2009). Male muscle dissatisfaction has been found to be steadily higher in societies with higher gender equality thus supporting the threatened masculinity theory (Hunt, Gonsalkorale & Murray, 2013).

Participants in the present study experiencing higher muscle dissatisfaction seemed to express increased gender role conflict and stress as also seen by studies in the literature (see Mussap 2008; Schwartz, Grammas, Sutherland, Siffert & Bush-King, 2010). Research has also linked such findings to men adopting more traditional masculine gender roles or beliefs which could be attributed to some of the participants such as Johnny and Chris as further demonstrated later in this chapter. (Martin & Govender, 2011; McCreary, Saucier, & Courtenay, 2005; Steinfeldt, Gilchrist, Halterman, Gomory, & Steinfeldt, 2011; Tager, Good, & Morrison, 2006). A study by Mahalik and Cournoyer (2000) conveyed that gender role conflict messages served to differentiate between mildly depressed men from non-depressed men, which is akin to findings from Zamarripa, Wampold, and Gregory (2003) that stated that gender role conflict was linked with depression and anxiety. This is particularly relevant in Steve's case who has experienced depression and displays defences against identifying with constructs of masculinity alongside a resistance to conform to masculine norms.

Cochran (2005) analysis of epidemiological studies on men found there to be an increased risk of alcohol and drug abuse alongside a dependency over a lifetime. The analysis also illustrated a lifelong prevalence rate for men's psychological issues being: depressive disorder, generalized anxiety disorder and bipolar disorder. Cochran and Rabinowitz (2003) and Murphy (1998) found that the rates of suicide for men were four to 15 times higher than for females. This could relate to the prevalence of the traditional masculine norms demonstrated in the present study coupled with male socialisation processes reinforcing that men must endure and cope with issues rather than openly seek help. Male inexpressiveness appears to be linked with a reluctance to seek help. This can be understood in the context of existing research

relating to gender differences in help seeking reflecting men's lower rates as a discrepancy between perception of need and help seeking. This can also be linked with pressure to conform to traditional masculine norms thus making it more difficult to seek help (Moller-Leimkuhler, 2002). In addition, the findings illuminate an important interpersonal link for the majority of the participants in experiencing their body image and masculinity as being intertwined. This again fits with the phenomenological aspect of the body being linked with the world (Finlay, 2006).

Also, shame was expressed by all participants as an interpersonal process (Crisp, 2001) coupled with inexpression. For Imran, this was specifically through stigmatization when he experienced being judged by family members for his skin tone and for Norman and Fred's experiences of being homosexual men (Jacoby, 1994). The findings of this study appear to support existing research that individuals who experience their body as unattractive, undesirable or encounter feelings of body shame are at a higher level of risk of psychological distress or disorders (Thompson & Kent, 2001). The notion of body shame refers to the negative aspects of the body's aesthetics and performance which were reflected by Chris and Norman particularly when they had perceived their body to have failed them. Imran conveyed internalised body shame related to his skin colour, possibly leading to the development of a shame based defence in response to not feeling as though he was good enough for his family. Santor and Walker (1999) state that possessing qualities that one perceives others to value highly are linked to self-esteem. This was exemplified by experiences reported by Johnny whose self-esteem appeared to thrive upon the approval of others linked to his appearance.

The findings from this research do not support Pritchard's (2008) findings where those who reported feeling masculine typically expressed a desire for a larger idealised body. Many participants also expressed a desire for change in the context of increased fitness or having to reluctantly adapt following an injury or adjusting to the physiological changes that accompany the aging process. Research also conveys that older men relate to hegemonic masculinity ideals in relation to autonomy and health which is reflected in the data (McVittie & Willock, 2006) which is consistent with the findings from this study. For Greg, in particular, and as an older participant, being fit and healthy with a sense of self-agency alongside the ability to physically perform were integral in how he experienced himself and his masculinity whilst being injured or ill was viewed as adopting a more passive role with outside factors taking from his sense of agency (McVittie & Willock, 2006). Throughout his account there was a clear sense of Greg communicating that he was somewhat reluctantly learning to adapt to the changing capabilities

of his body due to aging. It is possible that leisure activities may offer a context to explore the creation of a stereotypical masculine identity and a frame for understanding masculinity as well as acting it out (Evers, 2009b).

#### **4.1.2 Negotiating Masculine Ideology**

This Master theme relates to how the participants experienced and negotiated their masculinity in various socio-cultural contexts at differing points in their lives. Contextual factors were highlighted throughout the accounts as important in influencing individual narratives of masculinity, body image and how this was incorporated into their own self-identity. Evolutionary psychology can also be applied in understanding the superordinate theme of the evolutionary narrative of masculinity which was prevalent across all the participants' accounts. According to evolutionary psychology (Barrett, Dunbar, & Lycett, 2002) based on the Darwinian premise that the main form of behavioral differences between the sexes stems from sexual selection resulting from competition for an available mate. The competitive element among the participants was not common to all but was more explicitly discussed by Johnny in reference to changing his body and increasing his muscularity in order to attract a sexual partner. Also, several participants discussed survival of the fittest types of scenarios such as when playing sports with other men, competing, intense physical training or when at work. This theoretical approach involves gender role constructs and the evolutionary perspective which suggests that anatomy, genes and behaviors are predetermined and can be explained by evolutionary processes. This provides a frame for understanding modern day masculinity and its manifestation amongst the participants. Also, some participants discussed feeling an explicit need to connect with nature and the outdoors which perhaps relates to evolutionary psychology when linking male roles with hunting and providing. This theory also helps to explain both origins of the self and current psychological processes (Archer, 1996).

The concept of hegemonic masculinity was prevalent amongst the participants and has been used as a frame for understanding patterns of male behaviour that allow men to exert dominance over women (Connell & Messerschmidt, 2005). This has been linked to aggression and physically domineering behaviour, emotional stoicism, denying weakness, non-expression of vulnerability, youth, a high sex drive and dismissing the need for help (Courtenay, 2000; Connell & Messerschmidt, 2005; Lock & Mahalik, 2005; Addis & Mahalik, 2003). Hegemonic masculinity is proposed as a construct which men strive to conform with. Research proposes that hegemonic masculinity should be perceived as relational and represented in men's exchanges with each other and with women (Connell & Messerschmidt, 2005). This appears

to fit with the experiences of the participants where some strongly distanced themselves from identifying with masculinity constructs yet also identified with them in various contexts with other men. For example Chris relates with masculine ideology where men supposedly convey strength through emotional containment. Throughout the extracts in *Soldier Masculinity*, Chris suggests he is internalising this message from socio-cultural experiences that reinforce the idea that expressing vulnerability is not masculine.

All of the participants acknowledged feeling pressure at some point to conform with a dominant masculine ideology where they appeared to actively build and review dominant masculine norms (Courtenay, 2009). This research reflects the participant's view that masculinity holds a definite stereotypical construct which is reinforced by culture and society nonetheless is relationally enacted and constantly recreated (Wiersma & Chesser, 2011). The experiences shared by some men (Imran, Greg, Chris and Johnny) reflects how they formed their masculinity by engaging with risk in the form of extreme sports or risky health training practices. This is consistent with research where men determine their level of masculinity by engaging with risky activities which work against healthy behaviours and values (Courtenay, 2000).

Richards, Reid and Watts (2002), study of Scottish men's socioeconomic variances in response to chest pain in deprived and affluent areas of Glasgow illustrates how men differ according to these factors. Those from the deprived regions normalised their experiences therefore delaying seeking help. This highlights the external influencing factors influencing symptoms and reaction to illness such as social and cultural factors. This also fits with the emotional stoicism and stiff upper lip masculinity reported by participants. Throughout the participants' accounts, there are shared understandings of the constructs of masculinity where real men appear to "grit their teeth" and "endure difficulty" and cope alone. This view of masculinity further perpetuates the stereotypical view that to be masculine means not be vulnerable.

#### **4.1.3 Negotiating Interpersonal Masculinity**

The present study highlighted the experience of interpersonal aspects of the participant's masculine identity formation and how they felt their masculinity was linked with male bonding and enhanced in certain contexts with other males e.g. when playing sports. The majority of the participants described the significance of being strong and stoic in the face of difficult emotions possibly in adherence with masculine ideology. This may have the potential to

develop into non-acceptance of and suppression of emotions and thoughts which have been shown to link with depressive symptomology according to existing studies (Amstadter & Vernon, 2008; Wenzlaff & Wegner, 2000; Campbell-Sills, Barlow, Brown & Hofmann, 2006; Gratz & Roemer, 2004 and Hayes et al., 2000). Suppression is an unhelpful coping strategy experienced by many of the participants. In addition, research has linked restrictive expression of emotions and suppression to insecure attachment styles (Land, Rochlen, & Vaughn, 2011; Schwartz, Waldo & Higgins, 2004).

Emotional regulation models (Gross, 1998; Gross 2007) are relevant as they discuss expressive suppression such as not crying when experiencing emotional arousal and cognitive reappraisal which is the reframing of an emotion to be less evocative than it is e.g. reframing failure as it's the participation that counts (Gross & John, 2003). The latter has been linked with high ratings of well-being (Gross & John, 2004) and the former linked with depression and negative social outcomes (Richards, Butler & Gross, 2003; Gross & John, 2003) and high levels of experiencing negative emotions (Butler, Lee & Gross, 2007). The present study evidenced participants expressed emotional suppression by not engaging with and openly displaying their emotions, help seeking or appearing frightened in front of others.

Negotiating interpersonal masculinity also involved the participants discussing experiences of male relating. Research by Bird (1996) focuses on homosociality which is the “nonsexual interpersonal attractions held by men (or women) for members of their own sex” (Bird, 1996, p.121). Literature on homosociality demonstrates its link with sexual, competitive and social behaviours (Flood, 2008). Johnny in particular spoke of the importance of sexual prowess and performance with women being integral to his self-esteem and self-concept which links with research findings stating that male bonding may also be cemented through the act of heterosexual sex (Flood, 2008). Homosociality also endorses the differences between men and women through separation in social groupings and also between hegemonic and non-hegemonic masculinities. Hegemonic masculinity influences the overall nature of gender relationships. It has been proposed by Bird (1996) that behaviours which challenge hegemonic masculinity are seen as less masculine and are consequently disregarded or ostracised. This would include homosexual masculinity which would be labelled as too highly feminised (Connell, 1992).

In relation to the participants discussing male relating there was a common theme evidenced in that there was a shared reluctance to show and share emotions. The participants reported

finding aspects of this shameful and incongruent with their beliefs pertaining to their masculinity. The majority of participants discussed supressing or rejecting vulnerable parts of the self. From the present study's findings it is possible to postulate that this male inexpressiveness of vulnerability is linked with a fear of being rejected due to expressing emotions.

Participants in this study also discussed holding an admiration and respect for their fathers or other role models such as sportsman. Greg refers to his father as an aspirational role model and appears to feel fortunate he had his father as a role model. His father appears to model and embody what Greg aspired to which was a sense of fairness and justice. He uses the term "hero worship" which links with Bly's (1990) masculine myths and a moral sense of fairness which he goes on to discuss as being something his father modelled to him and he took away as intrinsically important to his sense of self. Role modelling in males can also be linked to research for those with absent fathers that suggest that the result of an absent father could lead to emotionally displacing on to other role models such as celebrity figures (Pittman, 1993). This may be particularly relevant for Chris who had the experience of an absent father and identified with extreme sports and action men who appear to personify masculine qualities that he perhaps wishes to possess.

Wade (1998) proposed the Male Reference Group Identity Dependence (RGID) which stems from a combination of reference group theory and ego identity development theory. RGID relates to the present study in the context of male relating and role modelling with regards to how men relate with their masculinity and other men. RGID is the degree to which men are contingent on a reference group for defining their gender role identity. This theory offers a means to understand an individual's relationship to a group and the associations that this may then exert on their value system. This is also said to be intrinsically tied to the variances in their masculine ideology being linked to diversities in men's reference groups. The conceptual underpinning being an individual's psychological connection with other men and their level of ego identity development are imperative to gender role identity. This theory supports the current study where the participant's masculinity is formed through internalising representations of masculinity related to their reference groups as demonstrated in particular by Chris. The participant's accounts are also supported by research which illustrates the importance of the internalization of socio-cultural values in the experience of body image

(Cusamano & Thompson, 1997). Additional research into male relating from a qualitative paradigm may lead to insights into better understanding group identity variances, ruptures and self-concept formation and how these may present in a counselling setting.

This research builds on the limited qualitative research available on the aging male body and masculinity and also takes into account body image and the injured male body in the context of relating to psychological well-being. The findings convey the importance of psychological well-being linking with the functionality of the body and how this ties with being a man. The findings also convey the importance of the cultural context of the participants and the manner in which this appeared to shape how the participants made sense of their body and masculinity which warrants further research. This research supports existing research in demonstrating that participants who experienced body image issues such as dissatisfaction or injury had experienced low self-esteem, eating disorder pathology, self-harming, low mood, anxiety, pressure to conform to normative masculinity and depression (Olivardia et al., 2004; Kimmel & Mahalik, 2005; Agliata & Tantleff-Dunn, 2004; Cafri et al, 2005, Furnham & Calnan, 1998; Polivy & Herman, 2002). This research also supports and further builds on existing findings in illustrating that men have to be at the point of an emotionally extreme state before seeking help with psychological distress. This is particularly relevant in the field of counselling psychology when considering how vulnerable and high risk male patients may present at the point of referral or in relation to their help-seeking behaviours.

#### **4.2 Methodological and Personal Reflexivity**

My impact on the research will be considered in accordance with Yardley's (2000) criteria. I have illustrated awareness regarding my interest in the research topic and provided reflection on the method of analysis used. I will now explore how the participants have impacted on me, the research process and the results (Willig, 2001).

Upon reflection, I realise that I can now better recognise that my beliefs regarding this topic have been clarified and brought to my attention through the process of interviewing the participants. This has helped me identify my changing attitudes and thoughts throughout the research process. An example of this would be my assumption that all men have some kind of conscious awareness regarding their relationship with their body that they would be able to articulate. This research process has allowed me to witness that this is not always the case and that sometimes the inability to express such awareness has specific psychological functions such as being a well-placed defence mechanism or coping strategy. I came to realise the great

variations in levels of self-awareness among the participants and how they often struggle to find the language to communicate personal and sensitive information.

I now better understand my relationship with my own masculinity and body image as a female. Throughout this research process I have realised that I identify more with my masculine traits and have at times been rejecting of my feminine traits. This has led me to further explore my relationship with vulnerability which I feel runs parallel to this research and perhaps mirrors aspects of what the participants expressed.

In addition, as a female I am fully aware that I cannot fully appreciate or enter into the experience of being male and how this is present throughout the research process. Also my ethnicity, physical appearance and professional identity will also have inevitably influenced the interview process. My awareness and sensitivity towards this sense of '*outsiderness*' perhaps hindered me from probing further at some points during the interviews. In retrospect, perhaps I could have explicitly enquired about this aspect of the interview experience. Also, the above factors may have prevented the participants from discussing certain topics such as sexuality, vulnerability or anatomical aspects of being male more in-depth thus influencing the findings and in turn the analysis.

Furthermore, my own assumptions and beliefs will have influenced the analysis and interpretations of meaning derived from the findings. My aim was to be open minded when analysing, vigilant in recognising my own beliefs influencing the process and bracketing these to the best of my abilities so as not to bias the findings. This was so as not to impose preconceived ideas on to the findings (Finlay, 2008). However, this intricate process entails that there is a limit to which this is possible even though my intention was to prioritise the participant's meanings over my own throughout the analysis process in order to help the interpretative process. Therefore, the findings to some extent have been influenced by my own experiences, context and specific background.

For me the forte of IPA stems from its idiographic and phenomenological nature alongside the focus on individual experience. I believe this complements the research topic with particular reference to the subjective nature of body image and masculinity. This is further maintained by the findings of this research. I am of the view that a focused quantitative approach would not sufficiently portray the level of detail required to study the subjective, contextual and multi-factorial nature of body image. I believe this study illustrates that the participants experienced

a connection with their body in a socio-cultural context that quantitative measures would not fully illustrate.

The aim of this research was to explore the participants' experiences and meanings regarding their body image, masculinity and psychological well-being which I feel has been achieved. I hope the reader feels there is a rich, snippet of the men's lived experiences provided through the process of interpretative analysis. I also hope the difficulty in exploring a topic where there could be potentially sensitive issues is conveyed through the findings in the Master Themes (e.g. Masculinity as a Threat to Self) and through avoidance throughout the interview process. Therefore, direct access to an experience is not possible and is gained through an interpretative process (Finlay, 2011).

Throughout the research process I have learned to fully immerse myself in the iterative process. This required that I continually move back and forth between different pieces of work. Consequently, this has helped me to become more reflexively aware as a qualitative researcher and allowed me to build on my understanding of the research process in relation to the areas of male body image, masculinity and psychological well-being.

#### **4.3 Strengths and Limitations to the Present Study and Suggestions for Future Research**

Due to the qualitative nature of this study its strength lies in that it further contributes to building a vivid picture of understanding the experience of male body image, masculinity and psychological well-being. The present study builds on previous quantitative studies such as Tager, Good and Morrison (2006), that found positive correlations between body image, perceived mastery over environment and mastery of the masculine norm of dominance. They also found lower levels of self-acceptance rates in overweight males which could link with levels of self-esteem and found an overall significant link with body image being a predicative factor of psychological well-being. The present study addresses the gaps left from quantitative research methods by building a richer picture of understanding the male's experiences and exploring the subtle nuances which link together male body image, masculinity and aspects of psychological well-being. The majority of participants demonstrated having engaged with and experienced body comparison and negative evaluations and appraisals from others based on deviating from behaviours perceived to be in line with normative masculinity and deviating from the masculine mesomorph body ideal contributing to body dissatisfaction and low self-

esteem which further contributed to psychological distress. This study also provided a voice for the participants to discuss their individual, idiosyncratic relationships with their body's, masculinity and highlighted the layers and complexity present within these.

The findings from this study illustrated that all of the participants experienced pressure to conform to a restrictive representation of masculinity perhaps by being objectified much in the way women have previously experienced in relation to femininity and body image. This study has shown there to be rich and complex representations of masculinity which are layered, context dependent and in flux. It appeared that body dissatisfaction and psychological distress occurred when the men compared themselves with masculine body ideals and that this then often triggered body changing behaviours such as excessive exercising. Quantitative studies lack a depth of understanding the reasons behind why levels of body dissatisfaction occur where qualitative studies such as this could contribute by further exploring these aspects of experience in-depth. This would prove to be beneficial for Health and Counselling psychologists alongside many other healthcare professionals who would perhaps better understand the presentation and symptomologies when encountering men seeking help and experiencing psychological distress.

The findings also highlighted the commonality of experience amongst the majority of the participants in relation to emotional inexpression. It appeared that in order to acknowledge or seek help when experiencing physical pain or psychological distress the participants felt overwhelmed and were no longer able to endure or cope on their own. The preferential coping style therefore appeared to be to manage and contain emotional experiences. This highlights the importance in understanding the individual relationship between masculine identity, relational patterns and psychological coping mechanisms as these may influence the ability to acknowledge the need for and to seek help. Understanding the idiosyncrasies of these experiences combined with further research may help better understand clinical presentations of male distress and shape psychological interventions which are encouraging of and conducive to male emotional expression.

This research highlights connections between body image, various aspects of psychological well-being, coping strategies, help seeking behaviours masculinity, influence of socio-cultural factors, peers, partners and family which contributes to further understanding the idiosyncratic experience of individual masculine identity formation and how this is linked with evaluating body image and psychological well-being.

The sample for this study was purposive and self-selected from a group of men who belonged to a particular socio-economic and educational background. Although this is consistent with the small sample size and homogeneity required from an IPA study it is not a widely representative sample of men thus limiting the generalizability of the findings. Therefore, further research could be undertaken to explore these issues in other groups of men in different cultures, varying in age, socio-economic, ethnicity and educational background in different locations globally. This would help to develop a better understanding of instances of commonality and differences in experiences. The recognition of significant and common themes may allow for a shift in emphasis from the specific to a more global and widespread perspective (Eatough & Smith, 2008).

In future studies a sample size with a narrower age range may be used as in this study the age range was between 21-60 years old. A more specific age range (such as older males) may direct more focus on the individual background and contextual factors of the participant's experience of their body image, masculinity and psychological well-being in more detail. Also, the participants volunteering themselves for this study suggests that they were relatively happy to discuss their body image, masculinity and psychological well-being with another. As evidenced some of the participants may have had difficulty engaging with and articulating on certain concepts yet were able to communicate something relative of their experience pertaining to these issues. Perhaps men who have experienced high body image dissatisfaction would be unwilling to discuss and therefore were not represented. Future research could focus specifically on a group of men who are experiencing high body image dissatisfaction alongside masculinity and psychological well-being.

In addition, a limitation of this study could be the use of a single interview per individual participant. Perhaps the use of multiple interviews with each participants over different time periods would lend itself to a more longitudinal exploration. This may serve to build rapport more easily thus softening some of the shame or avoidant engagement styles experienced by participants in this study and allow for a more in-depth analysis. This could involve incorporating a body image timeline into the interview where past and present experiences of body image in relation to masculinity and psychological well-being are explored. This could allow for a qualitative exploration over a period of time and convey findings relevant to body image satisfaction levels in relation to masculinity and psychological well-being.

Future studies may also focus on how deviations from hegemonic masculinity shape body image satisfaction and psychological well-being. In addition, at present the majority of studies focus on younger male samples thus leaving room for future studies to focus on the growing aging male population. Also, studies may focus on including more culturally and sexually diverse samples in differing contexts which would encapsulate varying masculinities and provide rich and diverse findings. In the present study the majority of the participant's did not explicitly discuss their sexuality which may have to do with my being a female interviewer coupled with a reluctance to share sensitive information. Perhaps future studies could account for this and could offer males a female or male interviewer. Also, in this current study the emergence of body shame and shame related defences relating to masculinity was evident and may warrant further qualitative study. This may provide further insights into the experiential influence of body shame and shame based defences as they were found to be a key emotional developmental factor in males (Kingerlee, 2012; Krugman, 1995; Osherson & Krugman, 1990) and may highlight further ways to engage males in healthy emotional expression.

#### **4.4 Implications for Counselling Psychology Practice**

The male participant's accounts of their body image, masculinity and psychological well-being stem from their lived experiences therefore being contextually bound (Smith et al., 2009). This is reflective of the counselling psychology humanistic philosophy linked with understanding the specific life-world experience of the participants. The current research findings suggest that the majority of the participant's experienced a link between their masculinity, body image and psychological well-being. Contextual factors also appeared to be important in influencing male coping styles, help seeking behaviours and emotional expression. Factors such as environment, health, education, peers, partners and career goals appeared to exert an influence on the presentation and expression of issues causing psychological distress. The present study highlights the manner in which counselling psychologists could work with male clients to challenge unhealthy beliefs around help-seeking and autonomy (Pollack, 2005) and work to endorse independence in a healthier manner incorporating a more empathic understanding (Kiselica & Englart-Carlson, 2010).

The link between diminished muscle mass, depression and concepts linked with eating disorders is imperative to counselling psychology practitioners. Research suggests that men demonstrate high levels of body dissatisfaction which is significantly linked with depression, disordered eating, using performance enhancing drugs and low self-esteem. Also relevant in

the body image construct was muscle belittlement as it was found to directly influence levels of body dissatisfaction (Olivardia et al., 2004). Those in a clinical context working with men experiencing body image, eating or depressive disorders should be alert to the possible presentation of all of these symptoms grouping together (Olivardia et al, 2004). As the inhibition of sensitive emotions is said to negatively impact on health (Jansz, 2000) it would also be wise for counselling psychologists to consider the influence of health related behaviours in relation to body image and, masculinity issues such as increasing muscularity on psychological functioning e.g. low self-esteem (Pope et al, 2004).

Also evident in the findings from this study were the participants' difficulty in recognising, expressing and coping with emotional difficulty. This reluctance to share or express emotions is also known as restrictive emotionality (Levant, 1995) and may present in a variety of ways in a counselling psychology context such as substance misuse or aggression (Locke & Mahalik, 2005) and requires an understanding of the dissonance experienced when deviating from traditional masculine ideology in expressing vulnerability (Levant, 1992). Counselling psychologists could adopt a tiered therapeutic approach as proposed by Brooks (2010) where an Integrative Problem-Centred Therapy would be used employing cognitive behavioural strategies combined with employing more self-examining strategies, ranging in degrees of complexity. This coupled with bolstering male client's sense of self agency and tackling their defense mechanisms (Blazina & Watkins, 2000) may be an effective means to engage them and attend to their psychological distress in therapy.

In addition, in a counselling context it may be useful to explore the meaning that men attribute to their body image and masculinity and to privilege and prioritise this in understanding their experience. Emphasising this meaning making process may encourage the autonomy of the client to take charge of their body and the variety of meanings they ascribe to it (Orbach, 1978) alongside encouraging their independence and self-efficacy which are integral to masculinity being experienced in a positive manner (Good & Brooks, 2005; Kiselica & Englar-Carlson, 2010; Levant & Richmond, 2007; Mander, 2001).

There is also the possibility of counselling psychologists working with clients who present with subclinical symptoms of body image disorders which may significantly impact of psychological well-being. Therefore, an understanding of how such issues may present in a

clinical setting is necessary and the ability to identify and treat these issues appropriately is also imperative given that negative body image has been linked to psychological distress, aggression, eating disorders, anxiety disorders, and pressure to conform to traditional masculine norms (Kimmel & Mahalik, 2005; Agliata & Tantleff-Dunn, 2004; Cafri et al, 2005, Furnham & Calnan, 1998; Polivy & Herman, 2002). The present research aimed to understand and inform counselling psychologists' experiences of working with masculinity, body image and psychological well-being. These findings may also allow for a better clinical understanding and means of engaging with issues pertaining to the research topic.

#### **4.5 Conclusion and Summary**

The current research has considered various topics concerning masculinity, body image and psychological well-being that are proposed as being relevant to the field of counselling psychology. Patients experiencing masculinity or body image issues are likely to disguise or suppress these indications unless directly prompted by a health care professional. The individual implications caused by traditional male gender role stereotypes and help seeking behaviours lend themselves to the development of mental health problems such as depression (Moller-Leimkuhler, 1999). Existing literature has also conveyed that masculinity, shame, and a fear of emotions to be significant establishing causes of anger and aggression in males (Jakupcak, Tull & Roemer, 2005) therefore being relevant to Counselling Psychology. In conclusion, this study has strived to propose a comprehensive argument in support of the need for counselling psychologist practitioners to be aware of the manifestations and presentations of masculinity and body image issues and their influence on psychological well-being.

## References

- Abraham, S., & O'Dea, J. (2002). Eating and exercise disorders in young college men. *Journal of American College Health, 50*(6), 273-278.
- Abuse, S. (2012). Mental health services administration (2012) results from the 2011 national survey on drug use and health: Summary of national findings. *NSDUH Series H-44, HHS Publication no (SMA)*, 12-4713.
- Adams, G., Turner, H., & Bucks, R. (2005). The experience of body dissatisfaction in men. *Body Image, 2*(3), 271-283.
- Addis, M. E., Addis, M. E., Mansfield, A. K., & Syzdek, M. R. (2010). Is “masculinity” a problem? Framing the effects of gendered social learning in men. *Psychology of Men & Masculinity, 11*(2), 77; 77-90; 90.
- Addis, M. E., & Cohane, G. H. (2005). Social scientific paradigms of masculinity and their implications for research and practice in men's mental health. *Journal of Clinical Psychology, 61*(6), 633-647.
- Addis, M. E., & Mahalik, J. R. (2003). Men, masculinity, and the contexts of help seeking. *American Psychologist, 58*(1), 5.
- Agliata, D., & Tantleff-Dunn, S. (2004). The impact of media exposure on males' body image. *Journal of Social and Clinical Psychology, 23*(1), 7-22.  
doi:10.1521/jscp.23.1.7.26988

- Aksan, N., Kısac, B., Aydin, M., & Demirbuken, S. (2009). Symbolic interaction theory. *Procedia-Social and Behavioral Sciences*, 1(1), 902-904.
- Amstadter, A. B., & Vernon, L. L. (2008). A preliminary examination of thought suppression, emotion regulation, and coping in a trauma-exposed sample. *Journal of Aggression, Maltreatment & Trauma*, 17(3), 279-295.
- Arbour, K. P., & Ginis, K. A. M. (2006). Effects of exposure to muscular and hypermuscular media images on young men's muscularity dissatisfaction and body dissatisfaction. *Body Image*, 3(2), 153-161.
- Archer, M. S. (1996). *Culture and agency: The place of culture in social theory* Cambridge University Press.
- Ata, R. N., Ludden, A. B., & Lally, M. M. (2007). The effects of gender and family, friend, and media influences on eating behaviors and body image during adolescence. *Journal of Youth and Adolescence*, 36(8), 1024-1037.
- Barrett, L., Dunbar, R., & Lycett, J. (2002). *Human evolutionary psychology*. Princeton University Press.
- Bartky, S. L. (1990). *Femininity and domination: Studies in the phenomenology of oppression* Psychology Press.
- Benenson, J. F., & Koulnazarian, M. (2008). Sex differences in help-seeking appear in early childhood. *British Journal of Developmental Psychology*, 26(2), 163-169.
- Benwell, B. (2014). Language and masculinity. *Handbook of Language, Gender, and Sexuality*, 240-259.

Bergeron, D., & Tylka, T. L. (2007). Support for the uniqueness of body dissatisfaction from drive for muscularity among men. *Body Image*, 4(3), 288-295.

Bessenoff, G. R., & Snow, D. (2006). Absorbing society's influence: Body image self-discrepancy and internalized shame. *Sex Roles*, 54(9-10), 727-731.

Bidwell, D. R. (2000). Carl Jung's memories, dreams, reflections: A critique informed by postmodernism. *Pastoral Psychology*, 49(1), 13-20.

Biggerstaff, D., & Thompson, A. (2008). Interpretative phenomenological analysis (IPA): A qualitative methodology of choice in healthcare research. *Qualitative Research in Psychology*, 5(3), 214-224.

Bird, S. R. (1996). Welcome to the men's club: Homosociality and the maintenance of hegemonic masculinity. *Gender and Society*, 10(2), 120-132.

Bjork, T., Skarberg, K., & Engstrom, I. (2013). Eating disorders and anabolic androgenic steroids in males--similarities and differences in self-image and psychiatric symptoms. *Substance Abuse Treatment, Prevention, and Policy*, 8, 30-59.

Blaikie, N. W. H. (2007). *Approaches to social enquiry: Advancing knowledge*. Cambridge: Polity.

Blashill, A. J. (2010). Elements of male body image: Prediction of depression, eating pathology and social sensitivity among gay men. *Body Image*, 7(4), 310-316.

Blazina, C., & Watkins Jr, C. E. (1996). Masculine gender role conflict: Effects on college men's psychological well-being, chemical substance usage, and attitudes towards help-seeking. *Journal of Counseling Psychology*, 43(4), 461.

Blazina, C., Pisecco, S., & O'Neil, J. M. (2005). An adaptation of the gender role conflict scale for adolescents: Psychometric issues and correlates with psychological distress. *Psychology of Men & Masculinity*, 6(1), 39.

Blond, A. (2008). Impacts of exposure to images of ideal bodies on male body dissatisfaction: A review. *Body Image*, 5(3), 244-250. doi:10.1016/j.bodyim.2008.02.003

Blouin, A. G., & Goldfield, G. S. (1995). Body image and steroid use in male bodybuilders. *The International Journal of Eating Disorders*, 18(2), 159.

Bly, R. (2013). *Iron john* Random House.

Boisvert, J. A., & Harrell, W. A. (2009). Homosexuality as a risk factor for eating disorder symptomatology in men. *The Journal of Men's Studies*, 17(3), 210-225.

Bordo, S. (2003). *Unbearable weight: Feminism, western culture, and the body*. University of California Press.

Bornstein, M. H., Putnick, D. L., Heslington, M., Gini, M., Suwalsky, J. T., Venuti, P.

Zingman de Galperín, C. (2008). Mother-child emotional availability in ecological perspective: Three countries, two regions, two genders. *Developmental Psychology*, 44(3), 666.

Bosson, J. K., Vandello, J. A., Burnaford, R. M., Weaver, J. R., & Arzu Wasti, S. (2009).

Precarious manhood and displays of physical aggression. *Personality & Social Psychology Bulletin*, 35(5), 623-634.

Botta, R. A. (2003). For your health? The relationship between magazine reading and adolescents' body image and eating disturbances1. *Sex Roles*, 48(9/10), 389.

Bottamini, G., & Ste-Marie, D. M. (2006). Male voices on body image. *International Journal of Men's Health*, 5(2), 109-132.

Bourdieu, P. (2011). The forms of capital. (1986). *Cultural Theory: An Anthology*, 81-93.

Brandes, H., & Bullinger, H. (1996). Männerorientierte therapie und beratung. *Handbuch Männerarbeit*. Weinheim: Beltz-Psychologie Verlags Union, 3-17.

Brannon, R., & David, D. S. (1976). *The forty-nine percent majority: The male sex role* Addison-Wesley Publishing Company.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77; 77-101; 101.

Breines, I., Connell, R., & Eide, I. (2000). *Male roles, masculinities and violence: A culture of peace perspective* UNESCO.

Brooks, G. R., & Silverstein, L. B. (1995). Understanding the dark side of masculinity: An interactive systems model. *A new psychology of men*, 280-333.

Brooks, G. R. (1990). Post-Vietnam gender role strain: A needed concept? *Professional Psychology: Research and Practice*, 21(1), 18.

Brooks, G. R. (1997). Normative male sexual socialization: Harmless fun or sexual trauma.

*Men and Sex: New Psychological Perspectives*, 2(1), 1-5.

Brooks, G. R. (2010). *Beyond the crisis of masculinity: A transtheoretical model for male-friendly therapy*. American Psychological Association.

Brown, T. A., Cash, T. F., & Mikulka, P. J. (1990). Attitudinal body-image assessment:

Factor analysis of the body-self relations questionnaire. *Journal of Personality Assessment*, 55(1-2), 135-144.

Buss, D. M., & Schmitt, D. P. (1993). Sexual strategies theory: An evolutionary perspective on human mating. *Psychological Review*, 100(2), 204.

Butler, E. A., Lee, T. L., & Gross, J. J. (2007). Emotion regulation and culture: Are the social consequences of emotion suppression culture-specific? *Emotion*, 7(1), 30.

Cafri, G., Strauss, J., & Thompson, J. K. (2002). Male body image: Satisfaction and its relationship to well-being using the somatomorphic matrix. *International Journal of Men's Health*, 1(2), 215-231.

Cafri, G., & Thompson, J. K. (2004). Measuring male body image: A review of the current methodology. *Psychology of Men & Masculinity*, 5(1), 18.

Cafri, G., Yamamiya, Y., Brannick, M., & Thompson, J. K. (2005). The influence of sociocultural factors on body image: A Meta-Analysis. *Clinical Psychology: Science and Practice*, 12(4), 421-433.

Calogero, R. M., Davis, W. N., & Thompson, J. K. (2005). The role of self-objectification in the experience of women with eating disorders. *Sex Roles*, 52(1-2), 43-50.

Calogero, R. M., Tantleff-Dunn, S., & Thompson, J. K. (2011). *Self-objectification in women: Causes, consequences, and counteractions*. DC; US; Washington: American Psychological Association.

Camic, P. M., Rhodes, J. E., & Yardley, L. E. (2003). *Qualitative research in psychology: Expanding perspectives in methodology and design*. American Psychological Association.

Campbell-Sills, L., Barlow, D. H., Brown, T. A., & Hofmann, S. G. (2006). Effects of suppression and acceptance on emotional responses of individuals with anxiety and mood disorders. *Behaviour Research and Therapy*, 44(9), 1251-1263.

Campbell-Sills, L., Cohan, S. L., & Stein, M. B. (2006). Relationship of resilience to personality, coping, and psychiatric symptoms in young adults. *Behaviour Research and Therapy*, 44(4), 585-599.

Carr, A. T. (2002). Body shame: Issues of measurement and assessment In P. M. Gilbert J. (Ed.), *Body shame: Conceptualisation, research and treatment* 90–102. Hove Brunner-Routledge.

Cash, T. F. (2004). Body image: Past, present, and future. *Body Image*, 1(1), 1-5.

Cash, T. F. (Ed.). (2002). *In T.F. Cash & T. Pruzinsky (eds.), body images: A handbook of theory, research, and clinical practice (pp. 163-170)*. NY: Guilford press. (Ed.). NY: Guilford Press.

- Cash, T. F., & Fleming, E. C. (2002). Body image and social relations. *Body image: A handbook of theory, research, and clinical practice*, 277-286.
- Cash, T. (1994). The situational inventory of body-image dysphoria: Contextual assessment of a negative body image. *Behaviour Therapist*, 17, 133-133.
- Cash, T. F. (2000). Users' manual for the multidimensional body-self relations questionnaire. *Norfolk, VA: Old Dominion University*.
- Cash, T. F., Melnyk, S. E., & Hrabosky, J. I. (2004). The assessment of body image investment: An extensive revision of the appearance schemas inventory. *International Journal of Eating Disorders*, 35(3), 305-316.
- Cash, T. F., & Pruzinsky, T. E. (1990). *Body images: Development, deviance, and change*. Guilford Press.
- Cash, T. F., Santos, M. T., & Williams, E. F. (2005). Coping with body-image threats and challenges: Validation of the body image coping strategies inventory. *Journal of Psychosomatic Research*, 58(2), 190-199.
- Cash, T. F., & Deagle, E. A. (1997). The nature and extent of body-image disturbances in anorexia nervosa and bulimia nervosa: A meta-analysis. *The International Journal of Eating Disorders*, 22(2), 107-125.
- Cash, T. F., Melnyk, S. E., & Hrabosky, J. I. (2004). The assessment of body image investment: An extensive revision of the appearance schemas inventory. *International Journal of Eating Disorders*, 35(3), 305.

Cash, T. F., & Pruzinsky, T. (2004). *Body image: A handbook of theory, research, and clinical practice*. New York; London: Guilford.

Cattarin, J. A., Thompson, J. K., Thomas, C., & Williams, R. (2000). Body image, mood, and televised images of attractiveness: The role of social comparison. *Journal of Social and Clinical Psychology*, 19(2), 220-239.

Chapman, R., & Rutherford, J. (1988). *Male order: Unwrapping masculinity*. London: Lawrence & Wishart.

Chapple, A., & Ziebland, S. (2004). The role of humor for men with testicular cancer. *Qualitative Health Research*, 14(8), 1123-1139.

Chism, J. (2008). New businesses: The Adonis complex. *Arkansas Business*, 25(4), 23.

Choma, B. L., Visser, B. A., Pozzebon, J. A., Bogaert, A. F., Busseri, M. A., & Sadava, S. W. (2010). Self-objectification, self-esteem, and gender: Testing a moderated mediation model. *Sex Roles*, 63(9-10), 645-656.

Chuick, C. D., Greenfeld, J. M., Greenberg, S. T., Shepard, S. J., Cochran, S. V., & Haley, J. T. (2009). A qualitative investigation of depression in men. *Psychology of Men & Masculinity*, 10(4), 302.

Clatterbaugh, K. C. (1990). *Contemporary perspectives on masculinity: Men, women, and politics in modern society* Westview Press Boulder, CO.

Clifton, E., Watts, S., & Larkin, M. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research in Psychology*, 3(2), 102-120.

Cochran, S. V. (2005). Evidence-based assessment with men. *Journal of Clinical Psychology*, 61(6), 649-660.

Cochran, S. V., & Rabinowitz, F. E. (2003). Gender-sensitive recommendations for assessment and treatment of depression in men. *Professional Psychology: Research and Practice*, 34(2), 132.

Cohane, G. H., & Pope, H. G. (2001). Body image in boys: A review of the literature. *International Journal of Eating Disorders*, 29(4), 373-379.

Cohn, L. D., & Adler, N. E. (1992). Female and male perceptions of ideal body shapes: Distorted views among Caucasian college students. *Psychology of Women Quarterly*, 16(1), 69-79.

Coleman, M. (2001). Achievement against the odds: The female secondary headteachers in england and wales. *School Leadership & Management*, 21(1), 75-100.

Connell, R. W. (1998). *Masculinities*. Cambridge: Polity Press.

Connell, R. W. (1996). New directions in gender theory, masculinity research, and gender politics. *Ethnos*, 61(3-4), 157-176.

Connell, R. W. (1998). Masculinities and globalization. *Men and Masculinities*, 1(1), 3-23.

Connell, R. W., & Messerschmidt, J. W. (2005). Hegemonic masculinity rethinking the concept. *Gender & Society*, 19(6), 829-859.

Connell, R. W. (1987). *Gender and power: Society, the person and sexual politics*. Stanford University Press.

- Connell, R. W., & Connell, R. (2005). *Masculinities*. University of California Press.
- Conner, M., Johnson, C., & Grogan, S. (2004). Gender, sexuality, body image and eating behaviours. *Journal of Health Psychology*, 9(4), 505-515.
- Conrad, P. (1992). Medicalization and social control. *Annual Review of Sociology*, 209-232.
- Conrad, P. (1987). *The experience of illness*. Elsevier Ltd.
- Cooper, Z., Cooper, P. J., & Fairburn, C. G. (1989). The validity of the eating disorder examination and its subscales. *The British Journal of Psychiatry: The Journal of Mental Science*, 154, 807-812.
- Cournoyer, R. J., & Mahalik, J. R. (1995). Cross-sectional study of gender role conflict examining college-aged and middle-aged men. *Journal of Counselling Psychology*, 42(1), 11.
- Courtenay, W. (2009). Theorising masculinity and men's health. *Men's Health: Body, Identity and Social Context*, 9-32.
- Courtenay, W. H. (2000). Behavioral factors associated with disease, injury, and death among men: Evidence and implications for prevention. *The Journal of Men's Studies*, 9(1), 81-142.
- Courtney, W. H. (2000). Constructions of masculinity and their influence on men's well-being: A theory of gender and health. *Social Science and Medicine*, 50(1), 385-401.
- Crisp, A. (2001). The tendency to stigmatise. *The British Journal of Psychiatry: The Journal of Mental Science*, 178, 197-199.

Cusumano, D. L., & Thompson, J. K. (1997). Body image and body shape ideals in magazines: Exposure, awareness, and internalization. *Sex Roles*, 37(9), 701-721.

David, T., Good, G., E., Morrison, J., B. (2006). Our bodies, ourselves revisited: *International Journal of Men's Health*, 5(3)

Davies, J. A., Shen-Miller, D. S., & Isacco, A. (2010). The men's centre approach to addressing the health crisis of college men. *Professional Psychology: Research and Practice*, 41(4), 347.

Davies, N., & Eagle, G. (2010). Young men as peer counsellors: What's under the overcoat? *Journal of Psychology in Africa*, 20(4), 569-579.

De Visser, R., & Smith, J. A. (2006). Mister in-between: A case study of masculine identity and health-related behaviour. *Journal of Health Psychology*, 11(5), 685-695.

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

Deci, E. L., & Ryan, R. M. (2008). Facilitating optimal motivation and psychological well-being across life's domains. *Canadian Psychology*, 49(1), 14.

Demarest, J., & Allen, R. (2000). Body image: Gender, ethnic, and age differences. *The Journal of Social Psychology*, 140(4), 465-472.

Demarest, J., & Allen, R. (2000). Body image: Gender, ethnic, and age differences. *The Journal of Social Psychology*, 140(4), 465-472.

Douglas, P., & Lingard, R. (1999). *Men engaging feminisms: Pro-feminism, backlashes and schooling* Open Univ. Press.

Duggan, S. J., & McCreary, D. R. (2004). Body image, eating disorders, and the drive for muscularity in gay and heterosexual men: The influence of media images. *Journal of Homosexuality*, 47(3-4), 45-58.

Eatough, V., & Smith, J. A. (2006). I feel like a scrambled egg in my head: An idiographic case study of meaning making and anger using interpretative phenomenological analysis. *Psychology and Psychotherapy: Theory, Research and Practice*, 79(1), 115-135.

Eatough, V., Smith, J. A., & Shaw, R. (2008). Women, anger, and aggression: An interpretative phenomenological analysis. *Journal of Interpersonal Violence*, 23(12), 1767-1799.

Eatough, V., & Smith, J. A. (2006). I feel like a scrambled egg in my head: An idiographic case study of meaning making and anger using interpretative phenomenological analysis. *Psychology and Psychotherapy*, 79(1), 115.

Edlund, M. J., Wang, P. S., Berglund, P. A., Katz, S. J., Lin, E., & Kessler, R. C. (2002). Dropping out of mental health treatment: Patterns and predictors among epidemiological survey respondents in the United States and Ontario. *American Journal of Psychiatry*, 159(5), 845-851.

Englar-Carlson, M. (2006). Masculine norms and the therapy process.

Englar-Carlson, M., & Kiselica, M. S. (2013). Affirming the strengths in men: A positive masculinity approach to assisting male clients. *Journal of Counselling & Development*, 91(4), 399-409.

Evers, C. (2009). 'The point': Surfing, geography and a sensual life of men and masculinity on the gold coast, Australia. *Social & Cultural Geography*, 10(8), 893-908.

Fairburn, C. G. (2005). Evidence-based treatment of anorexia nervosa. *International Journal of Eating Disorders*, 37(S1), S26-S30. doi:10.1002/eat.20112

Fawkner, H. J., & McMurray, N. E. (2002). Body image in men: Self-reported thoughts, feelings, and behaviours in response to media images. *International Journal of Men's Health*, 1(2), 137-162.

Festinger, L. (1954). A theory of social comparison processes. *Human Relations*, 7(2), 117-140.

Field, A. E., Camargo, C. A., Taylor, C. B., Berkey, C. S., Frazier, A. L., Gillman, M. W., & Colditz, G. A. (1999). Overweight, weight concerns, and bulimic behaviors among girls and boys. *Journal of the American Academy of Child & Adolescent Psychiatry*, 38(6), 754-760.

Finlay, L. (2011). *Phenomenology for therapists: Researching the lived world* John Wiley & Sons.

Finlay, L. (2006). The body's disclosure in phenomenological research. *Qualitative Research in Psychology*, 3(1), 19-30.

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

Flynn, J. J., Hollenstein, T., & Mackey, A. (2010). The effect of suppressing and not accepting emotions on depressive symptoms: Is suppression different for men and women? *Personality and Individual Differences*, 49(6), 582-586.

Franzoi, S. L., & Shields, S. A. (1984). The body esteem scale: Multidimensional structure and sex differences in a college population. *Journal of Personality Assessment, 48*(2), 173-178.

Fredrickson, B. L., & Roberts, T. (1997). Objectification theory: Toward understanding women's lived experiences and mental health risks. *Psychology of Women Quarterly, 21*, 173-206.

Fredrickson, B., Noll, S., Roberts, T., Twenge, J., & Quinn, D. (1998). That swimsuit becomes you: Sex differences in self-objectification, restrained eating, and math performance.

*Journal of Personality and Social Psychology, 75*, 269-284.

Furnham, A., & Calnan, A. (1998). Eating disturbance, self-esteem, reasons for exercising and body weight dissatisfaction in adolescent males. *European Eating Disorders Review, 6*(1), 58-72.

Gadamer, H. G. (1989). Truth and method (J. Weinsheimer & DG Marshall, trans.). *New York: Continuum.*

Gaitanidis, A. (2012). Benign masculinity and critical reason. *Psychotherapy and Politics International, 10*(3), 219-227.

Galdas, P. M., Cheater, F., & Marshall, P. (2005). Men and health help-seeking behaviour: Literature review. *Journal of Advanced Nursing, 49*(6), 616-623.

Garfield, C. F., & Isacco III, A. J. (2012). Urban fathers' involvement in their child's health and healthcare. *Psychology of Men & Masculinity*, 13(1), 32.

Garner, D., M. (1997). The 1997 body image survey results. *Psychology Today*, 30, 75-80.

Garner, D. M., Olmstead, M. P., & Polivy, J. (1982). Development and validation of a multidimensional eating disorder inventory for anorexia nervosa and bulimia. *International Journal of Eating Disorders*, 2(2), 15-34.

Gee, J. P. (2005). Critical discourse analysis. *Multidisciplinary perspectives in literacy research* (2 nd ed., pp. 293-318). Cresskill, NJ: Hampton.

Georgakopoulou, A., & Goutsos, D. (1997). *Discourse analysis: An introduction*. Edinburgh: Edinburgh University Press.

Gerhardt, S. (2006). Why love matters: How affection shapes a baby's brain. *Infant Observation*, 9(3), 305-309.

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

Gilbert, P., & Miles, J. (2014). *Body shame: Conceptualisation, research and treatment* Routledge.

Gill, R., Henwood, K., & McLean, C. (2000). The tyranny of the six-pack: Men talk about idealized images of the male body in popular culture. *Culture in Psychology*. London: Routledge,

- Gill, R., Henwood, K., & McLean, C. (2000). Understanding men's responses to representations of the male body in popular culture. *Culture in Psychology*, 100.
- Gill, R., Henwood, K., & McLean, C. (2005). Body projects and the regulation of normative masculinity. *Body & Society*, 11(1), 37-62.
- Gillett, J. and P. White. (1992). "Male bodybuilding and the reassertion of hegemonic masculinity: A critical feminist interpretation." . *Play and Culture*, 5(4), 358-369.
- Gilmore, D. D. (1990). *Manhood in the making: Cultural concepts of masculinity*. Yale University Press.
- Giorgi, A. (1997). The theory, practice, and evaluation of the phenomenological method as a qualitative research procedure. *Journal of Phenomenological Psychology*, 28(2), 235-260.
- Giorgi, A. (2011). IPA and science: A response to Jonathan Smith. *Journal of Phenomenological Psychology*, 42(2), 195-216.
- Giorgi, A. P., & Giorgi, B. (2008). Phenomenological psychology. *The SAGE Handbook of Qualitative Research in Psychology*, 165-179.
- Giorgi, A. (1997). The theory, practice, and evaluation of the phenomenological method as a qualitative research procedure. *Journal of Phenomenological Psychology*, 28(2), 235-235.
- Giorgi, A. (2011). IPA and science: A response to Jonathan Smith. *Journal of Phenomenological Psychology*, 42(2), 195-216.
- Glassner, A. S. (1995). *Principles of digital image synthesis: Vol. 1* Elsevier.

Goethals, G. R., & Darley, J. M. (1977). Social comparison theory: An attributional approach. *Social Comparison Processes: Theoretical and Empirical Perspectives*, 259-278.

Good, G. E., & Brooks, G. R. (2005). *The new handbook of psychotherapy and counselling with men: A comprehensive guide to settings, problems, and treatment approaches* (rev Jossey-Bass.

Good, G. E., Robertson, J. M., Fitzgerald, L. F., Stevens, M., & Bartels, K. M. (1996). The relation between masculine role conflict and psychological distress in male university counselling center clients. *Journal of Counselling & Development*, 75(1), 44-49.

Good, G. E., Robertson, J. M., O'Neil, J. M., Fitzgerald, L. F., Stevens, M., DeBord, K. A. Braverman, D. G. (1995). Male gender role conflict: Psychometric issues and relations to psychological distress. *Journal of Counselling Psychology*, 42(1), 3.

Good, G. E., Dell, D. M., & Mintz, L. B. (1989). Male role and gender role conflict: Relations to help seeking in men. *Journal of Counselling Psychology*, 36(3), 295-300.

Grant, J. R., & Cash, T. F. (1996). Cognitive-behavioral body image therapy: Comparative efficacy of group and modest-contact treatments. *Behavior Therapy*, 26(1), 69-84.

Gratz, K. L., & Roemer, L. (2004). Multidimensional assessment of emotion regulation and dysregulation: Development, factor structure, and initial validation of the difficulties in emotion regulation scale. *Journal of Psychopathology and Behavioral Assessment*, 26(1), 41-54.

Gray & Ginsberg. (2007). Muscle dissatisfaction: An overview of psychological and cultural research and theory. , the muscular ideal: Psychological, social, and medical

perspectives. In In Thompson, J. Kevin & Cafri, Guy. (Ed.), (Eds ed., pp. 15-39) Washington DC: American.

Green, J., 1961, & Thorogood, N., 1964. (2004). *Qualitative methods for health research*. London: SAGE.

Greenfeld, J. M. (2011). *Using rational emotive behavior therapy to initiate and maintain regular exercise in college-age men: A qualitative investigation*

Griffin, C. (1995). Feminism, social-psychology and qualitative research. *Psychologist*, 8(3), 119-121.

Grogan, S. (2007). *Body image: Understanding body dissatisfaction in men, women and children* Routledge.

Grogan, S. (2010). Promoting positive body image in males and females: Contemporary issues and future directions. *Sex Roles*, 63(9-10), 757-765.

Grogan, S., & Richards, H. (2002). Body image focus groups with boys and men. *Men and Masculinities*, 4(3), 219-232.

Grogan, S., Conner, M., & Smithson, H. (2006). Sexuality and exercise motivations: Are gay men and heterosexual women most likely to be motivated by concern about weight and appearance? *Sex Roles*, 55(7), 567-572.

Gross, J. J. (1998). Antecedent-and response-focused emotion regulation: Divergent consequences for experience, expression, and physiology. *Journal of Personality and Social Psychology*, 74(1), 224.

Gross, J. J., & John, O. P. (2003). Individual differences in two emotion regulation processes: Implications for affect, relationships, and well-being. *Journal of Personality and Social Psychology*, 85(2), 348.

Gross, J. J., & Levenson, R. W. (1997). Hiding feelings: The acute effects of inhibiting negative and positive emotion. *Journal of Abnormal Psychology*, 106(1), 95.

Halliwell, E., Dittmar, H., & Orsborn, A. (2007). The effects of exposure to muscular male models among men: Exploring the moderating role of gym use and exercise motivation. *Body Image*, 4(3), 278-287.

Hamilton, C. J., & Mahalik, J. R. (2009). Minority stress, masculinity, and social norms predicting gay men's health risk behaviors. *Journal of Counseling Psychology*, 56(1), 132.

Hammond, W. P., & Mattis, J. S. (2005). Being a man about it: Manhood meaning among African American men. *Psychology of Men & Masculinity*, 6(2), 114.

Hargreaves, D. A., & Tiggemann, M. (2009). Muscular ideal media images and men's body image: Social comparison processing and individual vulnerability. *Psychology of Men & Masculinity*, 10(2), 109.

Harper, B., & Tiggemann, M. (2008). The effect of thin ideal media images on women's self-objectification, mood, and body image. *Sex Roles*, 58(9-10), 649-657.

Haslam, N., & Levy, S. R. (2006). Essentialist beliefs about homosexuality: Structure and implications for prejudice. *Personality & Social Psychology Bulletin*, 32(4), 471-485.

Hatton, E., & Trautner, M. N. (2011). Equal opportunity objectification? The sexualization of men and women on the cover of rolling stone. *Sexuality & Culture*, 15(3), 256-278.

Hawton, K., & Van Heeringen, K. (2009). Suicide. *The Lancet*, 373(9672), 1372.

Hayes, J. A., & Mahalik, J. R. (2000). Gender role conflict and psychological distress in male counseling center clients. *Psychology of Men & Masculinity*, 1(2), 116.

Heidegger, M. (1993). Basic writings: Martin Heidegger.

Heidegger, M. (2010). *Being and time* SUNY Press.

Heidegger, M. (2010). *The phenomenology of religious life*. Indiana University Press.

Heidegger, M., & Krell, D. F. (1993). Martin Heidegger: Basic writings.

Hildebrandt, T., Langenbucher, J., & Schlundt, D. G. (2004). Muscularity concerns among men: Development of attitudinal and perceptual measures. *Body Image*, 1(2), 169-181.

Hindle, L., & Carpenter, C. (2011). An exploration of the experiences and perceptions of people who have maintained weight loss. *Journal of Human Nutrition and Dietetics*, 24(4), 342-350.

Hopwood, P., Fletcher, I., Lee, A., & Al Ghazal, S. (2001). A body image scale for use with cancer patients. *European Journal of Cancer*, 37(2), 189-197.

Hospers, H. J., & Jansen, A. (2005). Why homosexuality is a risk factor for eating disorders in males. *Journal of Social and Clinical Psychology*, 24(8), 1188-1201.

Huang, H. B. (2010). What is good action research? *Action Research*, 8(1), 93-109.

Hunt, C. J., Gonsalkorale, K., & Murray, S. B. (2013). Threatened masculinity and muscularity: An experimental examination of multiple aspects of muscularity in men. *Body Image*, 10(3), 290-299.

Hurrelmann, K., & Kolip, P. (2002). Geschlecht, gesundheit und krankheit. *Bern: Huber*,

Hurtado, A., & Sinha, M. (2008). More than men: Latino feminist masculinities and intersectionality. *Sex Roles*, 59(5-6), 337-349.

Husserl, E. Méditations cartésiennes, translated by gabrielle peiffer and emmanuel lewis (Paris: Arman colin, 1931). *Cartesian Meditations: An Introduction to Phenomenology, Translated by Dorian Cairns (The Hague: Martinus Nijhoff, 1973)*,

Jackson, L. A. (1992). *Physical appearance and gender: Sociobiological and sociocultural perspectives*. Albany: Suny Press.

Jackson, L. A. (Ed.). (1992). *Physical appearance and gender: Sociobiological and sociocultural perspectives*. . Albany (NY): State University of New York Press.

Jackson, L. A., Sullivan, L. A., & Rostker, R. (1988). Gender, gender role, and body image. *Sex Roles*, 19(7-8), 429-443.

Jacoby, A. (1994). Felt versus enacted stigma: A concept revisited: Evidence from a study of people with epilepsy in remission. *Social Science & Medicine*, 38(2), 269-274.

Jaeger, M. E., & Rosnow, R. L. (1988). Contextualism and its implications for psychological inquiry. *British Journal of Psychology*, 79(1), 63-75.

Jakupcak, M., Lisak, D., & Roemer, L. (2002). The role of masculine ideology and masculine gender role stress in men's perpetration of relationship violence. *Psychology of Men & Masculinity*, 3(2), 97.

Jakupcak, M., Tull, M. T., & Roemer, L. (2005). Masculinity, shame, and fear of emotions as predictors of men's expressions of anger and hostility. *Psychology of Men & Masculinity*, 6(4), 275.

Jansz, J. (2000). Masculine identity and restrictive emotionality. *Gender and Emotion: Social Psychological Perspectives*, 166-186.

John, O. P., & Gross, J. J. (2004). Healthy and unhealthy emotion regulation: Personality processes, individual differences, and life span development. *Journal of Personality*, 72(6), 1301-1334.

Johnston, J., McKeown, E., & McEwen, A. (1999). Choosing primary teaching as a career: The perspectives of males and females in training. *Journal of Education for Teaching: International Research and Pedagogy*, 25(1), 55-64.

Joiner, T. E. (2005). *why people die by suicide*. Cambridge: MA: Harvard University Press.

Jones, K. M., Whitbourne, S. K., Whitbourne, S. B., & Skultety, K. M. (2009). Identity processes and memory controllability in middle and later adulthood. *Journal of Applied Gerontology*,

Jouard, S. & Landman, M. (Merril-Palmer Quarterly). Cognition and the "didactic effect". Men's self-disclosing behaviour. 1969, 6, 176-184.

Kanayama, G., Barry, S., Hudson, J. I., & Pope Jr, H. G. (2006). Body image and attitudes toward male roles in anabolic-androgenic steroid users. *The American Journal of Psychiatry*, 163(4), 697-703.

Kaplan M.S. & Marks G. (1995). *Appraisal of health risks: The roles of masculinity, femininity and sex*. *Sociology of health and illness* .7, 206-221.

Kaplan, M. S., & Marks, G. (1995). Appraisal of health risks: The roles of masculinity, femininity, and sex. *Sociology of Health & Illness*, 17(2), 206-221.

Karazsia, B. T., & Crowther, J. H. (2010). Sociocultural and psychological links to men's engagement in risky body change behaviors. *Sex Roles*, 63(9-10), 747-756.

Kaufman, M. (2001). Building a movement of men working to end violence against women. *Development*, 44(3), 9-14.

Keeton, W. P., Cash, T. F., & Brown, T. A. (1990). Body image or body images? Comparative, multidimensional assessment among college students. *Journal of Personality Assessment*, 54(1-2), 213-230.

Kimmel, M. S. (1997). Masculinity as homophobia: Fear, shame, and silence in the construction of gender identity. In M. M. Gergen & S. N. Davis (Eds.), (Ed.). *Toward a new psychology of gender*. New York: Routledge.

Kimmel, M. S. (2004). Masculinity as homophobia: Fear, shame, and silence in the construction of gender identity. *Race, Class, and Gender in the United States: An Integrated Study*. Ed.Paula S.Rothenberg. New York: Worth, 81-93.

Kimmel, S. B., & Mahalik, J. R. (2005). Body image concerns of gay men: The roles of minority stress and conformity to masculine norms. *Journal of Consulting and Clinical Psychology*, 73(6), 1185.

Kindler, H. (2002). *Vater und kinder*. Weinheim, Germany: Juventa.

Kingerlee, R. (2012). Conceptualizing men: A transdiagnostic model of male distress. *Psychology and Psychotherapy: Theory, Research and Practice*, 85(1), 83-99.

Kinsbourne, M. (1994). Neuropsychology of attention. . In D. Zaidel W. (Ed.), *Handbook of perception and cognition, volume 15: Neuropsychology* (Ed ed., pp. 105-123) New York: Academic Press.

Kinsbourne, M. (1995). Awareness of one's own body: An attentional theory of its nature, development, and brain basis. *The Body and the Self*, , 205-223.

Kinsbourne, M. (1995). Sept hippocampal comparator: Consciousness generator or attention feedback loop? *Behavioral and Brain Sciences*, 18(4), 687-688.

Kiselica, M. S. (2008). *When boys become parents: Adolescent fatherhood in America* Rutgers University Press.

Kiselica, M. S., & Englar-Carlson, M. (2010). Identifying, affirming, and building upon male strengths: The positive psychology/positive masculinity model of psychotherapy with boys and men. *Psychotherapy: Theory, Research, Practice, Training*, 47(3), 276.

Kiselica, M. S., Englar-Carlson, M., Horne, A. M., & Fisher, M. (2008). A positive psychology perspective on helping boys. *Counseling Troubled Boys: A Guidebook for Professionals*, 31-48.

Klein, A. M. (Ed.). (1993). *Little big men: Body building subculture and gender construction*. Albany, NY: State University of New York Press.

Konstanski, M., Fisher, A., & Gullone, E. (2004). Current conceptualization of body image dissatisfaction: Have we got it wrong? *Journal of Child Psychology and Psychiatry*, 45, 1317-1325.

Kopala, M., Suzuki, L. A., 1961, & SAGE Knowledge EBA. (1999). *Using qualitative methods in psychology*. Thousand Oaks, Calif; London: SAGE.

Krugman, S. (1995). Male development and the transformation of shame. (91-128). In Levant, R. F. & Pollack W. S. (eds.) (Ed.), *A new psychology of men*. New York: Basic Books.

Kuhn, T. S. (2012). *The structure of scientific revolutions* University of Chicago press.

Kupers, T. A. (1993). *Revisioning men's lives: Gender, intimacy, and power* Guilford Press.

Kvale, S. (1996). The interview situation. *Interviews.an Introduction to Qualitative Research Interviewing*, 124-143.

L.A. Ricciardelli, M. P. M. (2003). *A Longitudinal Analysis of the Role of Biopsychosocial Factors in Predicting Body Change Strategies among Adolescent Boys Sex Roles*, 48, 349-359.

Land, L. N., Rochlen, A. B., & Vaughn, B. K. (2011). Correlates of adult attachment avoidance: Men's avoidance of intimacy in romantic relationships. *Psychology of Men & Masculinity*, 12(1), 64.

Langdridge, D. (2007). *Phenomenological psychology: Theory, research and method* Pearson Education.

Langdridge, D., & Hagger-Johnson, G. (2009). *Introduction to research methods and data analysis in psychology* Pearson Education.

Larkin, M., Watts, S., & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research in Psychology*, 3(2), 102-120.

Leary, M. R. (1999). Making sense of self-esteem. *Current Directions in Psychological Science*, 8(1), 32-35.

Leary, M. R., Schreindorfer, L. S., & Haupt, A. L. (1995). The role of low self-esteem in emotional and behavioral problems: Why is low self-esteem dysfunctional? *Journal of Social and Clinical Psychology*, 14(3), 297-314.

Leit, R. A., Gray, J. J., & Pope, H. G. (2002). The media's representation of the ideal male body: A cause for muscle dysmorphia? *International Journal of Eating Disorders*, 31(3), 334-338.

Leitenberg, H., Rosen, J. C., Gross, J., Nudelman, S., & Vara, L. S. (1988). Exposure plus response-prevention treatment of bulimia nervosa. *Journal of Consulting and Clinical Psychology*, 56(4), 535.

Levant, R. F. (1992). Toward the reconstruction of masculinity. *Journal of Family Psychology*, 5(3-4), 379.

Levant, R. F. (1996). The new psychology of men. *Professional Psychology: Research and Practice*, 27(3), 259.

Levant, R. F. (2011). Research in the psychology of men and masculinity using the gender role strain paradigm as a framework. *American Psychologist*, 66(8), 765.

Levant, R. F., & Ronald F. Levant. (1996). The new psychology of men. *Professional Psychology, Research and Practice*, 27(3), 259; 259-265; 265.

Levant, R. F., & Habben, C. (2003). The new psychology of men: Application to rural men.

Levant, R. F., Hirsch, L. S., Celentano, E., & Cozza, T. M. (1992). The male role: An investigation of contemporary norms. *Journal of Mental Health Counseling*.

Levant, R. F., & Richmond, K. (2007). A review of research on masculinity ideologies using the male role norms inventory. *The Journal of Men's Studies*, 15(2), 130-146.

Levant, R. F., Richmond, K., Majors, R. G., Inclan, J. E., Rossello, J. M., Heesacker, M., & Sellers, A. (2003). A multicultural investigation of masculinity ideology and alexithymia. *Psychology of Men & Masculinity*, 4(2), 91.

Light, R., & Kirk, D. (2000). High school rugby, the body and the reproduction of hegemonic masculinity. *Sport, Education and Society*, 5(2), 163-176.

Lisak, D. (1994). The psychological impact of sexual abuse: Content analysis of interviews with male survivors. *Journal of Traumatic Stress*, 7(4), 525-548.

Liu, W. M., Rochlen, A., & Mohr, J. J. (2005). Real and ideal gender-role conflict: Exploring psychological distress among men. *Psychology of Men & Masculinity*, 6(2), 137.

Lobel, T. E., & Winch, G. L. (1986). Different defense mechanisms among men with different sex role orientations. *Sex Roles*, 15(3-4), 215-220.

Locke, B. D., & Mahalik, J. R. (2005). Examining masculinity norms, problem drinking, and athletic involvement as predictors of sexual aggression in college men. *Journal of Counseling Psychology*, 52(3), 279.

Luciano, L. (2007). Muscularity and masculinity in the United States: A historical overview.

MacInnes, J. (1998). *End of masculinity* McGraw-Hill Education (UK).

Mander, G. (2001). Fatherhood today: Variations on a theme. *Psychodynamic Counselling*, 7(2), 141-158.

Marks, D. F., & Yardley, L. (2004). *Research methods for clinical and health psychology* Sage.

Martin, J., & Govender, K. (2011). "Making muscle junkies": Investigating traditional masculine ideology, body image discrepancy, and the pursuit of muscularity in adolescent males. *International Journal of Men's Health*, 10(3), 220-239.

Martino, W., & Pallotta-Chiarolli, M. (2003). *So what's a boy? Addressing issues of masculinity and schooling* McGraw-Hill International.

Martins, Y., Tiggemann, M., & Churchett, L. (2008). The shape of things to come: Gay men's satisfaction with specific body parts. *Psychology of Men & Masculinity*, 9(4), 248.

Mascolo, M. F., & Fischer, K. W. (1995). Developmental transformations in appraisals for pride, shame, and guilt.

McCabe, M. P., & Ricciardelli, L. A. (2001). Body image and body change techniques among young adolescent boys. *European Eating Disorders Review*, 9(5), 335-347.

McCabe, M. P., & Ricciardelli, L. A. (2003). Sociocultural influences on body image and body changes among adolescent boys and girls. *The Journal of Social Psychology*, 143(1), 5-26.

McCabe, M., & Ricciardelli, L. (2001). Parent, peer, and media influences on body image and strategies to both increase and decrease body size among adolescent boys and girls. *Adolescence*, 36(142), 225-240.

McCreary, D. R. (2007). The drive for muscularity scale: Description, psychometrics, and research findings. . In J.K Thompson & G. Cafri (Ed.) *The muscular ideal: Psychological, social, and medical perspectives* (Eds. ed., pp. 87-106) American Psychological Association.

McCreary, D. R., & Sasse, D. K. (2000). An exploration of the drive for muscularity in adolescent boys and girls. *Journal of American College Health*, 48(6), 297-304.

McCreary, D. R., & Saucier, D. M. (2009). Drive for muscularity, body comparison, and social physique anxiety in men and women. *Body Image*, 6(1), 24-30.

McCreary, D. R., Saucier, D. M., & Courtenay, W. H. (2005). The drive for muscularity and masculinity: Testing the associations among gender-role traits, behaviors, attitudes, and conflict. *Psychology of Men & Masculinity*, 6(2), 83.

McCreary, D. R., Hildebrandt, T. B., Heinberg, L. J., Boroughs, M., & Thompson, J. K. (2007). A review of body image influences on men's fitness goals and supplement use. *American Journal of Men's Health*, 1(4), 307-316.

McFarland, M. B., & Kaminski, P. L. (2009). Men, muscles, and mood: The relationship between self-concept, dysphoria, and body image disturbances. *Eating Behaviors*, 10(1), 68-70.

McFarland, M. B., & Petrie, T. A. (2012). Male body satisfaction: Factorial and construct validity of the body parts satisfaction scale for men. *Journal of Counseling Psychology*, 59(2), 329-337.

McKinley, N. M., & Hyde, J. S. (1996). The objectified body consciousness scale: Development and validation. *Psychology of Women Quarterly*, 20, 181-215.

McKinley, N. M. (1998). Gender differences in undergraduates' body esteem: The mediating effect of objectified body consciousness and Actual/Ideal weight discrepancy. *Sex Roles*, 39(1), 113-123.

McVittie, C., & Willock, J. (2006). "You can't fight windmills": How older men do health, ill health, and masculinities. *Qualitative Health Research*, 16(6), 788-801.

Mead, G. H. (1934). *Mind*. Chicago: University of Chicago Press.

Meltzer, H., Gatward, R., Goodman, R., & Ford, T. (2003). Mental health of children and adolescents in Great Britain. *International Review of Psychiatry*, 15(1-2), 185-187.

Messner, M. A. (1995). *Power at play: Sports and the problem of masculinity* Beacon Press.

Mike Featherstone, Mike Hepworth, & Bryan S Turner. (1991). *The body: Social process and cultural theory* Sage.

Mills, J. S., & D'alfonso, S. R. (2007). Competition and male body image: Increased drive for muscularity following failure to a female. *Journal of Social and Clinical Psychology*, 26(4), 505-518.

Mishkind, M. E., Rodin, J., Silberstein, L. R., & Striegel-Moore, R. H. (1986). The embodiment of masculinity: Cultural, psychological, and behavioral dimensions. *American Behavioral Scientist*,

Moffatt, K. (2012). *Troubled masculinities: Reimagining urban men*. University of Toronto Press.

Möller-Leimkühler, A. M. (2002). Barriers to help-seeking by men: A review of sociocultural and clinical literature with particular reference to depression. *Journal of Affective Disorders*, 71(1), 1-9.

Monaghan, L. F. (2005). Big handsome men, bears and others: Virtual constructions of 'fat male embodiment'. *Body & Society*, 11(2), 81-111.

Mook, B. (2012). A review of: "Linda Finlay (2011). *Phenomenology for therapists.*" Oxford, England: Taylor & Francis Group.

Moore, R. L., & Gillette, D. (1991). *King, warrior, magician, lover: Rediscovering the archetypes of the mature masculine* Harper San Francisco.

Morçöl, G. (2001). Positivist beliefs among policy professionals: An empirical investigation. *Policy Sciences*, 34(3-4), 381-401.

Morrison, M. A., Morrison, T. G., & Sager, C. (2004). Does body satisfaction differ between gay men and lesbian women and heterosexual men and women? A meta-analytic review. *Body Image, 1*(2), 127-138.

Morrison, T., G., Morrison, M., A., and Hopkins, C. (2003). Striving for bodily perfection? An exploration of the drive for muscularity in Canadian men. *Psychology of Men and Masculinity, 4*, 111-120.

Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology, 52*(2), 250-260.

Murphy, G. E. (1998). Why women are less likely than men to commit suicide. *Comprehensive Psychiatry, 39*(4), 165-175.

Murray, S. B., & Touyz, S. W. (2012). Masculinity, femininity and male body image: A recipe for future research. *International Journal of Men's Health, 11*(3), 227-239.

Mussap, A. J. (2008). Masculine gender role stress and the pursuit of muscularity. *International Journal of Men's Health, 7*(1), 72-89.

Nardi, P. M. (2000). *Gay masculinities*. Thousand Oaks, Calif; London: Sage.

Nevonen, L., & Broberg, A. G. (2000). The emergence of eating disorders: An exploratory study. *European Eating Disorders Review, 8*(4), 279-292.

Nevonen, L., & Broberg, A. G. (2000). The emergence of eating disorders: An exploratory study. *European Eating Disorders Review, 8*(4), 279-292.

Nisbett, R. E. (1993). Violence and US regional culture. *American Psychologist, 48*(4), 441.

Northway, R. (2001). Handbook of action research. *Nurse Researcher*, 9(1), 78.

O'Brien, R., Hunt, K., & Hart, G. (2005). 'It's caveman stuff, but that is to a certain extent how guys still operate': Men's accounts of masculinity and help seeking. *Social Science & Medicine*, 61(3), 503-516.

O'Connor, K. P., & Hallam, R. S. (2000). Sorcery of the self the magic of you. *Theory & Psychology*, 10(2), 238-264.

O'Dea, J. A., & Abraham, S. (2000). Improving the body image, eating attitudes, and behaviors of young male and female adolescents: A new educational approach that focuses on self-esteem. *The International Journal of Eating Disorders*, 28(1), 43-57.

Oehlhof, M. E. W., Musher-Eizenman, D. R., Neufeld, J. M., & Hauser, J. C. (2009). Self-objectification and ideal body shape for men and women. *Body Image*, 6(4), 308-310.

Ogden, T. H. (1992). *The primitive edge of experience*. Jason Aronson.

Oliffe, J. L., Kelly, M. T., Bottorff, J. L., Johnson, J. L., & Wong, S. T. (2011). "He's more typically female because he's not afraid to cry": Connecting heterosexual gender relations and men's depression. *Social Science & Medicine*, 73(5), 775-782.

Olivardia, R. (2002). Body image and muscularity. In In T. F. Cash & T. Pruzinsky (Ed.), (Pp. 210-218). *Body image: A handbook of theory research and clinical practise* (Eds ed.,) New York: Guilford Press.

Olivardia, R. (2001). Mirror, mirror on the wall, who's the largest of them all? The features and phenomenology of muscle dysmorphia. *Harvard Review of Psychiatry*, 9(5), 254-259.

Olivardia, R. (2007). Body image and muscularity. *Textbook of men's Mental Health*, 308-324.

Olivardia, R., Pope Jr, H. G., Borowiecki III, J. J., & Cohane, G. H. (2004). Biceps and body image: The relationship between muscularity and self-esteem, depression, and eating disorder symptoms. *Psychology of Men & Masculinity*, 5(2), 112.

Olivardia, R., Pope Jr, H. G., & Hudson, J. I. (2014). Muscle dysmorphia in male weightlifters: A case-control study.

O'Neil, J. M. (1981). Patterns of gender role conflict and strain: Sexism and fear of femininity in men's lives. *The Personnel and Guidance Journal*, 60(4), 203-210.

O'Neil, J. M. (2012). The psychology of men. *The Oxford Handbook of Counseling Psychology*, 375-408.

Orbach, S. (1978). Fat is a feminist issue: A self-help guide for compulsive eaters. *New York: Berkley-Paddington*,

Osborn, M., & Smith, J. A. (2008). The fearfulness of chronic pain and the centrality of the therapeutic relationship in containing it: An interpretative phenomenological analysis. *Qualitative Research in Psychology*, 5(4), 276-288.

Osherson, S., & Krugman, S. (1990). Men, shame and psychotherapy. *Psychotherapy*, 27(3), 327-339.

Paley, J. (2014). Heidegger, lived experience and method. *Journal of Advanced Nursing*, 70(7), 1520-1531. doi:10.1111/jan.12324

Paxton, S. J. (2002). Body dissatisfaction and disordered eating. *Journal of Psychosomatic Research*, 53(5), 961-962.

Petrie, T. A., Greenleaf, C., & Martin, S. (2010). Biopsychosocial and physical correlates of middle school boys' and girls' body satisfaction. *Sex Roles*, 63(9-10), 631-644.

Phillips, K. A. (2000). Quality of life for patients with body dysmorphic disorder. *The Journal of Nervous and Mental Disease*, 188(3), 170-175.

Pleban, F., & Diez, K. (2007). Fathers as mentors: Bridging the gap between generations. *Why Fathers Count: The Importance of Fathers and their Involvement with Children*, 307-318.

Pleck, J. H. (1981). *The myth of masculinity* MIT Press (MA).

Pleck, J. H. (1995). The gender role strain paradigm: An update.

Plummer, K. (2001). *Documents of life 2: An invitation to a critical humanism*. Thousand Oaks, Calif; London: Sage Publications.

Polivy, J., & Herman, C. P. (2002). Causes of eating disorders. *Annual Review of Psychology*, 53, 187-213.

Pollack, W. S. (2005). "Masked men": New psychoanalytically oriented treatment models for adult and young adult men.

Ponterotto, J. G. (2005). Qualitative research in counseling psychology: A primer on research paradigms and philosophy of science. *Journal of Counseling Psychology*, 52(2), 126.

- Pope Jr, H. G., Olivardia, R., Borowiecki III, J. J., & Cohane, G. H. (2001). The growing commercial value of the male body: A longitudinal survey of advertising in women's magazines. *Psychotherapy and Psychosomatics*,
- Pope Jr, H. G., Olivardia, R., & Phillips, K. A. (2001). Review of the Adonis complex. *New England Journal of Medicine*, 344(20), 1557-1557.
- Pope, H. G., Olivardia, R., & Phillips, K. A. (Ed.). (2000). *The Adonis complex: The secret crisis of male body obsession*. New York: The Free Press.
- Pope, H. G., Gruber, A. J., Choi, P., Olivardia, R., & Phillips, K. A. (1997). Muscle dysmorphia: An underrecognized form of body dysmorphic disorder. *Psychosomatics*, 38(6), 548-557.
- Pope, H. G., Olivardia, R., Gruber, A., & Borowiecki, J. (1999). Evolving ideals of male body image as seen through action toys. *International Journal of Eating Disorders*, 26(1), 65-72.
- Prichard, I., & Tiggemann, M. (2008). Relations among exercise type, self-objectification, and body image in the fitness centre environment: The role of reasons for exercise. *Psychology of Sport and Exercise*, 9(6), 855-866.
- Pritchard, M. (2008). Disordered eating in undergraduates: Does gender role orientation influence men and women the same way? *Sex Roles*, 59(3-4), 282-289.
- Pruzinsky, T., & Cash, T. F. (Ed.). (1990). *Integrative themes in body-image development, deviance, and change*. In Cash, T.F., & Pruzinsky, T., *body images: Development, deviance, and change* (pp. 337-349). (Eds.). NY: Guilford Press.

Pruzinsky, T., & Cash, T.F. (2002). Understanding body images: Historical and contemporary perspectives. . In In T.F. Cash & T. Pruzinsky (Ed.), *Body images: A handbook of theory, research, and clinical practice* (Eds ed., pp. 3-12) NY: Guilford Press.

Pruzinsky, T., & Cash, T. F. (2002). *Body image: A handbook of theory, research, and clinical practice* Guilford Press.

Raskin, J. D. (2008). The evolution of constructivism. *Journal of Constructivist Psychology*, 21(1), 1-24.

Reas, D. L., Whisenhunt, B. L., Netemeyer, R., & Williamson, D. A. (2002). Development of the body checking questionnaire: A self-report measure of body checking behaviors. *International Journal of Eating Disorders*, 31(3), 324-333.

Reason, P., & Bradbury, H. (2006). *Handbook of action research: Concise paperback edition* Sage.

Reboussin, B. A., Rejeski, W. J., Martin, K. A., Callahan, K., Dunn, A. L., King, A. C., & Sallis, J. F. (2000). Correlates of satisfaction with body function and body appearance in middle-and older aged adults: The activity counseling trial (ACT). *Psychology and Health*, 15(2), 239-254.

Rennie, D. L. (1998). *Person-centred counselling: An experiential approach*. London: Sage.

Rennie, D. L. (1999). Qualitative research: A matter of hermeneutics and the sociology of knowledge.

Ricciardelli, L., & McCabe, M. (2004). A biopsychosocial model of disordered eating and the pursuit of muscularity in adolescent boys. *Psychological Bulletin, 130*(2), 179-205.

Richards, J. M., Butler, E. A., & Gross, J. J. (2003). Emotion regulation in romantic relationships: The cognitive consequences of concealing feelings. *Journal of Social and Personal Relationships, 20*(5), 599-620.

Richards, H. M., Reid, M. E., & Watt, G. C. (2002). Socioeconomic variations in responses to chest pain: Qualitative study. *BMJ (Clinical Research Ed.), 324*(7349), 1308.

Richardson, C. A., & Rabiee, F. (2001). A question of access: An exploration of the factors that influence the health of young males aged 15 to 19 living in Corby and their use of health care services. *Health Education Journal, 60*(1), 3-16.

Ridgeway, R. T., & Tylka, T. L. (2005). College men's perceptions of ideal body composition and shape. *Psychology of Men & Masculinity, 6*(3), 209.

Rogers, R. (2011). *An introduction to critical discourse analysis in education* Routledge.

Sánchez, F. J., Greenberg, S. T., Liu, W. M., & Vilain, E. (2009). Reported effects of masculine ideals on gay men. *Psychology of Men & Masculinity, 10*(1), 73.

Santor, D. A., & Walker, J. (1999). Garnering the interest of others: Mediating the effects among physical attractiveness, self-worth and dominance. *British Journal of Social Psychology, 38*(4), 461-477.

Sasse, D., & McCreary, D. (2000). An exploration of the drive for muscularity in adolescent boys and girls. *Journal of American College Health, 48*(6), 297-304.

Sayrs, L. (1998). Interviews: An introduction to qualitative research interviewing Steiner Kvale. Thousand Oaks, CA: Sage, 1996. 326 pp. *The American Journal of Evaluation*, 19(2), 267-270.

Schoenberg, B. M., 1928. (1993). *Growing up male: The psychology of masculinity*. Westport, Conn; London: Bergin & Garvey.

Schofield, T., Connell, R. W., Walker, L., Wood, J. F., & Butland, D. L. (2000).

Understanding men's health and illness: A gender-relations approach to policy, research, and practice. *Journal of American College Health*, 48(6), 247-256.

Schore, A. N. (1998). *Early shame experiences and infant brain development* Shame. Interpersonal Behavior, Psychopathology, and Culture. New York Oxford: Oxford University Press.

Schwartz, J. P., Grammas, D. L., Sutherland, R. J., Siffert, K. J., & Bush-King, I. (2010). Masculine gender roles and differentiation: Predictors of body image and self-objectification in men. *Psychology of Men & Masculinity*, 11(3), 208.

Schwartz, J. P., Waldo, M., & Higgins, A. J. (2004). Attachment styles: Relationship to masculine gender role conflict in college men. *Psychology of Men & Masculinity*, 5(2), 143.

Seligman, M. E., Steen, T. A., Park, N., & Peterson, C. (2005). Positive psychology progress: Empirical validation of interventions. *American Psychologist*, 60(5), 410.

Sharpe S. & Arnold S. (1998). *Men, lifestyle and health: A study of health beliefs and practices*. London: Social sciences research unit, University of London. Unpublished manuscript.

Sharpe, M. J., & Heppner, P. P. (1991). Gender role, gender-role conflict, and psychological well-being in men. *Journal of Counseling Psychology, 38*(3), 323.

Shaw, R. (2010). Embedding reflexivity within experiential qualitative psychology. *Qualitative Research in Psychology, 7*(3), 233-243.

Shelton, S., & Liljequist, L. (2002). Characteristics and behaviors associated with body image in male domestic violence offenders. *Eating Behaviors, 3*(3), 217-227.

Shields, S. A. (2008). Gender: An intersectionality perspective. *Sex Roles, 59*(5-6), 301-311.

Shroff, H., & Thompson, J. K. (2006). Peer influences, body-image dissatisfaction, eating dysfunction and self-esteem in adolescent girls. *Journal of Health Psychology, 11*(4), 533-551.

Siconolfi, D., Halkitis, P. N., Allomong, T. W., & Burton, C. L. (2009). Body dissatisfaction and eating disorders in a sample of gay and bisexual men. *International Journal of Men's Health, 8*(3), 254-264.

Simonsen, G., Blazina, C., & Watkins Jr, C. E. (2000). Gender role conflict and psychological well-being among gay men. *Journal of Counseling Psychology, 47*(1), 85.

Smiler, A. P. (2004). Thirty years after the discovery of gender: Psychological concepts and measures of masculinity. *Sex Roles, 50*(1-2), 15-26.

Smith, B., L., Handley, P. and Eldredge, D., A. (1998). Sex differences in exercise motivation and body-image satisfaction among college students. *Perception Motor Skills, 86*(2), 723-32.

Smith, J., Jarman, M., & Osborn, M. (1999). Doing interpretative phenomenological analysis.

M. Murray & K. chamberlain (eds.), qualitative health psychology (pp. 218-239).

Smith, J. A. (1996). Evolving issues for qualitative psychology. *Handbook of Qualitative Research Methods for Psychology and the Social Sciences*, 189-201.

Smith, J. A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology*, 1(1), 39-54.

Smith, J. A. (2007). Hermeneutics, human sciences and health: Linking theory and practice. *International Journal of Qualitative Studies on Health and Well-being*, 2(1), 3-11.

Smith, J. A. (2007). *Qualitative psychology: A practical guide to research methods* Sage.

Smith, J. A. (2011). Evaluating the contribution of interpretative phenomenological analysis. *Health Psychology Review*, 5(1), 9-27.

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research* Sage.

Smith, J. (2011). Evaluating the contribution of interpretative phenomenological analysis. *Health Psychology Review*, 5(1), 9-27.

Smith, J. A. (2008). *Qualitative psychology: A practical guide to research methods*. Los Angeles, Calif; London: SAGE.

Smolak, L., Murnen, S. K., & Thompson, J. K. (2005). Sociocultural influences and muscle building in adolescent boys. *Psychology of Men & Masculinity*, 6(4), 227.

- Sneed, J. R., & Whitbourne, S. K. (2003). Identity processing and self-consciousness in middle and later adulthood. *The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences*, 58(6), P313-9.
- Spradley, J. P. (1979). *The ethnographic interview* Holt, Rinehart and Winston New York.
- Springer, E. A., Winzelberg, A. J., Perkins, R., & Taylor, C. B. (1999). Effects of a body image curriculum for college students on improved body image. *International Journal of Eating Disorders*, 26(1), 13-20.
- Steinfeldt, J. A., Gilchrist, G. A., Halterman, A. W., Gomory, A., & Steinfeldt, M. C. (2011). Drive for muscularity and conformity to masculine norms among college football players. *Psychology of Men & Masculinity*, 12(4), 324.
- Stevenson, J., Caverly, S., Srebnik, D., & Hendryx, M. (1999). Using work sampling to investigate staff time allocation in community mental health centers. *Administration and Policy in Mental Health*, 26(4), 291-295.
- Stice, E., & Tristan, J. (2005). Sociocultural pressures and body image disturbances: A comment on Cafri, Yamamiya, Brannick, and Thompson. *Clinical Psychology: Science and Practice*, 12(4), 443-446.
- Strong, S. M., Singh, D., & Randall, P. K. (2000). Childhood gender nonconformity and body dissatisfaction in gay and heterosexual men. *Sex Roles*, 43(7), 427-439.
- Tager, D., Good, G. E., & Morrison, J. B. (2004). Our bodies, ourselves revisited: Male body image and psychological well-being. *International Journal of Men's Health*, 5(3), 228-237.

Tangney, J. P. E., & Fischer, K. W. (1995). Self-conscious emotions: The psychology of shame, guilt, embarrassment, and pride. Paper presented at the *The Idea for this Volume Grew out of 2 Pivotal Conferences. The 1st Conference, on Emotion and Cognition in Development, was Held in Winter Park, CO, Sum 1985. The 2nd Conference, on Shame and Other Self-Conscious Emotions, was Held in Asilomar, CA, Dec 1988.*

Tantleff-Dunn, S. & Gokee, J.L. (2002). In Cash, T, F, and Pruzinsky, T, (Ed.), *Interpersonal influences on body image development. , body image: A handbook of theory, research, and clinical practice* (pp.108-116). Guilford Press: New York.

Thomas, K., Ricciardelli, L. A., & Williams, R. J. (2000). Gender traits and self-concept as indicators of problem eating and body dissatisfaction among children. *Sex Roles*, 43(7-8), 441-458.

Thompkins, C. D., & Rando, R. A. (2003). Gender role conflict and shame in college men. *Psychology of Men & Masculinity*, 4(1), 79.

Thompson, A., & Kent, G. (2001). Adjusting to disfigurement: Processes involved in dealing with being visibly different. *Clinical Psychology Review*, 21(5), 663-682.

Thompson, J. K. (2004). The (mis) measurement of body image: Ten strategies to improve assessment for applied and research purposes. *Body Image*, 1(1), 7-14.

Thompson, J. K., & Heinberg, L. J. (1999). The media's influence on body image disturbance and eating disorders: We've reviled them, now can we rehabilitate them? *Journal of Social Issues*, 55(2), 339-353.

Thompson, J. K., & Cafri, G. (2007). *The muscular ideal: Psychological, social, and medical perspectives*. DC; US; Washington: American Psychological Association.

Thornton, D. A., & Arrowood, A. J. (1966). Self-evaluation, self-enhancement, and the locus of social comparison. *Journal of Experimental Social Psychology*, 1, 40-48.

Tiggemann, M. and Kuring, J., K. (2004). The role of body objectification in disordered eating and depressed mood. *British Journal of Clinical Psychology*, 43, 299-311.

Tiggemann, M. (2005). Body dissatisfaction and adolescent self-esteem: Prospective findings. *Body Image*, 2(2), 129-135.

Tiggemann, M., Martins, Y., & Kirkbride, A. (2007). Oh to be lean and muscular: Body image ideals in gay and heterosexual men. *Psychology of Men & Masculinity*, 8(1), 15.

Tiggemann, M., & McGill, B. (2004). The role of social comparison in the effect of magazine advertisements on women's mood and body dissatisfaction. *Journal of Social and Clinical Psychology*, 23(1), 23-44.

Tiggemann, M., Martins, Y., & Churchett, L. (2008). Beyond muscles: Unexplored parts of men's body image. *Journal of Health Psychology*, 13(8), 1163-1172.

Tiggemann, M. (2014). The status of media effects on body image research: Commentary on articles in the themed issue on body image and media. *Media Psychology*, 17(2), 127-133.

Van Den Berg, P., Paxton, S. J., Keery, H., Wall, M., Guo, J., & Neumark-Sztainer, D. (2007). Body dissatisfaction and body comparison with media images in males and females. *Body Image*, 4(3), 257-268.

Wade, J. C. (1998). Male reference group identity dependence A theory of male identity. *The Counseling Psychologist*, 26(3), 349-383.

Wade, R. H. (2001). Making the world development report 2000: Attacking poverty. *World Development*, 29(8), 1435-1441.

Wade, T. J. (2000). Evolutionary theory and Self-perception: Sex differences in body esteem predictors of Self-perceived physical and sexual attractiveness and Self-Esteem. *International Journal of Psychology*, 35(1), 36-45.

Wagstaff, C., Jeong, H., Nolan, M., Wilson, T., Tweedlie, J., Phillips, E., Holland, F. (2014). The accordion and the deep bowl of spaghetti: Eight researchers' experiences of using IPA as a methodology. *The Qualitative Report*, 19(24), 1-15.

Walsh, A. (1993). Love styles, masculinity/femininity, physical attractiveness, and sexual behavior: A test of evolutionary theory. *Ethology and Sociobiology*, 14(1), 25-38.

Warren, C. S., Crowley, M. E., Olivardia, R., & Schoen, A. (2008). Treating patients with eating disorders: An examination of treatment providers' experiences. *Eating Disorders*, 17(1), 27-45.

Watson, J., Nettleton, S., & Watson, J. (1998). *The body in everyday life*. Routledge.

Watson, J. (2000). Male bodies. *Health, Culture and Identity*. Buckingham: Open University Press,

Weinberger, M. I., & Whitbourne, S. K. (2010). Depressive symptoms, self-reported physical functioning, and identity in community-dwelling older adults. *Ageing International*, 35(4), 276-285.

Wenzlaff, R. M., & Wegner, D. M. (2000). Thought suppression. *Annual Review of Psychology*, 51(1), 59-91.

Whitbourne, S. K., & Skultety, K. (2002). Body image development: Adulthood and aging.

*Body Image: A Handbook of Theory, Research, and Clinical Practice*, 83-90.

Whitbourne, S. K., & Weinstock, C. S. (1986). *Adult development*. Praeger Publishers.

Wiersma, E., & Chesser, S. (2011). Masculinity, ageing bodies, and leisure. *Annals of Leisure Research*, 14(2-3), 242-259.

Wilcox, S. (1997). Age and gender in relation to body attitudes is there a double standard of aging? *Psychology of Women Quarterly*, 21(4), 549-565.

Wilkins, D. (2010). Men's health. *Perspectives in Public Health*, 130(5), 201-201.

Willig, C. (2001). Interpretative phenomenology. *Introducing Qualitative Research in Psychology: Adventures in Theory and Method*, 50-69.

Willig, C. (2008). *Introducing qualitative research methods in psychology*. Berkshire: Open University Press.

Willig, C. (2012). *Qualitative interpretation and analysis in psychology* McGraw-Hill International.

Winefield, H. R., Gill, T. K., Taylor, A. W., & Pilkington, R. M. (2012). Psychological well-being and psychological distress: Is it necessary to measure both? *Psychology of Well-being*, 2(1), 1-14.

Wiseman, M. C., & Moradi, B. (2010). Body image and eating disorder symptoms in sexual minority men: A test and extension of objectification theory. *Journal of Counseling Psychology*, 57(2), 154.

Wong, Y. J., & Rochlen, A. B. (2009). Potential benefits of expressive writing for male college students with varying degrees of restrictive emotionality. *Psychology of Men & Masculinity, 10*(2), 149.

Wong, Y. J., Shea, M., Lafollette, J. R., Hickman, S. J., Cruz, N., & Boghokian, T. (2011). The inventory of subjective masculinity experiences: Development and psychometric properties. *The Journal of Men's Studies, 19*(3), 236-255.

Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and Health, 15*(2), 215-228.

Yardley, L. (2008). Demonstrating validity in qualitative psychology. *Qualitative Psychology: A Practical Guide to Research Methods, 2*, 235-251.

Yim, J. Y., & Mahalingam, R. (2006). Culture, masculinity, and psychological well-being in Punjab, india. *Sex Roles, 55*(9), 715; 715-724; 724.

Yoder, J. D., Fischer, A. R., Kahn, A. S., & Groden, J. (2007). Changes in students 'explanations for gender differences after taking a psychology of women class: More constructionist and less essentialist. *Psychology of Women Quarterly, 31*(4), 415-425.

Young, J. E., Klosko, J. S., & Weishaar, M. E. (2003). *Schema therapy: A practitioner's guide* Guilford Press.

Zamarripa, M. X., Wampold, B. E., & Gregory, E. (2003). Male gender role conflict, depression, and anxiety: Clarification and generalizability to women. *Journal of Counseling Psychology, 50*(3), 333.



**Appendix A**  
Participant Flyer

**Are you male and over eighteen years old?**

**Would you be interested in talking about how you  
feel about your body?**

**Are you interested in talking about what it means to be  
masculine?**

**Your input will increase knowledge and potentially improve the quality of services at  
community based mental health services.**

If you have answered yes to the above questions then you may be eligible to participate in a psychological research study exploring body image, masculinity and the psychological well-being of men.

If you would be interested in sharing your experience and assisting with this study then please contact Omara Naseem on [REDACTED] or by email at [REDACTED]. Participation in this study would involve a 50 min-1 hour interview in London and location will be discussed on the phone or by email. Any information provided and your participation will be kept anonymous and confidential.

I am a Counselling Psychologist in Training at City University, Northampton Square, London EC1V 0HB. This research is conducted under the supervision of a Psychology Lecturer: Jessica D. Jones Nielsen. This study forms part of a Doctoral qualification.

## **Appendix B**

### Information Sheet

#### INFORMATION REGARDING THE STUDY

Dear Participant,

Thank you in advance for taking the time to read this, as well as for the time volunteered.

#### **PURPOSE OF THE STUDY**

The purpose of this study is to gather interview data regarding the experience of men currently residing in the UK of their body image, masculinity and psychological well-being.

#### **THE INTERVIEW**

You will be required to participate in a 50-minute interview in a safe environment at City University London. The interviewer will ask you a set of open-ended questions, to which there is no right or wrong answer – just your own personal experience. The interview will be digitally audio recorded.

#### **SAFEGUARDING.**

If at any point you feel distressed or cannot carry on with the interview, feel free to ask for a break or to leave. You can withdraw at any point and you will not be asked to provide a rationale for your decision.

No adverse effects are expected from participating in this study. However, speaking about a potentially sensitive matter may bring about feelings of anxiety, vulnerability or distress. If you become distressed during the interview brief psychological support from the interviewer will be provided. You can also contact the following mental health services should you require additional psychological support:

MIND - 020 8519 2122

Samaritans - 08457 90 90 90

## **CONFIDENTIALITY**

Any information you provide will be confidential and no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party. No identifiable personal data will be published. Any records and details kept in written or audio form will be safeguarded and password protected to ensure data security and confidentiality. Any mentions of names, brands and locations will be hidden, changed, and muted out of recordings to ensure that no personally identifiable information will link you with the recording.

Feel free to ask any questions at any point throughout the process.

**Interviewer/Researcher: Omara Naseem**

Email: [REDACTED]

**Academic supervisor: Dr Jessica Jones Nielsen**

Email: [REDACTED]

## **Appendix C**

### **Informed Consent Form**

Project Title: A qualitative study of male body image, masculinity and psychological well-being.

I agree to take part in the above City University London research project. I have had the project explained to me, and I have read the Explanatory Statement, which I may keep for my records. I understand that agreeing to take part means that I am willing to:

- be interviewed by the researcher and allow the interview to be audio-taped

#### **Data Protection**

This information will be held and processed for transcription and analysis by the researcher. I understand that any information I provide is confidential, and that no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party. No identifiable personal data will be published. The identifiable data will not be shared with any other organization.

I agree for the researcher to record and process this information about me. I understand that this information will be used only for the purpose(s) set out in this statement and my consent is conditional on complying with the Data Protection Act 1998.

#### **Withdrawal from study**

I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage of the project up to one week after my interview without being penalized or disadvantaged in any way.

Participant's Name: .....

Participant's

Signature: ..... Date: .....

**Interviewer/Researcher: Omara Naseem Email:** [REDACTED]

**Academic supervisor: Jessica Jones Nielsen Email:** [REDACTED]

## **Appendix D**

### **Debrief For Participants**

Thank you for your participation in this research study, your help has been appreciated.

The purpose of this research is to gain a more in depth understanding of male body image, masculinity and psychological well-being . Your contribution to this study will be invaluable. It is hoped that the study will allow professionals to gain greater insight into the experiences of males and help them engage more with talking therapy services. Additionally, these findings may help to influence services in the future and enable them to work better with males experiencing issues with body image and masculinity.

If you have any questions regarding this research or should you wish to withdraw your consent at any time, you may contact me directly on [REDACTED] or on [REDACTED]

[REDACTED] If you decide to withdraw from the research, the recording of your interview and any transcripts will be destroyed.

If you have any issues or questions concerning the research or the conduct of the interview, which you do not wish to share with me, you may contact my supervisor:

Dr Jessica D. Jones Nielsen by calling [REDACTED] or the Department of Psychology, School of Social Sciences, City University, Northampton Square, London EC1V 0HB.  
Telephone: 0207 040 8523.

I hope you have had a satisfactory experience of participating in this research project. As I mentioned earlier, I have prepared a list of telephone numbers of counselling services which you can contact if you experience any difficult feelings and would like someone to talk to.

## Useful Telephone Numbers

All numbers listed below provide counselling for a wide range of emotional issues:

The Samaritans (available 24 hours a day, 365 days per year): 08457 90 90 90

Breathing Space (Mon-Thurs 6pm-2am, weekends Fri 6pm-Mon 6 am): 0800 83 85 87

The NHS has a 24 hour confidential advice and information line staffed by nurses. NHS

Direct: 0845 464

BEAT (Eating Disorders): For the **Adult Helpline**, please call 0845 634 1414. This helpline is available to anyone over the age of 18 and is open Monday to Thursday 1.30pm – 4.30pm.

Alternatively, you can email [help@b-eat.co.uk](mailto:help@b-eat.co.uk)

Careline: 020 8514 1177

Confidential Care (24 hours) free phone: 0800 281054

Support line 020 8554 9004

## **Appendix E**

### Demographic Questions

1. Age: \_\_\_\_\_

2. How would you describe your ethnic and cultural background?

3. Which area do you live in? \_\_\_\_\_

4. What is your highest education qualification?

None \_\_\_\_\_ GSCE(s)/O Level(s)/CSE(s) \_\_\_\_\_ A-Level(s)/Highers

\_\_\_\_\_ Diploma (HND etc) \_\_\_\_\_ Degree

\_\_\_\_\_ Post Grad/Other \_\_\_\_\_

5. What is your current occupation (or, if you are not working, what was your previous occupation)?

\_\_\_\_\_

6. Have you any experience of counselling or therapy?

\_\_\_\_\_

7. For what length of time were you receiving counselling or  
therapy? \_\_\_\_\_

## **Appendix F**

### **Interview Schedule**

1. What does masculinity mean to you?

Prompt: How would you define being a man?

Could you give me an example of your view of an ideal man?

2. How would you describe yourself and your body?

Prompt: What do you like or not like about your body.  
3. How do you feel about your current body shape?

Prompt: Have you always felt this way?

4. Has the way you have viewed your body changed over time?

Prompt: Could you tell me more about that/why you think that is? Has this changed over time and if so why do you think that is?

5. Where do you think these ideas about your body and your masculinity come from?

Prompt: Memories, family, friends, media, and stories from others.

6. Do you remember a time when you felt differently about your body or masculinity?

7. Do you think that there is any relationship between how you view your body, masculinity and your psychological well-being?

Prompt: In what way? How do these relate? Where do these views come from?

8. How do you deal with any negative ideas/beliefs you have about your body?

Prompt: What do you do? How do you deal with these thoughts/feelings?

9. How have you coped with any struggles you have faced in relation to this in the past?

Prompt: What do you do? How was it coping this way?

10. What has the experience of being interviewed for this research been like for you?

11. As we are approaching the end of the interview is there anything else that you feel would be important for me to know about your experience?

## Appendix G

### Example of Table of Emergent Themes-Steve

<b>Clusters Transcript 5</b>	<b>Line Number</b>	
<b>BIOLOGICAL BASIS OF MASCULINITY</b>		
Biological basis for masculinity	1-16	I5
Evolutionary basis for masculinity (primal)	27-33	I5
Being a man is anatomically defined	52-60	I5
Embodiment of masculinity/being a man (physical boundary)	77-83	I5
The physiology of being male influencing behaviour	175-184	I5
Male biology influence on behaviour	175-184	I5
Biological basis for masc	226-231	I5
Evolutionary basis for masculine behaviours/gender roles	343-363	I5
Survival of the fittest-evolutionary roles	467-479	I5
Masculinity linked to:Hunter, gatherer and aggression	558-568	I5
Feeling masculine after exercise	790-807	I5
Feeling more masculine	808-820	I5
Physiological masculinity	821-827	I5
Acknowledging and accepting smaller body size and shape	849-869	I5
Exercise makes me feel better about myself/body	869-876	I5
<b>REJECTION OF CULTURAL SOURCES OF MASCULINITY</b>		
Rejection of identifying with societal construct of masculinity	1-16	I5
Rejection of Labelling gender: differences and inequality	34-51	I5
Rejection of concept of being a man	61-76	I5
Rejection of positive masculinity	61-76	I5
To be free from gender (to be happy/connect) Gender is disconnective (because of physical b)	77-83	I5
Cultural shift towards the sensitive man	120-136	I5
Conflict with an evolutionary sense of masc Vs metereosexuality	137-160	I5
The need to not conform and fit in socially	207-225	I5
Distancing from imposed social ideas of masc	232-251	I5
Not identifying with societal masc behaviours /narrative	252-274	I5
Distancing from social acceptance / labels	275-293	I5
Creating distance from identifying with culturally dominant masc	328-342	I5
Distancing self from stereotypical masc trait:aggression	507-550	I5
Rejecting masculinity is rejecting conforming to societal ideals	569-588	I5
Rejection of predetermined ideas relating to gendered behaviours	589-596	I5
Distance from culturally specific beliefs reg masculinity/not progressive	657-679	I5
The security that social labels can provide	752-764	I5
Disassociating with negative connotations of masculinity	765-779	I5
Fear of subscribing to label of masc is positive	790-807	I5
<b>DEVELOPING A SENSE OF SELF-Contextual</b>		I5

The rebellion against rejection (exists in the grey)	17-26	I5
Cultural shift towards the sensitive man	120-136	I5
The need to not conform and fit in socially	207-225	I5
To not intellectualise is to feel masculine	232-251	I5
Struggle for Self acceptance linked with acceptance of friends and family	294-315	I5
Competing against the self		I5
Contextual masc: aggressive when pursuing a partner	551-557	I5
Multicultural influences on shaping sense of self	680-725	I5
Moving to London and exposure to other cultures expanded perspective	726-734	I5
Reevaluated himself in London-identity	726-734	I5
Became more self aware-relates to education (psychology)		I5
Disassociating with negative connotations of masculinity	765-779	I5
Being skinny is not masculine/bigger is better	780-789	I5
Link between masc, body and psych well being	780-789	I5
Rationalizing negative body talk/feelings	828-848	I5
Psychological affirmations of acceptance and love: Body and self image	1027-1038	I5
		I5
<b>EVALUATION OF THE BODY AND IT'S FUNCTION (Power)</b>		I5
Body as a vehicle for activity/function	84-87	I5
The body as a vehicle for performance	161-174	I5
Struggle for self acceptance of body	364-384	I5
Sense of the changing body and pressure to attract females	385-401	I5
Insecurity:fear of not being accepted and social rejection	385-401	I5
Being attractive pays off:fear of evaluation and social rejection	385-401	I5
Fear of being judged on looks	402-426	I5
Being attractive linked with success and progression in the workplace	402-426	I5
- If only I was bigger I would be better	427-445	I5
Being his own benchmark for accepting his body/performance	446-466	I5
Feeling small and less manly and unable to compete with other men	467-479	I5
Competing against the self	507-525	I5
Being skinny is not masculine/bigger is better	780-789	I5
Sexual attraction and body image linked to self worth	1027-1046	I5
<b>Male Relating</b>		
Being an outsider/not fitting in and being labelled	137-160	I5
Contextual masculinity:more masculine with other men/sex/sports	161-174	I5
Struggle for Self acceptance linked with acceptance of friends and family	294-315	I5
Distances self from emotional discomfort/disc self worth	294-315	I5
Fear of being judged on looks	402-426	I5
Feeling small and less manly and unable to compete with other men	467-479	I5
Feeling able to intellectually compete with other men is masculine	480-482	I5
Masculine Comaraderie when competing	483-506	I5
Sense of camaraderie and togetherness connected with sports	507-525	I5

Couldn't share worries with people close to me	919-933	I5
Difficulty sharing emotions/guilt	951-968	I5
Needs help recognising when he needs emotional support	981-1010	I5
Neg thinking impacting on daily life and emotional state	1011-1026	I5
<b>THE EXPERIENCE OF MASCULINITY OVER TIME</b>		
Sense of masc changing over time	88-104	I5
Being a man can be contextual	185-206	I5
To not intellectualise is to feel masculine	232-251	I5
Intellectualising masculinity	232-251	I5
Masc changing over time/becoming a man	328-342	I5
His masculinity is linked with social construct	343-363	I5
Aggression is being successful in diff contexts	526-557	I5
Sense of self and masculinity changing over time	569-588	I5
<b>THE CULTURAL USE OF LANGUAGE</b>		
Language as a defence emasculation	88-104	I5
Language as a defence against me	88-104	I5
The use of language to construct social labels and their social influence	105-119	I5
Using language to create distance from feeling masc/remove labels	808-820	I5
		I5
<b>SENSE OF NOT BELONGING/OUTSIDERNESS</b>		
Conflict with an evolutionary sense of masc Vs metereosexuality	137-160	I5
Being an outsider/not fitting in and being labelled	137-160	I5
Struggle for Self-acceptance linked with acceptance of friends and family	294-315	I5
Sense of self being different (eg others around him, social narrative of masc)	316-327	I5
Insecurity:fear of not being accepted and social rejection	385-401	I5
Distance from misrepresentative social labels-sense of not belonging/outsiderness	735-751	I5
Fear of conforming—"being a sheep"	735-751	I5
The security that social labels can provide	752-764	I5
Social avoidance as coping mechanism:depression	1011-1024	I5
<b>INFLUENCE OF OTHER MEN ON CONTEXTUAL MASCULINITY</b>		
Contextual masculinity:more masculine with other men/sex/sports	161-174	I5
Feeling able to intellectually compete with other men is masculine	480-482	I5
Masculine Comaraderie when competing	483-506	I5
Sense of camaraderie and togetherness connected with sports	507-525	I5
Benefits of a smaller body (not muscley)	849-869	I5
<b>REFLECTING ON INTERVIEW EXPERIENCE</b>		
Reflection due to experience of the interview	1050-1072	I5
Considered new perspectives on masculinity	1050-1072	I5

<b>INFLUENCE OF FAMILY</b>		
Stereotypical gender roles in the family growing up	597-633	I5
Cultural and gender specific social roles in the family	597-633	I5
Power dynamics in the family home	634-656	I5
Dad being in control goes against social/cultural norm		I5
Object of envy/brother being envious of his body	849-869	I5
<b>USE OF PERSONAL THERAPY/HELP SEEKING</b>		
Distances self from emotional discomfort/disc self-worth	294-315	I5
Personal therapy helped me deal with problems	902-918	I5
Would engage with therapy now if affordable		I5
Couldn't share worries with people close to me	919-933	I5
Can't afford therapy	934-938	I5
Difficulty sharing emotions/guilt	951-968	I5
Therapy was a positive suggestion	969-980	I5
Needs help recognising when he needs emotional support	981-1010	I5
<b>SENSE OF SELF:PSYCH WELL BEING</b>		
Undermined sense of self	939-950	I5
Conflicted feelings when I feel and act differently	951-968	I5
Difficulty sharing emotions/guilt	951-968	I5
Needs help recognising when he needs emotional support	981-1010	I5
	1011-	
Neg thinking impacting on daily life and emotional state	1026	I5
	1027-	
Psychological affirmations of acceptance and love: Body and self image	1038	I5
	1039-	
Negative body image on psych well being	1049	I5
	1039-	
Changing my body positively impacts on sense of self	1049	I5
<b>Sexuality</b>		
Conflict with an evolutionary sense of masc Vs metereosexuality	137-160	I5
Being attractive linked with success and progression in the workplace	402-426	I5
Feeling masculine having sex	161-174	I5
Challenging sexual stereotypes:presumed gay by others	291-293	I5
Insecurity:the desire to be attractive	385-401	I5
Contextual masc: aggressive when pursuing a partner	551-557	I5
<b>Deflection/Avoidance</b>		
Avoiding answering and deflection in externalising masculinity as a construct	1-33	I5
Deflection of using labels:fear of being judged	34-51	I5

Distancing self from concept of being a man	52-83	I5
Point of deflection from discussing masculinity: reluctance to engage	88-104	I5
Distancing self from identifying with masculine concept	161-174	I5
Distancing self from masculinity concept	226-231	I5
Using language as defensive barrier to create distance : Intellectualising	232-251	I5
Using language to create distance from identifying with masculinity	252-274	I5
Distances self from emotional discomfort/disc self-worth	294-310	I5
Creates distance: intellectual avoidance	343-363	I5
Deflection using language to avoid discussing dominant masc growing up (Australia)	557-678	I5
Awareness of avoidance-intellectualising	735-751	I5
<b>Demasculination</b>		
<b>THE CULTURAL USE OF LANGUAGE</b>		
Language as a defence emasculation	88-104	I5
Using language to create distance from feeling masc/remove labels	808-820	I5
To not intellectualise is to feel masculine-emasculation	232-251	I5
<b>The Drive for Muscularity</b>		
Being attractive linked with success and progression in the workplace	402-426	I5
- If only I was bigger I would be better	427-445	I5
Being his own benchmark for accepting his body/performance	446-466	I5
Feeling small and less manly and unable to compete with other men	467-479	I5
Competing against the self	507-525	I5
Being skinny is not masculine/bigger is better	780-789	I5
Sexual attraction and body image linked to self-worth	1027- 1046	I5
<b>Coping Mechanism</b>		
Rejection of identifying with societal construct of masculinity	1-16	I5
The rebellion against rejection (exists in the grey)	17-26	I5
The need to not conform and fit in socially	207-225	I5
To not intellectualise is to feel masculine	232-251	I5
Intellectualising masculinity	232-251	I5
Using language as defensive barrier to create distance : Intellectualising	232-251	I5
Distances self from emotional discomfort/disc self-worth	294-310	I5
Creating distance from identifying with culturally dominant masc	328-342	I5
Creates distance: intellectual avoidance	343-363	I5
Rejection of predetermined ideas relating to gendered behaviours	589-596	I5
Awareness of avoidance-intellectualising	735-751	I5
Disassociating with negative connotations of masculinity	765-779	I5
Rationalizing negative body talk/feelings	828-848	I5
Exercise makes me feel better about myself/body	869-876	I5
Being my own therapist	877-901	I5
Social avoidance as coping mechanism: depression	1011- 1024	I5
Psychological affirmations of acceptance and love: Body and self image	1027- 1038	I5

## Appendix H

### Superordinate Themes with Quotes

<b>Emasculation</b>	<b>Emasculation Quotes</b>		
THE CULTURAL USE OF LANGUAGE	88-104	I5	I think a lot about language now, I.. I.. growing up .. language did nothing for me um but language has a very.. is very, very powerful...In its subtleties. Um language is used every day, all day, every day between people and.. and there are power um changes and.. and there are hierarchies set up based on very, very simple, subtle language that's repeated all the time...and I guess maybe that's the reason I don't like.. I'm very.. I kind of very careful about what I specifically say... that sort of terminology in the workplace... someone said 'oh come on, be a man and step up.' It's kind of like.. well..
Demasculination from mother as non-productive gay son	412-436	I8	.. I was hoping that one or other of my older brothers would have children, quick, so there'd be no pressure on me and then... the woman next-door was discovered having an affair with my older brother [...] And she told me that my mother was most upset about this relationship and said to her "you've got your children and I want X ... to have children I'm not expecting Steve to have any" and I thought oh, I've never told her that I'm gay and I've never.. so she's talking about me as a non-productive son already.
Feeling emasculated within family (mum and aunts)	31 -52	I2	And they'd all be like 'oh.. oh you little girl' sort of thing so for me, masculinity, that's why I was quite drawn to this because for me it's such a.. determined masculine feminine, it's just so outdated for me in a way... I just don't.. can't we just be people?...Can't we just be ourselves and, you know, why do you have to be manly or why do you have to be girly or whatever.
<b>Evolutionary Narrative of Masculinity</b>			
Evolutionary Masculinity/ the hunter/gatherer	149-161	I4	.. I suppose going back to like a traditional man, like a kind of hunter gatherer type thing where you could live off the land or you could go and.. you could just survive... it probably comes back to the reliance thing of being able to.. people being able to rely on you for things. It kind of.. the really core sense of that is people being able to rely on you for food and shelter and things like that. Um he's really good at being able to kind of um survive in any environment um no matter what and I think that's something that's amazing, I mean, I'd love to be able to do that um.

Evolutionary basis for masculine behaviours/gender roles	343-363	I5	...I know I can behave in masculine ways but again, I... it's difficult for me to separate the social from it because that's where it's come from...The idea that I behave this way therefore I must be male must be a masculine behaviour. That has come from years of evolution and years of sort of being boxed in that's.. your um your role...I think that hunting, like the.. if you go the traditional.. if you go back a number of species you had quite specific roles within the two.. two genders and so I guess masculinity stems from those basic behaviours.
Evolutionary perspective of masculinity and gender roles diff's	604-632	I7	... one of the benefits of... being a man is you generally need to be far less bothered about.. about um the sort of looks than if you're a girl.I'm not sure it's entirely fair but I think on the whole it's probably pretty accurate and I think there's probably a fairly good...reason for that in that men basically got selected by.. by being good at sort of killing woolly mammoths, women got selected because they look like good breeders. [...]And as far as I recall from the sort of things that I've read, a lot of what is perceived as.. as beauty...In women tends to be things that are implied or likely to be good genetic stock.
Tangible Masc/Biological Basis of Masc	120-131	I6	How would I define being a man? I.. I.. anatomically, probably... I think that being a man um is probably nothing more than um a biological definition, you know, you have a penis, you have...[...]Testicles, you are a man.
<b>Body Image Dissatisfaction</b>			
Body image dissatisfaction relates to gym activity	192-210	IJO	I hate it. I've always had a body image – I used to be a fat kid, so I don't know if that goes hand in hand with the parcel of like that I never got any compliments – emm...up until 20-21, I decided to do something about that, but I – I don't think my mental has adjusted to my new physique so even still – like – in order for it to do that, everything has to be 100% for me to accept myself,... – and also I'm nervous that all mirrors are not created equally. I'll leave my house, I'll look at the mirror in my bathroom – I look fat. I look at the mirror in the kitchen – I look skinny. I look at the mirror in the front room – I look short, and I come and the process continues until I find a mirror that I do like which is too late 'cos that's the one when I'm on the treadmill like 'Well, I look fine' but it's too late now 'cos I'm already here,
Dissatisfied with current body shape and size	235-244	I4	I'm not particularly happy with my body at the moment. Um a couple of years ago I was at the peak of my physical fitness I've ever had in my life. I wasn't at maybe the peak that I could.. I was.. I was able to but I was definitely the fittest I've ever been. ...Um I had a couple of injuries and stuff and I've never really been able to regain that.

Adjusting to and accepting the aging body	276-293	I3	So I'm still doing it but at a somewhat lower level and age is definitely taking a wee bit of a toll now. Because I ran a marathon the other weekend, that was really quite hard work, it didn't go very well [...] And my legs got terribly sore and um I sort of plodded unhappily home at the end. [...] I think it's probably fair to say age is definitely beginning to have an impact...
Internalised body shame:not good enough	233-249	I2	Um so growing up, you know, I had this kind of image of me and my body and my.. so growing up, I mean I always had like a kind of thing about my skin, that was the first thing because, you know, I'm sure you know in Asian culture, the lighter.. the fairer skinned you are, the better you are, end quotes...Um so like me being the darkest one in the family, I was always ridiculed about it and that kind of knocked me down and then I started to question me and myself and who I was, if I'm being bullied by my own family, then who, kind of, who even am I?
<b>Changing the Body</b>			
" If only I was bigger I would be better"	427-445	I5	I don't have a huge amount about me that I do like... I'm too skinny, [...] I have a set um I have a view of what I'd like to be...And that would be slightly taller, slightly um bigger I guess, not necessarily more muscly but I'm very skinny in bone structure as well so um... that stems from playing a lot of football and feeling like I was just too small or just not heavy enough so I think if I was another two inches taller and another five to ten kilos heavier [...] I would have been a little bit more successful and things would have been that little bit easier.
Body incongruence: Satisfaction Vs Desire to change shape	526-532	I7	I, I mean, I don't necessarily think they're... they're negative, I never look at my body and go "oh no that's terrible", like, "you really need to sort that out" but it's a drive to be... what I've had before, I think, or just to be... I, I don't always think I would want to be a little bit better than.... I am currently, and whatever it is, regardless of whether it's body achievement, or whatever I'm doing, I always like to think you can do better than that.
Drive for change:the quest for a better body	511-537	IJO	[...] even today as I was getting changed in the changing rooms, this guy – he's like – one of his abs was just the same size as my chest, and it's like 'You're cheating.' - and as you was doing that, like you admire his physique and think to yourself 'Oh, you know what – if I would have your physique' sort of thing 'I would be so happy' sort of thing, but – emm [...] – and that's what I say about the whole body dysmorphia thing, 'cos you're always going to be looking at towards, or you want to look at someone that you see has a nicer physique than yours, 'cos you want to have that [...] – I've never been happy with my physique.

## **Appendix I**

### Interview Reflection Journal Extract

Imran

Upon completion of the interview, I noticed that I was stressed regarding the quality of the findings and process. As the interview was shorter than I had anticipated, I was apprehensive as to whether I had done something wrong. I was able to reflect on this and perhaps didn't delve deeper into some points that I could have for fear of seeming directive or overbearing. This was also possibly construed by his light-heartedness in saying he would come to me personally for therapy. In retrospect, I feel I could have responded to this with more confidence and perhaps probed him on it gently instead of avoiding it all together due to my discomfort.

In retrospect he perhaps felt comfortable with me which helped to enable his honest sharing of sensitive material. I did however notice that although the interview was short in comparison to others I had conducted the quality of the data was rich. I feel this was due to the participant's ability to open up and articulate his vulnerability very openly with me. After completion of analysis I was very grateful for not having discounted the short interview as the results produced some interesting divergences in experiences from the other interviewees. I was able to present a more diverse range of experiences in relation to help-seeking behaviours and coping strategies due to his account. Due to this interview I was able to gain an insight into understanding the importance of vulnerability and its expression for the participant's self-identity and masculinity.

## Appendix J

### Ethics Release Form for Student Research Projects

All students planning to undertake any research activity in the School of Arts and Social Sciences are required to complete this Ethics Release Form and to submit it to their Research Supervisor, **together with their research proposal clearly stating aims and methodology**, prior to commencing their research work. If you are proposing multiple studies within your research project, you are required to submit a separate ethical release form for each study.

This form should be completed in the context of the following information:

- An understanding of ethical considerations is central to planning and conducting research.
- Approval to carry out research by the Department or the Schools does not exempt you from Ethics Committee approval from institutions within which you may be planning to conduct the research, e.g.: Hospitals, NHS Trusts, HM Prisons Service, etc.
- The published ethical guidelines of the British Psychological Society (2009) Guidelines for minimum standards of ethical approval in psychological research (BPS: Leicester) should be referred to when planning your research.
- **Students are not permitted to begin their research work until approval has been received and this form has been signed by Research Supervisor and the Department's Ethics Representative.**

#### Section A: To be completed by the student

Please indicate the degree that the proposed research project pertains to:

BSc                  M.Phil                  M.Sc                  **D.Psych**                  n/a

Please answer all of the following questions, circling yes or no where appropriate:

1. Title of project

A qualitative study of male body image, masculinity and psychological well-being.

2. Name of student researcher (please include contact address and telephone number)

[Redacted]

3. Name of research supervisor

Jessica D. Jones Nielsen

4. Is a research proposal appended to this ethics release form? Yes No

5. Does the research involve the use of human subjects/participants? Yes  
No

If yes,

a. Approximately how many are planned to be involved?

8

b. How will you recruit them?

Flyers (Appendix I) seeking participants will be distributed around City University campus, local gyms and student unions in London. These flyers will state that I am looking to interview males aged 18 and over to discuss body image, masculinity and psychological well being.

c. What are your recruitment criteria?

(Please append your recruitment material/advertisement/flyer)

The inclusion criteria will be that participants must speak and understand English and be male aged eighteen years and over.  
The exclusion criteria would be that participants should not be actively psychotic, experiencing severe mental distress or be receiving in-patient care for mental health problems. People who cannot converse fluently in English will also be excluded. This is due to the need to discuss and explore emotional aspects of the research topic in-depth during the semi-structured interviews.

d. Will the research involve the participation of minors (under 18 years of age) or vulnerable adults or those unable to give informed consent? Yes No

d1. If yes, will signed parental/carer consent be obtained? Yes No

d2. If yes, has a CRB check been obtained?  
(Please append a copy of your CRB check)

6. What will be required of each subject/participant (e.g. time commitment, task/activity)? (If psychometric instruments are to be employed, please state who will be supervising their use and their relevant qualification).

Each participant will be given an information sheet (Appendix III) prior to interview to explain the purpose of the research and their role. Each participant will take part in an interview lasting approximately forty-five minutes to an hour. This interview will be audio recorded using a digital recorder after gaining consent (Appendix IV) and will take place on premises at City University. The interview will begin with demographic questions being asked (Appendix V) in order to gain background information and an interview schedule (Appendix II) will be used throughout the interview. The subject will be debriefed (Appendix VI) upon completion of the interview, provided

7. Is there any risk of physical or psychological harm to the subjects/participants?

Yes

No

If yes,

a. Please detail the possible harm?

The participant could experience feelings of distress when talking about their personal experiences and/or their psychological well being.

b. How can this be justified?

It is unlikely that the participants will experience distress and I am confident that this study will help build on an under researched area related to a client group that have lower engagement levels with therapeutic services. As there is a wealth of academic material relating to body image research on females, research in the area will help build on the academic material available in relation to men and address a gap in the counselling psychology research. This could help shape services further by providing insights into how men feel about their bodies, masculinity and how this impacts on their psychological health and help seeking behaviours.

c. What precautions are you taking to address the risks posed?

I would handle any situation that arose using my skills as a Counselling Psychologist trainee to help alleviate distress. I would ask the participant if they would like to continue and give them some time to compose themselves and provide a comfort break. I will also give each participants a list of useful telephone counselling services (App. VIII) after the debrief (App. VI). The participants will also be debriefed after the interview and I will also discuss any risks with my research supervisor.

8. Will all subjects/participants and/or their parents/carers receive an information sheet describing the aims, procedure and possible risks of the research, as well as providing researcher and supervisor contact details?

Yes

No

(Please append the information sheet which should be written in terms which are accessible to your subjects/participants and/or their parents/carers)

9. Will any person's treatment/care be in any way be compromised if they choose not to participate in the research?

Yes

No

10. Will all subjects/participants be required to sign a consent form, stating that they fully understand the purpose, procedure and possible risks of the research?

Yes

No

If no, please justify

If yes please append the informed consent form which should be written in terms which are accessible to your subjects/participants and/or their parents/carers)

11. What records will you be keeping of your subjects/participants? (e.g. research notes, computer records, tape/video recordings)?

I will be keeping audio recorded files on a password protected laptop in my locked room at home which only I have access to. All research notes and transcribed interviews will be kept securely in a locked filing cabinet in a secure location. Any identifiable details will be kept separately again in a locked file. Only I will have access to the key which will be kept securely. These audio recordings will be transferred to an external hard drive protected with encryption software in a secure location on completion of the study for the five years required then erased.

12. What provision will there be for the safe-keeping of these records?

Identifiable information will be coded and kept separately from any item with identifiable details such as the informed consent forms in a locked file. Paperwork will be kept in a dedicated filing cabinet located in a secure private location. Audio recordings will be stored on my laptop which is password protected and kept securely in a locked drawer. These will then later be transferred onto an external hard drive for safe keeping and encryption software will be used for protection of the data.

13. What will happen to the records at the end of the project?

They will be kept safely and securely for the five years required according to the British Psychological Society Code of Conduct and then shredded and deleted.

14. How will you protect the anonymity of the subjects/participants?

A key will be kept which lists the identity and code number of the participant which will be kept securely in a locked file separate from the research data. This will be destroyed when the study has been completed. Data encryption software will also be used to keep data protected and confidential.

15. What provision for post research de-brief or psychological support will be available should subjects/participants require?

A debrief sheet (Appendix VI) will be given to each participant alongside a list of useful organisations (App. VIII). As a counselling psychology trainee I am bound by a duty of care and have the skill set to ensure I can calm a distressed participant.

Please append any de-brief information sheets or resource lists detailing possible support actions.)

If you have circled an item in **underlined bold** print or wish to provide additional details of the research please provide further explanation here:



~~Signature of student researcher \_\_\_\_\_ Date \_\_\_\_\_  
Date - 09/02/13~~

**CHECKLIST:** the following forms should be appended unless justified otherwise:

Research Proposal  
Recruitment Material  
Information Sheet  
Consent Form  
De-brief Information

#### Section B: Risks to the Researcher

1. Is there any risk of physical or psychological harm to yourself? Yes No  
If yes,

a. Please detail possible harm?

There is a risk in my personal safety in being alone in a room with the participant which I will have to manage.

b. How can this be justified?

The risk is no more than those present when with a client and I am used to managing this. I feel that I can adequately safeguard myself.

c. What precautions are to be taken to address the risks posed?

I will manage this risk by having someone outside the room know I am in there with someone and roughly how long I expect to be. I will have my mobile phone nearby and a panic alarm with me ready to use. I will make sure that I chose a room where there are people around close by outside so as not to feel too isolated.

**Section C: To be completed by the research supervisor**

(Please pay particular attention to any suggested research activity involving minors or vulnerable adults. Approval requires a currently valid CRB check to be appended to this form. If in any doubt, please refer to the Research Committee.)

Please mark the appropriate box below:

Ethical approval granted

Refer to the Department's Research and Ethics Committee

Refer to the School's Research and Ethics Committee

Signature ----- Date-----

**Section D: To be completed by the 2<sup>nd</sup> Departmental staff member** (Please read this ethics release form fully and pay particular attention to any answers on the form where **underlined bold** items have been circled and any relevant appendices.)

I agree with the decision of the research supervisor as indicated above

Signature ----- Date -----

## Appendix K

### Example of Transcript

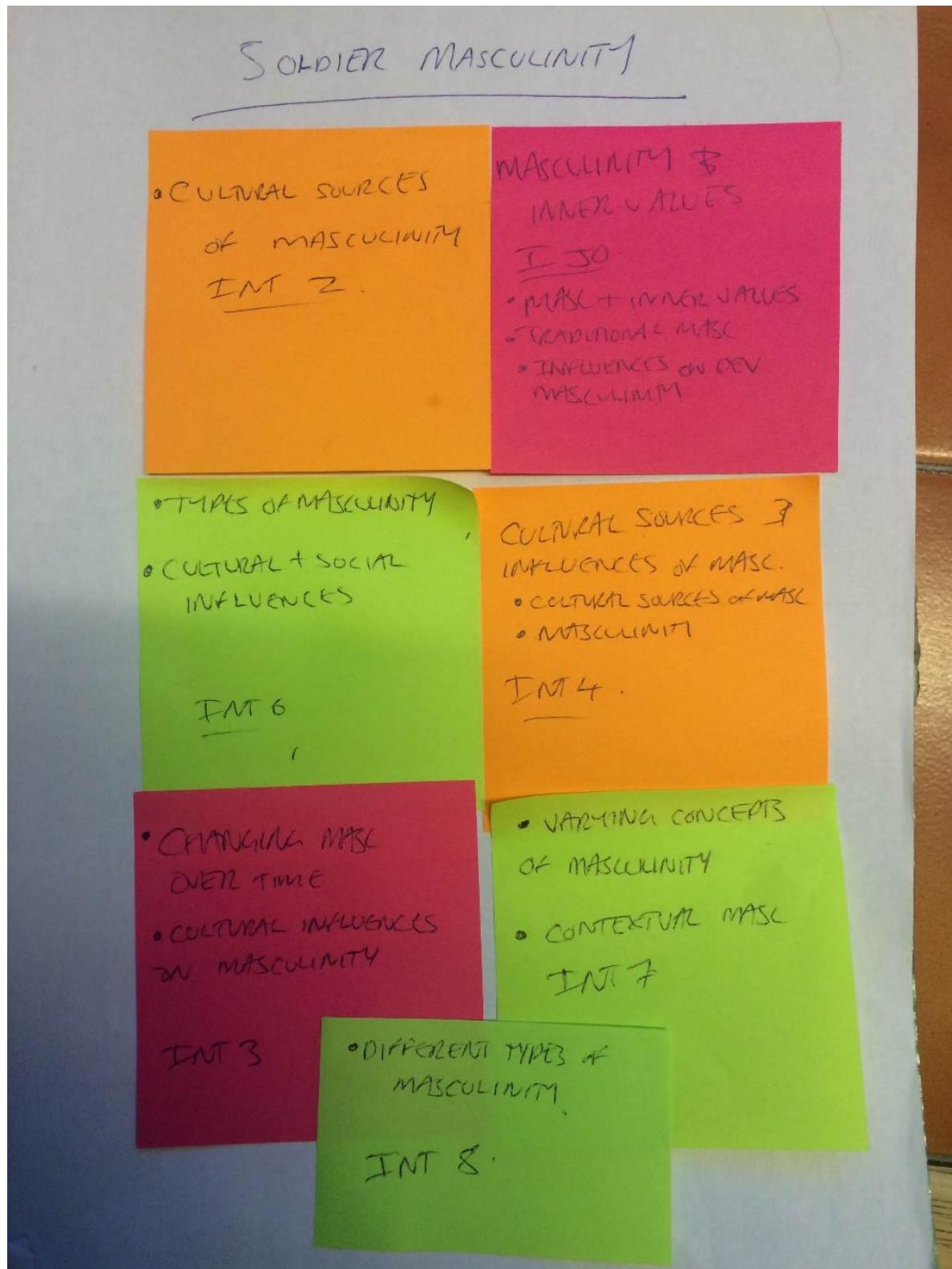
Dex 1st - Emerges Names - Don't cluster floor mostly ref's  
 Lucy Cluster in consistent names first least 4 Explaining  
 Cheeky! - Then cluster into Master Name participants for all names.

Biology basis of sex 3 ON - Interview AM 5 The exp of sex in society (masculinity) analysis  
 R1 OK so can we start by you telling me what does masculinity mean to you? construct / societal  
 P1 Um my first instinct is to say it's.. it sounds a bit technical, it's like a construct of a outlook results  
 human to human construct. I... reflecting - included subjective meaning.  
 R1 Hm hm.  
 P1 I um I struggle a little bit with its concept because.. in the way that the majority of people view it because I like to think that every single person is an individual. individual / inner exp.  
 R1 Hm hm.  
 P1 And I think that some behaviours, well, I think all behaviours sort of manifest in all people at some point in time. I guess masculinity is probably for most people more than females but I kind of um, I guess for me, masculinity is what makes me a male and that the crux of or the basis of that, that is, my male body, so my genitalia essentially. MASC role exp in society  
 R1 OK.  
 P1 That's what makes me a male, is my genitalia, not my behaviour or my outlook, essentially. C - separated from concept of aspect. animal biology).  
 R1 So you refer to it as a concept as well.  
 P1 Yeah I think, well, I mean within mainstream sort of society, there's a very strong um - casmet. Biological bases.  
 R1 Hm hm.  
 P1 Um I.. I kind of.. I can see that and I see what people are saying but in terms of for me and.. and how I see myself I guess, I.. I struggle to say I'm masculine or.. or feminine in any particular way just because I don't like that view of label, that view of pigeon hole I guess. Um people would probably call me less masculine than most guys, maybe that's why I view it in a.. in a less sort of black and white way. self identity  
 R1 Hm. Hesitant responses.  
 P1 Um I, yeah, I XXX (02:23) it's a concept or a construct in a.. that people.. you.. you would never have.. I'm just trying to think of it in a non-human way. I think that animals do have.. quite often have very clear roles within their relationships and within their lives but animals are much more driven by basic instinct, I guess. animal. reflect & thought.  
 R1 Hm hm.  
 P1 So I guess masculinity would, if you're thinking of it in that way, would come from those basic instinct behaviours. self. difficult to stay up individual mind exp.  
 R1 And you mentioned femininity as well, do you think there's a place for that inside this sort of construct of masculinity? cognitive / within the conceptual self.  
 P1 I think there's a place for it within the construct of differ.. differentiating between masculinity and femininity. gender roles  
 R1 Hm.  
 P1 If you're going to have masculinity then you should have femininity in that respect. Um but again, I guess in terms of whether we should or shouldn't, maybe we should, maybe it allows people to feel like part of something that.. I sometimes feel that the whole masculinity femininity actually creates boundaries, creates differences and inequality so if there wasn't any masculinity and no femininity we would have a much better chance of equality. gendered embodiment  
 R1 Hm.  
 P1 Um whether we'd survive as a species, I don't know. Maybe that's part of what's needed. Shifting to a wider perspective  
 R1 Hm.  
 P1 Um to have some.. some.. some clear differ.. differentiations, I guess, between the sexes but, yeah, I think if you.. if you have masculinity, there should definitely be femininity as well. Fairness - society - creates boundaries  
 R1 OK, so how would you define being a man?  
 Injustice + inequality explained  
 Survival.

What is the community to me?  
 - Is it law less says it content.

## Appendix L

### Example of Clustering Superordinate Theme



## **SECTION C – PUBLISHABLE PAPER**

*Title:* Understanding men's experience of their masculinity, body image and psychological well-being: An Interpretative Phenomenological Analysis

Formatted according to the guideline of

Body Image an International Journal of Research

## **Abstract**

The present research study sought to qualitatively explore the male participants' individual experiences of their masculinity, body image and psychological well-being. The purpose of this study was to employ an idiographic exploration of eight participants' experiences of masculinity, body image and how these influence their psychological well-being. Semi-structured interviews were conducted and analysed using Interpretative Phenomenological Analysis (IPA). The participants were aged between 23-60 years old and were fluent in English. Three major themes emerged from the data: Negotiating Masculine Ideology, Negotiating Interpersonal Masculinity and Changing the Body. The themes were complex, multifactorial and interpersonal in nature. Of particular interest was the prevalence of the experience of coping with emotional distress with the participants sharing a difficulty expressing emotions and vulnerability. This highlights how the men experience their body image, masculinity and psychological well-being as being intrinsically linked. Descriptive accounts are quoted in order to highlight how the participants experienced their body image, masculinity and aspect of psychological well-being. Findings may provide insights into working with men in the field of Counselling Psychology and help to better recognise issues pertaining to masculinity and body image and how these may present when seeking help.

*Keywords:* Men, Body Image, Psychological Well-Being, Masculinity, Counselling Psychology and Muscularity

## **Introduction**

Over the past thirty years there has been a marked increase in interest related to the psychological aspects of male body image (Grogan, 2007). A muscular male body has been linked with the embodiment of masculine ideology in a Western cultural context thus representing forte, authority and aggression. Literature pertaining to male body image conveys