

Body dissatisfaction, appearance investment and wellbeing: How older obese men orient to ‘aesthetic health’

ABSTRACT

Most research on male body image to date has focused on young men using quantitative methods. The study reported here is based on qualitative interviews with a sample of older men ($n = 30$) on a weight management programme, and we asked them about body-related feelings. The interviews were all transcribed and analysed using thematic analysis. Our results indicate that although body weight was typically minimised, body image was a key concern, with many examples of body consciousness and body dissatisfaction evident. On the other hand, post-programme weight loss was associated with a transformative shift in body image, with the men emphasising enhanced body confidence, self-esteem and psychological wellbeing. We conclude by highlighting the need to recognise and address appearance issues and/as health concerns for middle-aged and older men.

Key words

Body image; older men; obesity; qualitative; masculinity

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Traditionally, body image has been gendered as a feminised concern (see Bordo, 1993) – men have simply ignored their embodied status or regarded their bodies as machines or tools for getting work done. While these metaphors and images of male embodiment persist to some extent, the contemporary tendency is for the male body to be increasingly constructed as an aesthetic object in mediated locations, from billboards to magazine covers and reality tv programmes (e.g. Bordo, 1999). In particular, a lean but muscular ideal has emerged for younger men, featuring models with smooth, hairless skin and highly toned bodies with very little excess fat (see Labre, 2005; Stibbe, 2004). **But what are the body ideals for older men, and how do older men talk about their ageing bodies?**

Until relatively recently, research on body image had focused mainly on women, with particular attention to body dissatisfaction and associated practices such as excessive dieting and exercising (Rumsey & Harcourt, 2012). Increasingly, researchers are studying how men relate to their bodies, although much of this work has focused on gay men (e.g. Drummond, 2005), the premise being that gay communities place more emphasis on appearance (Jankowski et al., 2014a). Some research has also focused on younger (heterosexual) men (e.g. Grogan & Richards, 2002), including self-identified ‘metrosexuals’, invested in male ‘grooming’ and looking good (Hall, Gough & Seymour-Smith, 2012). Research with older people and body image has tended to focus on (white) women (e.g. Midarsky & Nitzberg, 2008), and although some work has considered body image issues with older men, the results are inconclusive. For example, some studies suggest increasing dissatisfaction with weight (Tiggerman et al., 2007) and muscularity (Jankowski et al., 2014b) as men age, while others cite no changes or fewer body image concerns over the lifespan (e.g. Siegel, 2010). The few qualitative studies to date have emphasised men’s concerns about physical capacity over appearance (e.g. Drummond,

2003; Ojala et al., 2013), as well as the need for individual men and women to negotiate between looking ‘age-appropriate’ on the one hand while attempting to combat age-related bodily changes on the other (Jankowski et al., 2014b). Building on this work, we wanted to further examine body image, body dissatisfaction and appearance practices with older men. Here, we present interview data pertaining to older men’s accounts of embodiment and identity in the context of weight management – our research participants were largely in their 40s, 50s and 60s, designated as obese, and attending a weight management programme in a midlands city in the UK.

It is well established that overweight and obesity are rising across Western societies (World Health Organisation, 2004), and some forecasts suggest that male obesity is rising at a faster rate than female obesity (Foresight report, 2007). It is also well known that obesity is linked to a range of serious medical conditions, from Type 2 diabetes to stroke and coronary heart disease (Foresight report, 2007; Kopelman, 2007); for men, being obese at 40 can reduce life expectancy by 5.8 years (Logue et al., 2010). Clearly, male obesity is a serious issue internationally. The problem is compounded by the fact that men, in general, can be reluctant to access available health services (Seymour-Smith et al., 2002; Robertson, 2003; O’Brien et al., 2005), especially weight loss programmes (both commercial and health service programmes) (Bye, Avery, & Lavin, 2005; Counterweight Project Team, 2008a; Wilkins, 2007). An important factor in men’s lack of engagement with weight loss programmes is ‘masculinity’ – such programmes, and the association with dieting, are perceived as feminised (Gough, 2009a; 2007; Gough & Conner, 2006). For this reason, new ‘male-friendly’ interventions are emerging in order to capture obese men. For example, the Football Fans in Training Programme (FFIT: Gray, Hunt, Mutrie et al., 2013) has been successful in attracting overweight men and achieving weight loss through a combination of training sessions delivered by football coaches at local stadia, a walking programme and classroom sessions on healthy

eating. The men interviewed for our study also participated in physical activity and diet-based education sessions.

In light of the contemporary Western emphasis on body projects (Giddens, 1991), and given that overweight and obese individuals are widely criticized in contemporary psycho-medical and popular discourse (see Monaghan, 2008), it is likely that men who have signed up for a weight management programme will have to some extent declared their bodies to be problematic. This is not to ignore associations between physical stature and ‘hegemonic’ notions of masculinity, founded on physical presence and occupying space (e.g. Connell, 1995), for example in American football (Pronger, 1999), hip hop culture (Gross, 2005), and also in gay ‘bear’ communities where large bodies are eroticised (Gough & Flanders, 2009; Monaghan, 2005a). It would also be naïve to overlook criticisms of the medical evidence linking larger bodies with disease (e.g. Gard & Wright, 2005; Monaghan, 2005b). Nonetheless, our participants could be said to be involved in a body modification project and likely to be invested to some extent in aesthetic health (Crawshaw, 2007) – not only becoming healthier but looking healthier. As part of our interview schedule, we explicitly asked the men about their feelings around being overweight/obese – and also how they felt when they had successfully shed some weight as a result of the intervention. Although a very specific sample of older men, we know that many men over the age of 30 begin to put on weight, and that male overweight and obesity in the UK has tripled in the past 18 years (Foresight, 2007; White & Pettifer, 2007). The focus of our analysis then is on the accounts provided by obese older men regarding body image issues – how body conscious are these men before and after losing weight, and to what extent is ‘masculinity’ relevant in how they frame any interest in their appearance?

There is emerging evidence that older men are using anti-ageing products and services, although again this deployment is rendered in ways which retain certain elements of

masculinity and emphasise differences from women e.g. by focusing on bodily performance rather than appearance (see Ojala et al., 2014). Increasing numbers of men are also resorting to aesthetic surgery in order to combat ageing effects (balding, spreading, greying) and re-present themselves as more youthful and successful (see Holliday & Cairnie, 2007). Indeed, there are also signs that major corporations are encouraging employees to tailor body shapes to company ethos, for example by losing weight or colouring hair to avoid a ‘silver ceiling’ whereby grey haired and ungroomed men can be perceived as less successful, intelligent and athletic (see Miller, 2005).

In light of this aesthetic turn in masculinities, Grogan (2007) notes that men are increasingly sensitive to body image and more susceptible to bodily dissatisfaction. Indeed, it is now well established that there are increased body image issues among younger men (Pope Jr, Phillips, & Olivardia, 2000), which can become more pronounced in particular body-exposed environments; for example, in the locker room during school physical education classes (Kehler & Atkinson, 2010). We also know that the use of synthetic substances to enhance muscularity (e.g. synthol) and/or manage weight (e.g. ephedrine) in gym spaces is a growing issue for younger men (see Hall, Grogan & Gough, 2015). To date, however, little attention has been paid to body consciousness and appearance practices in middle aged and older men – men in their 30s, 40s, 50s, and 60s.

Method

Given the relative neglect of older men in body image research, we chose to use qualitative research methods, which facilitate the exploration of under-researched phenomena and the generation of constructs which can then be situated with respect to existing theory and examined further. Thematic analysis (TA) was chosen as our methodology because we have used it successfully before in previous work on health and appearance issues – there are now clear guidelines on how to perform TA, which we followed (Braun & Clarke, 2006). TA was

developed by psychologists and has been applied to a range of topics, including embodiment, sexuality and appearance (see Braun & Clarke, 2014). There is some flexibility in the specific way in which TA can be taken up, and our approach was both inductive and constructionist. An inductive orientation is participant-centred wherein analysis is driven by the data rather than pre-existing hypotheses or theory – a ‘bottom-up’ approach which prioritises the perspectives and language of the research participants rather than the analyst’s categories. We were interested in the men’s accounts of embodiment while reflecting on their pre- and post-weight loss bodies; our interview questions were open-ended as far as possible to encourage participant disclosure. We were also concerned to capture the form as well as content of the men’s talk – how they talked about embodiment as well as what they covered; this focus helps us to situate participant’s concerns and self-positioning. In this way our approach is discursively inflected – we consider aspects of language use but without the micro sequential analysis associated with discursive psychology or conversational analysis (see Potter, 1996).

Our project entailed 30 qualitative, semi-structured interviews with obese men, 27 of whom were engaged in a weight management intervention. Qualitative interview-based research is now common in research focusing on health and wellbeing, and is becoming increasingly employed in body image research (see Grogan, 2007). Semi-structured interviews allow participants to influence the format and content of an interview encounter, and once an effective rapport has been established, self-disclosure and rich data often ensue (see Smith, 1995). This flexible, democratic interview approach enabled us to explore body image issues with the men where they felt comfortable and free to talk about their bodies in their own terms. The research project was approved by the relevant University Ethics Committee.

Sample

In an effort to recruit participants, the researcher/interviewer (CRM) attended multiple sessions at two weight management programmes: an established commercial scheme

(Slimming World: SW) and the new, health-service funded ‘male-friendly’ scheme (‘Motivate’). SW is a well known diet-based programme which holds regular group meetings with mainly female members. There are no entry criteria regarding weight or Body Mass Index (BMI) for this programme and members are free to attend as many or as few sessions as they like. Motivate was designed to appeal to men and comprised 45 minutes of physical activity as well as a 45 minute classroom based healthy eating session – each week over 12 weeks. The programme targeted men with a BMI ≥ 25 kg: m².

During the sessions attended, the researcher gave a brief introduction to the project, made himself available for questions and discussion, and provided handouts with further information and contact details. The project was presented as an opportunity for participants to feedback on the programme, and to talk more broadly about their own body practices and stories. Most participants were recruited in this manner, with the remaining ones enlisted through word of mouth and flyer distribution. In the end, 14 men were recruited from the Motivate programme, 10 from Slimming World, three who attended both programmes, and three who attended neither. The age range of the participants was 30-69, with a mean of 52. Despite efforts to recruit men from Black and Ethnic Minority backgrounds, most participants as White British/Irish, with two identifying as Black British and one as Portuguese. Participants came from a range of educational and occupational backgrounds, with approximately 50% engaged in conventionally working class occupations (e.g. builder, taxi driver, porter) and 50% in middle class occupations (e.g. lecturer, civil servant, engineer) . We did not record participant’s weight although as stated above the Motivate men had to be classified as obese to qualify for the programme while most of the SW members recognised that they were obese (although they did not use that label).

The interviews mainly took place in participant’s homes or in a quiet room at the university, according to their preferences. As mentioned, the interviews incorporated questions

about the programme itself, but also explored any body and weight related issues with participants in a broadly chronological way. In other words, the men were asked about when they first became conscious of their body shape and weight, how becoming obese made them feel, what prompted their decision to enrol on the weight management programme, and how they felt about losing weight. **At the end of the interviews participants were given the opportunity to ask questions about the study and provided with contact details of local support services as well as the research team. At this point most men commented on how they had enjoyed the interview. The interviews lasted 72 minutes on average (range: 35-127).**

All interviews were transcribed and analysed by the project team using thematic analysis (see Braun & Clarke, 2006). We followed a number of steps including: re-reading of dataset, identifying initial themes, developing a theme system, paying attention to how topics (e.g. body dissatisfaction, getting older, losing weight) were constructed. In short, we focused on how the men talked about their bodies at different stages. The analysis was initially conducted by the first author and the first draft was then assessed by two project team colleagues who had access to the dataset – features deemed weak were either dropped or reinforced with more evidence, and the final analysis was agreed following successive discussions.

Findings

While not a major focus of our study initially, we were surprised by the willingness of the men to talk about their appearance and the detail provided in their accounts, hence the focus of this paper on body consciousness. Our analysis suggests that although all men tended to minimise their weight and associated concerns, they also talked a lot about body dissatisfaction made salient by photographs, clothing and comparisons with peers – and how losing weight engendered a significant improvement in body-image and psychological wellbeing. **In reflecting on their own size and shape, the participants often made comparisons – with other**

men (both peers and media figures), but also with themselves at different stages in their embodied biographies. These comparisons engendered discontent when incorporating slimmer others (including past selves) – but post-weight loss the men clearly enjoyed distinguishing themselves from their pre-weight loss bodies.

Bodily minimisation ('I'm not overly overweight')

While all participants recognised that they had become overweight (they did not use the medical term 'obese'), they nonetheless downplayed their body size when asked to characterise their bodies early in the interview, for example by qualifying their self-assessments with soft, reduced language (underlined):

I know I'm not (.) overly overweight I think, I think I'm a little overweight...I...I've never been (.) overly concerned...But every now and again you think oh well I need to....pull back a little, I need to you know
[age 56, Motivate; underlining = emphasis]

This lexicon of minimisation was deployed towards perceived body weight, self-reported concern and any subsequent efforts at weight management. Another form of minimisation involved making a distinction between objective (rejected) and subjective (preferred) weight evaluations:

Int: (.) okay and what do you, what do you consider to be a normal weight?
P: (.) I know my ideal weight's about 11 stone but I don't wanna get down to that because I'd be like skin and bones...yeah, my ideal weight for me is probably about 14 stone
[age 34, Motivate; (.) = micro pause; Int = Interviewer; P = Participant]

In this example, from one of our youngest participants, the discrepancy between the medically recommended weight and the individual's target is a not insubstantial three stone. Our participants generally rejected the weight goals set by health professionals, and medical terms such as obese, with many invoking this image of a skeleton to emphasise what were regarded as unrealistic (and unhealthy) medical norms – a finding echoed by other qualitative studies with overweight and obese men, where masculine status is associated with being big and strong (e.g. Gough & Flanders, 2009). For example, Monaghan's (2008) research with

male members of a slimming club highlights widespread rejection of medicalised standards and definitions of embodiment and health (e.g. Body Mass Index), and a celebration of ‘vibrant physicality’ as opposed to post-weight loss thinner bodies, construed as extreme and unattractive.

Another strategy adopted by the men was to compare themselves (favourably) with extremely obese others, often located in popular media:

- Int. ...what did you, how did you think of yourself?
P O...obese I would consider to be (.) I mean have you ever watched Biggest Loser?
Int. No
P Biggest Loser, I mean there are some pretty big people on there and I would say they're more obese than I'm, I'm probably more overweight...but (.) cos there's different, there's different stages of being...big isn't there? I, I would probably say I'm probably a bit overweight rather than obese...
[age 38, Motivate]

In this quote the participant is referring to a television programme where those featured are presented as ‘obese’ compared to himself who is merely ‘overweight’. His self-assessment is then repaired to ‘a bit overweight’, minimising his weight further, while the range of people within the ‘big’ category is emphasised (‘there’s different stages of being...’). In the few instances when participants do apply the term obese to themselves, they still create some distance between themselves and larger others:

- I, although, although I consider myself obese, I, I've not really felt that I've (.) I'd class myself necessarily with those people that, perhaps the stories in the media concentrate on people who are more...morbidly obese I think they described as being 30, 40 stone.....people who can't get into aeroplane and sit on their sit, people who have to knock the walls down in their houses and lift them out to get them in an ambulance and all that sort of thing...
[age 48, Motivate]

Here the focus is on ‘those people’ featured in media stories who are pathologised as extreme - unable to fit into designated seats and who require extraordinary interventions in order to move them from their homes. Implicitly, the participant positions himself as unproblematic, even normative, in relation to these ‘morbidly obese’ others.

Sometimes our participants opted to compare themselves favourably with peers on the basis of lifestyle and health rather than body weight:

...you know I don't drink a great excessively, I don't smoke (unclear) so yes I'm overweight, yes I'm unfit (.) yes I eat crap (.) but compared to friends who smoke and drink on a regular basis (.) who are thin...I'm actually fitter than they are
[age 45, no programme]

The message from this participant is that health or fitness cannot be read from body shape/ weight alone – one can be regarded as obese while maintaining a healthy lifestyle while thin others may well pursue various 'unhealthy' practices, a view that has received some support from some critical work on the obesity epidemic (Gard & Wright, 2005; Monaghan, 2005b). Nonetheless, despite playing down their own weight and associated health issues, all participants also reported dissatisfaction with their overweight bodies in various ways, as we now highlight.

Body dissatisfaction

The men drew on conflicting and contradictory accounts of their bodies, on the one hand downplaying their weight and associated health problems (as above), while on the other lamenting their current body state. As much as body size, shape and weight were minimised, so too were they emphasised (underlined):

I mean I do put a lot [ache and pains] down to my weight you know I mean I really do, I'm very conscious of my weight (.) hate it I'm not one of these happy fat blokes I really am not...absolutely not

[age 63, Motivate]

Just as a repertoire of terms was deployed to minimise weight (see above), here we encounter a series of extreme case formulations (highlighted) which serve to underline the case being made (see Pomerantz, 1986). In this extract from a 63 year old man acute body consciousness is registered, accompanied by a strong emotional category ('hate'), and we found many examples of such emotional language:

P but the sort of self-disgust goes with it and that winds things down
Int. Self-disgust, what do you mean?
P Well the kind of looking (.) looking, looking at pictures of myself (.) over the last 10 years or so as opposed to in other earlier times during the megafit time

[age 63, Motivate]

Here another 63 year old participant refers to self-disgust in relation to his body size, which has increased significantly from an earlier period when he was fitter. This emotional response is prompted by viewing photographs depicting himself over recent years – visual evidence of his body inflation. In fact, our participants often cited self-relevant images when talking about their weight:

Because I think they've [family members] seen photos when I was holiday last year and I looked [unclear] well I don't think I look fat but when I look back (.) say four years before that I think 'Gordon Bennett I'm massive!'

[age 47, Motivate]

Again we see comparisons over time based on photographs, although in this case the perceived weight gain is managed with humour – a strategy often used by men unhappy with their body weight, and by men generally when negotiating vulnerability (see Bennet & Gough, 2012; Seymour-Smith, 2013). Apart from photographs, participants also frequently referenced mirrored reflections of themselves in their body talk:

...I hate it, hate it with a vengeance and I won't lie, I look in the mirror everyday, have done for years (.) and seen me get, obviously we've gone from that...to that...and that's slowly going back down again and even though I'm losing the weight, even though I lost the weight, or losing I should say (.) there's times when I can (.) like the other day I was sat there and thinking, I'm sure I'm putting the fucking weight back on you know and then you walk out there and go and somebody ain't seen you for a week (unclear) 'are you losing more weight'...you know (.) so it can play with your mind as well...

[age 47, Motivate]

In this extract consulting the mirror image is a daily ritual and informs his self-assessments (negative and positive) and comparisons over time. The difficulty and struggle entailed in weight management is also conveyed here, with fluctuating weight and psychological impact underlined. As well as temporal comparisons, the participants also employed social comparisons which served to highlight their inflated body size and prompt action:

a friend of mine who's re...recently retired was a lorry driver for 40 odd years and he was sat down and he's on about losing weight and I looked at him and I'm not being rude (.) he'd got bigger boobs than bloomin Jordan...right you know it was sat there this big gut you know as if he's got twins (.) and I thought bloody hell, you know, I'm catching you up for a start (.) and then (.) you know got up in the morning (.) went past the mirror I mean I personally I...I sleep in the nude right so I jumped out of bed, got

this bloody great mirror and I thought (.) bloody hell...this is a state this is, you've got to do something about it cos you don't need scales although (unclear)...all you need to do is look in the mirror (.) and if you, if you can say to yourself you look drop dead gorgeous...you don't need to lose weight but that wasn't my case right I've got, I've got lumps and bumps everywhere (.) and I thought this has got, something's got to happen here right

[age 52, Motivate]

In this example an overweight friend interested in losing weight acts as a prompt for self-evaluation and then action. Given that social comparisons are also used to minimise one's body size (see above), we can appreciate that talk about (stigmatised) bodies can be complex, fluid and context-bound. In general, social comparisons which resulted in negative body assessments occurred when talking about the decision to address the problem mid-way through the interviews. Humour is used to describe his friend's body size and also his own 'lumps and bumps'. The mirror image is again cited, with the visual prioritised over weight measurement as an indicator of a problematic body ('you don't need scales') and an incitement to do something about it.

As well as through visual reflections and social comparisons, body dissatisfaction was also registered in relation to clothes:

(.) I, I've definitely got some negative things (.) particularly before I started this, there was one where I was sat on the bus one night and a button popped off my shirt (.) and I thought ah this is, this is getting crazy (.) and it was really definitely time to do something...

[age 48, Motivate]

In this example, a specific clothing-related event is invoked as a barometer of (intolerable) weight issues, an epiphany that moved this man towards the new weight management programme. In other cases men lamented a wardrobe restricted by their body size:

You know (.) I hate the lovely clothes I have in there and I can't wear and...

[age 63, Motivate]

...I'm getting there now but (.) and, and I just wanted to get it down, so I could start (.) not (.) buying football shirts that fit me for a start (laughs)

[age 47, Motivate & SW]

It is interesting to note that older men display an interest in their appearance and that losing weight may in part be motivated by a desire to wear better clothes. In fact, a key sign of successful weight loss related to fitting into new and old clothes, as we now demonstrate.

Appearance-related transformations

When the men reflected on their weight loss following participation in a weight management intervention, benefits cited included health (e.g. breathing easier) and pragmatic (e.g. able to tie shoelaces) gains, but appearance enhancement was also a key positive reported by the men, a cause for celebration:

...actually losing some weight has been good for me, cos I have lost some weight it's been great obviously cos I wouldn't be taken back [on the programme], but losing the weight has been great I've noticed my belt goes up a couple of notches and clothes are fitting better that's brilliant...

[age 30, Motivate]

There were many references in the interviews to tightening belts and better fitting clothes post weight loss. Even modest weight loss was linked to body image improvements:

It's, I think it's very important, it, it's very important it...it (.) it's good for my, my self esteem (laughs) I think it...it, although as I said I, I don't think I was overly...overweight but I just think (.) losing any, getting any, you know, I mean I've be boasting that I've been pulling my belt one notch (Int. (laughs)) more since I've started you know and I say, you know, so it kinda give you that that look and every morning you, I am getting, I'm getting dressed, I look in the mirror and I, and I don't want to see no (.) the flab...you know I...I'm not happy...seeing it you know and I...I feel like I'm (.) my underwear sits properly now it's, you know I don't have to climb a little ridge you know (unclear) (.) so it, it must make some subliminal impact on, on, on me, on me (unclear)

[age 56, Motivate]

Again we see the relevance of the mirror image and the belt notch, here linked to bodily satisfaction and raised self-esteem. It is interesting to note the importance of private self-appreciation (underwear assessment) as much as public validation of a reduced body. This personal approval of a less heavy body is validated with reference to waist reduction and ability to fit into smaller clothes sizes:

P ...and also when I get out the shower and I stand in the bedroom and getting dry...and I happen to catch a glance of meself in the mirror (.) ah not bad that...it's alright now that's going down that, it's shrinking...it's going which is, which is brilliant

Int. And...and it feels good to (P: yeah) to, to do that

P It does yeah, oh yeah, it does...You know so it's like I mean like I say I mean

I've gone down from a 38 to a 34 waist. The wife bought me a pair of trousers hmm about two years ago (.)I've not had em on.....until before Christmas

Int It's like getting a whole new wardrobe all over again

P 34s and a 34 small...not a large 34 there are a 3...they are a tight 34...and I put em on and I fastened em up dead easy (.) and I were like, bloody hell, yeah they're alright... you know so, which is a good feeling

[age 55, SW]

The 'shrinking' body is associated with 'feeling good'. The importance of greater choice is also emphasised by some of the men in relation to the wardrobe:

P (.) for a start I can actually wear clothes that I...I want to buy.....not what (.) forced to buy if you know what I mean...P ...so I can go out and buy something like an Adidas tee-shirt now cos I know I can fit into it...whereas before I'd have to buy certain other brand...cos it was a bigger brand and it fitted better...so I can now think yeah I can start wearing clothes I want to wear instead of having to wear clothes what I've got to wear because they don't do them in my size

[age 47, Motivate & SW]

Weight loss thus grants larger men greater opportunities to purchase desired clothing items which their previous bulk denied them. In sum, our data show that older men attend to and value their bodily appearance, viewing images of themselves as both catalysts for change (before intervention) and as evidence of success (post-intervention). The ability to wear better outfits of their own choosing was also emphasised for body confidence.

Discussion

Our analysis of obese older men's accounts of their pre- and post-intervention bodies highlights that body consciousness and body dissatisfaction are issues for this group, despite subjective assessments which minimise their body weight and associated problems. We also noted that visual representations and social and temporal comparisons are variously invoked to build accounts of body-selves, both despairing and celebratory. The importance of choosing and wearing better (fitting) clothes was also emphasised post weight-loss as participants and satisfaction with appearance explicitly linked to transformed self-image. The study extends current knowledge by showing how deeply (some) older men care about their appearance –

beyond physical capacity and age-related embodied constraints (see Drummond, 2003; Ojala et al., 2013).

Our study contributes to the literature by researching a much under-researched group – older, larger men – in the context of body image literature. Furthermore, we show that the men we spoke to were motivated to lose weight not only for medical and practical reasons, but importantly also to improve their body confidence, or ‘aesthetic health’ (Crawshaw, 2007). Our data suggest that although a certain level of (subjectively determined) overweight is tolerable, perhaps linked to traditional notions of masculinity founded on physical stature (see Monaghan, 2008), certain appearance-related events and stimuli (e.g. shirt button popping; photographs and mirror reflections) often prompt a more negative bodily assessment and decision to act.

Our analysis builds on previous work by highlighting that body image concerns are salient for older, overweight men – not just young heterosexual and gay men – indicating that older, greying, spreading and balding men are reconfiguring their masculinities in order to accommodate contemporary appearance-related expectations and pressures. Dropping a jean size, critical assessments of mirror images and photographs, and comparisons with peers are all practices typically associated with women, dieting and body dissatisfaction (Bordo, 1993) yet here they are reproduced by our older male participants, often with a touch of emotion, suggesting a ‘softening’ of masculinity which has previously been shown within younger men (see Anderson, 2013). But as their concern to minimise their size and set their own weight targets indicates, the men negotiate a moderate pathway through body perception, weight management and masculine identity – they don’t want to be too thin because this would represent loss (in aesthetic, health, and gender terms). As well as professing balance and moderation, vulnerability and identity are managed through humour and self-deprecation - a coping strategy often encountered in situations where men are navigating something painful

and distressing, such as weight (see Bennet & Gough, 2012) and illness (Seymour-Smith, 2013).

Our interview method yielded rich data but we must be wary of some of the criticisms associated with qualitative interviews. For example, although semi-structured interviews are designed to promote participant's voices and concerns, the risk is that in practice the researcher's agenda dominates – both during the interview session itself and afterwards during transcription and analysis (see Potter & Hepburn, 2005). We did take measures to minimise this problem, however: the interview schedule was piloted, and we paused to consider the first few transcripts before proceeding, checking to see if our questions encouraged participants to talk about their bodies in their terms. Similarly, with our analysis: we all analysed the transcripts independently in advance of a series of meetings to discuss and agree the key themes, a triangulation process that proved very rewarding and effective (Flick, 1992). Regarding the sample, it is regrettable that we failed to recruit men from ethnic minorities, something we would seek to remedy in future with the help of community partners. Given that our age range was large (30-69), it would be fruitful to focus down on narrower age bands – the experiences and accounts of men in their 60s is likely to differ from that of men in their 30s at a very different stage in life.

Our study focused on a particular sample of overweight, older men, and although overweight and obesity is growing for men over 30 (White & Pettifer, 2007), there is much more scope to conduct body image research with other groups of older men not engaged in weight management, including retired men (see Ojala et al., 2013), men from different ethnic groups (see Jankowski et al., 2014b), active and sedentary men, and disabled men. Research could also focus on particular body-relevant issues, practices and investments, such as hair loss/colour, height, muscularity, body art, piercings, clothing, physical activity, and grooming. Research methods might extend the interview approach to include visual materials, such as

photo-elicitation and video-diaries, given that our participants frequently invoked visual images as they talked about their bodies. It would also be interesting to consider relevant online data, such as discussion forums where older men shared stories and advice about appearance, embodiment and identities – without the presence of a researcher (see Bennett & Gough, 2012). In addition, researchers might usefully examine prominent media representations of older male bodies, including advertising of appearance-related products and services, and gauge men's responses to these to assess their influence and relevance. There is some work on the appeal of cosmetic surgery to some older men (Holliday & Carnie, 2007), but much more work is required e.g. on the issues and procedures prioritised by older compared to younger men. It is unlikely that most older men will be preoccupied with muscularity (none of our participants mentioned this issue), although for growing numbers of older men staying fit and healthy is a concern, and we are seeing some interesting research with older men in gym settings (Sparkes, 2015) and in competitive ('Masters') sport contexts (see Tulle & Phoenix, 2015). Again, it would be interesting to contrast older men's concerns with those of younger men in diverse sport and physical activity contexts. In short, given that older men in this and other studies talk about appearance-related practices and concerns beyond physical functionality and pragmatic embodiment (Drummond, 2003; Ojala et al., 2013), there, there is much more scope to investigate body image issues in diverse groups of older men.

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