

# Care of the Self, Somaesthetics, and Men Affected by Eating Disorders: Rethinking the Focus on Men's Beauty Ideals

*Henri Hyvönen*

**Abstract:** This article focuses on men affected by eating disorders by examining the autobiographical narratives of six men from the perspective of the concept of care of the self. Recent studies of men's eating disorders have focused on men's endeavors to comply with gendered beauty ideals in relation to which men feel themselves to be inadequate and stigmatized. I argue that for the participants, eating disorders were processes through which they affirmed self-stylizations that conformed to the norms of social taste groups in multiple localities such as in the work and school. In their discussions of these encounters, the men described the identity work and positive self-understandings achieved through behaviors attached to eating disorders. This article challenges research on men's eating disorders to focus its analytical gaze on men's agency and the usefulness to them of a wide variety of disordered eating behaviors in different social contexts.

**Keywords:** agency, body, eating disorder, masculinities, men, qualitative, self-care.

## 1. Introduction

The often-repeated assumption that eating disorders (EDs) among men are rare has hindered the drive for gender equality in research on EDs (Cohn et al., 2016; Murray et al., 2017). Sociological and feminist approaches to EDs, not unreasonably, often link them to motivational factors associated with unequal social structures that demand women to be thin to satisfy ideals of feminine beauty (Bordo, 2003; Piran, 2010). These societal demands and meanings of EDs have been seen as unlikely to appear in men's lives: thus, adolescent girls have become "the face of a disorder" (Cohn et al., 2016). Because of this narrow understanding of EDs as predominantly a women's problem, men do not only delay seeking help because of fear of stigmatization (Botha, 2012; Delderfield, 2018; Murray et al., 2017), but they also find it difficult to identify their behaviors as EDs and to participate in studies addressing the theme (McCormack et al., 2014; Robinson et al., 2012; Räisänen & Hunt, 2014).

Based on a comprehensive review of the literature on men's EDs, Murray et al. (2017) pointed out that in the 2000s it has become clear that EDs are not uncommon among men and that in some types of ED up to half of those affected are men. In the wake of these findings,

ED research is slowly abandoning the premise that EDs predominantly affect women: Darcy and Lin (2012) argued that most ED assessments have not been “asking the right questions.” Based on the conception that conventional measures of ED symptoms may lack sensitivity and specificity with regard to men, increasing interest in muscularity-oriented disordered eating has emerged since the late 1990s (Murray et al., 2017). Research into men’s experiences of EDs has particularly focused on how men affected by EDs actualize social ideals connected to men, such as self-control, stoicism, competitiveness, dominance, aggression, risk-taking, and strength (Arnow et al., 2017; Drummond, 2002; Griffiths et al., 2015; Robinson et al., 2012). Moreover, beauty ideals have been seen to organize hierarchies among boys and men (Arnow et al., 2017; Cohn et al., 2016; Drummond, 2002; Drummond & Drummond, 2015; Griffiths et al., 2015; Kotzé & Antonopoulos, 2019; Monaghan, 2002; 2014). Differences between men have rarely been noticed, although non-heterosexuality has been found to be a risk factor for ED in men (Botha, 2012; Cohn et al., 2016; Murray et al., 2017).

Murray et al. (2017) argued that by linking the persistent restriction of energy intake with women and conflating muscularity-oriented disordered eating with the male experience of EDs, the research on men’s EDs has renewed rather than dismantled a strong gender dichotomy in ED research. Here, the discussion around body-shaping is set up around a gender binary that leans on and reproduces two categories of normalized sexed bodies that can develop through “improvements” and either meet or fail to meet the standards (Heyes, 2007, pp. 6–9). Here the contents of beauty are understood as essential and self-evident, rather than socially negotiated. This has resulted in a significant lack of research regarding men’s relationship with EDs characterized by persistent restriction of energy intake (Botha, 2012).

The approach stressing hierarchy between men and a singular idealized masculinity tends to exclude the subjectivity and agency of men (Waling, 2019) as well as the plurality of men and their social surroundings (Gough, 2018; Matthews, 2016). Murray et al. (2017) point out that only a few studies of men’s EDs have addressed the relationship between local cultural standards and body image. However, in his seminal work on men’s lived experiences during their period of acute ED, Delderfield (2018) began this discussion by suggesting that men affected by EDs might use other people to legitimize extreme dieting (p. 49), reach out to others for help with weight loss (pp. 74–76), and express a drive for a body shape that would benefit them in their everyday environment, but which does not stem from ideals associated exclusively with men (p. 68). Concurrently, Delderfield (p. 128) focused mainly on men’s bodies as “the nexus for the assault from others” and men’s selves as depleted, colonized, and stigmatized. Because of negative life experiences, participants in Delderfield’s (2018) study had had little opportunity to practice agency in their social relationships or engage in positive identity work during their period of acute illness. Delderfield argued that individuals could pursue and achieve goals in their lives, such as a personally satisfying career, despite an ED (p. 84), but not through practices related to their EDs.

Men affected by EDs tend not to consider themselves as ill, and they find it difficult to see themselves as having an ED (Cohn et al., 2016; Murray et al., 2017; Robinson et al., 2012; Räisänen & Hunt, 2014). Moreover, many men’s body-shaping practices, such as long periods of dietary restraint interrupted by pre-planned high-energy “cheat meals,” bear a resemblance to behaviors previously associated with EDs (Murray et al., 2017, p. 3). Therefore, I find it important to analyze the connections between men’s EDs and their everyday routines, social lives, and participation in their working lives. I contribute to theoretical discussions about men’s bodies by rethinking the meanings of EDs in men’s lives through focusing on the plurality of localized

lived experiences. A qualitative design is pursued, using empirical data gathered from six semi-structured one-to-one interviews with Finnish men who experienced being affected by an ED at some point in their lives. The onset of their EDs took place before graduation from secondary education, and periods of acute ED continued into adulthood.

The present article makes use of Shusterman's (2000; 2006; 2012) somaesthetic framework and the Foucauldian concept of care of the self (Foucault, 1986; Heyes, 2007) to rethink men affected by EDs not only as individuals who aim to represent normative aesthetic qualities such as beauty, but also as subjects who perceive these qualities in themselves and experience pleasures through creative self-stylization and social interaction. I am not claiming that EDs are not illnesses that cause suffering and can require treatment. Rather, I wish to temporarily shift the focus of analysis to the agency of men affected by EDs. In line with Shusterman (2006), I analyzed the structure of somatic experience, the sources of meaning, and the significance and goals of these behaviors. This agency is practiced through bodies, which constitute the essential medium or tool of these practices (Shusterman, 2012, pp. 62–63). The body is “where life’s interests, pleasures, and practical purposes are realized” (p. 2), but these interests, pleasures and purposes are shaped in cultures that, in the context of late modern societies, are increasingly “steeped in the ideology of lifestyles and saturated with a bewildering variety to choose from” (Shusterman, 2000, p. 282). This study addresses the following question: How do men affected by EDs make their eating habits and exercise meaningful in relation to other people and their social surroundings in autobiographical speech?

The findings of the present study indicate that some men affected by EDs practice self-care through their symptoms to achieve a somatic style “conforming in some way to the norms of some social taste group” (Shusterman, 2012, p. 324). This self-directed aesthetic work is motivated by “the desire to please others” (Shusterman, 2000, p. 275), by which I refer to certain individuals in the social environment of the participants. I argue that general gendered beauty ideals are too broad a framework to explain all the meanings and behaviors related to EDs. Such beauty ideals should be rendered as socially constructed, context-specific, and providing only a partial explanatory framework (Gough, 2018; Mears, 2014). Moreover, bodies that can be perceived as unbeautiful should also be seen as having strategic potential in certain social encounters.

The remainder of this article is structured as follows. I begin with a brief discussion of the possibilities of men’s agency, care of the self, and somatic self-stylization in the context of current western societies. Thereafter, I discuss the study’s data and methods. Findings of the study are then presented, followed by three sections illustrating them in more detail. The findings contribute to analytic somaesthetics (Shusterman, 2000, p. 271) in that they describe the nature of some bodily practices and their function in social life. I end with a summarizing discussion and conclusions, which also contribute to pragmatic somaesthetics in that they offer normative accounts for remaking society (pp. 304–305).

## 2. Plural “Beauties”

The postmodern period has seen individuals as inhabitants of a plurality of inadequately integrated roles and self-representations, rather than fulfilling distinct functions (Shusterman, 2000, pp. 241–242). In line with Gough (2018, p. 9), I adopt a critical position toward the idea that certain health behaviors grant men power and status. To begin with, contemporary men face an ideological dilemma, in that the beauty ideals of men can be achieved through body-shaping, but body-shaping is often associated with femininity. This dilemma, as well as the question of how the body should be shaped, play out differently in the lives of men inhabiting different localities, bodies, and experiences. The keen focus on men’s endeavors to achieve dominance also ignores other forms of social interaction, such as the possibility of relating to others horizontally through popularity (Delderfield, 2018; Matthews, 2016).

Waling (2019) argued that the focus on inequalities between groups of men prevalent in earlier men’s studies did not illuminate men’s agentive and affective encounters with the plural expectations set on them in their everyday social surroundings. In line with her, I detached my research from the keen focus on masculinities. My analytical framework builds on previous somaesthetic research on somatic self-stylization. I understand somatic self-stylization as an act of shaping and decorating one’s body to conform to the norms of some social taste group. Such a group can also constitute a subculture that resists mainstream tastes, and yet maintains individual expression to put themselves in a favorable light (Shusterman, 2012, p. 324).

Drawing on previous somaesthetic analyses of eating habits (Cargill, 2016) and addiction (Perälä, 2018), I suggest that conceptions of the body as a biological machine with physiological needs and the mind as a locus of free will that is limited by addiction tend to exclude the self and lived experiences. Somaesthetics is a discipline focusing on the experience and use of one’s body as “a locus of sensory-aesthetic appreciation and creative self-fashioning” (Shusterman, 2000, p. 267). This “body-mind” (Shusterman, 2006, p. 2) is, however, fundamentally shaped by culture. Culture gives it social institutions, vocabularies, norms, and systems of judgment, including diet and exercise, through which it thinks, acts, and expresses itself aesthetically (Shusterman, 2012, p. 27).

Heyes (2007) argued that body ideals in contemporary western societies are fragmented. Despite governance through, for example, health education that encompasses the whole population, ideal shapes and uses of the body are maintained in social settings that have mutually incompatible belief systems. To maintain membership in a group of people that shares a body ideal, one must practice agency through conscious introspection (Gough, 2018; Waling, 2019). Numerous subcultures, created in local social networks and/or through media, are formed around, for example, psychology and nutrition (Cargill, 2016; Delderfield, 2018, p. 85; Gough, 2018; Heyes, 2007) or fashion (Hall, 2014). Such communities might be centered on cultivating the body and mind (Korpelainen, 2019) or be work organizations that favor a certain body shape and behavior (Kelly et al., 2007; Kotzé & Antonopoulos, 2019; Mears, 2014; Monaghan, 2002). Instead of free choice in a hypothetical free market of lifestyle choices, individuals are thrown as subjects into local norms of health, skill, and beauty (Heyes, 2007, p. 8). These plural conceptions of beauty stem from the social norms of a certain group of people, for example, a work organization (Mears, 2014; Shusterman, 2000, p. 241).

In men’s lives, this diversification has been caused in part by the blurring of boundaries between the social roles of men and women and by contemporary post-industrialized working life. Since the 1980s, male bodies have emerged as objects of desire across a range of media, and

consumption has turned into an activity suitable for men (Bordo, 1999; Gough, 2018; Murray et al., 2017). Increasingly, men's job opportunities lie in fields such as the service sector in which appearance is part of one's market value (Mears, 2014).

To address meanings and agency, I analyze symptoms and behaviors related to EDs through the concept of care of the self. Care of the self, or self-care for short, is an activity that requires regularity, methods, and objectives given by an external guide, authority, or example memorized earlier in life. As such, self-care also constitutes a practice that enables an individual to become part of a group of people he or she wants to belong to. In this article, I focus on practices in which individuals scrutinize themselves and intentionally decide to change, maintain or otherwise affect their bodies (Heyes, 2007, pp. 82–86). Self-care can aim at increased both wellbeing and physical performance and to garner positive attention from other people (pp. 64–65). As my participants suffered from plural symptoms that changed over time, I regard all these symptoms as forming a repertoire of self-care practices with different intended ends. According to Heyes (pp. 74–76), a shared aim to control eating could also become a practice that unifies a group of people and sets the conditions for group membership. These memberships can turn out to be valuable through social interactions with other representatives of that group, but also with people who do not belong to it. This “iterative citation of identity” (p. 75) may contribute to a gender performance intelligible to other people (Butler, 1990) but also to other aspects of life as well.

Gough (2018, p. 11) emphasized agency in research on self-care: individual agency does not always demand particularly strong or explicit resistance, but self-care may also be in conformity with external norms. EDs are socially constructed as disorders because they can damage, for example, cardiac, neurological, and bone health (Botha, 2012; Murray et al., 2017). Gough (2018, pp. 19–23) points out that in a consumerist and individualistic society where designing the body is a key strategy for designing identities, relating to one's appearance and the feelings the body engenders constitute a way for men to protect their mental health against distress. My approach mirrors previous ED research which pointed out that there is no clear qualitative difference between suffering from EDs and other forms of body dissatisfaction. Body-shaping activities, such as excessive exercise, may turn into EDs, understood as behaviors fulfilling the diagnostic criteria of an ED or eating habits that weaken one's wellbeing (Arnow et al., 2017; Bordo, 1999; 2003; Cohn et al., 2016; Delderfield, 2018; Griffiths et al., 2015; Murray et al., 2017; Robinson et al., 2012).

### 3. Research Setting and Process

This article is based on six interviews originally conducted to analyze the meanings men attribute to their EDs and the actions connected to them in relation to gender identity (Hyvönen, 2016). The participants recruited for the original study were people who identified as men and experienced being affected by an ED at some point in their lives. Thus, I followed Bordo (1999; 2003) and Botha (2012) in that I detached my analysis from the diagnostic criteria of EDs. The participants were all adults, aged from their early 20s to their early 50s. All the participants were white ethnic Finns. All the participants lived in southern Finland. They were recruited through the Eating Disorder Association of Finland and its member organizations and through my personal contacts. In line with standard practice for research in the humanities in Finland, this research adheres to the ethical principles developed by the Finnish National Board on Research Integrity (TENK) (Finnish National Board on Research Integrity, 2019). Participants were provided with details of the research and informed consent was obtained.

In the semi-structured interviews, the subjects provided autobiographical narratives about their lives with EDs. The themes covered in the interviews were subdivided according to five periods: the time before the participants were affected by the ED, the beginning of the illness, thoughts during the illness, the time they felt they were suffering from an ED, and recovery from the illness. All participants had identified that they had an ED and sought help a few years before the interview. Their age range, initial symptoms and symptoms that appeared later during the period of acute illness are presented in Table 1. All names are pseudonyms.

Participant	Age	Age at onset	Immediate symptoms	Symptoms that started later
Jesse	50–54	15	Binge eating	Emaciation Excessive aerobic exercise Food restriction
Alexander	45–49	5	Binge eating	Desire to grow more muscle mass Emaciation Excessive weight training
Kristian	40–44	7	Binge eating	Emaciation Excessive aerobic exercise
Jasper	30–34	16	Emaciation	Binge eating followed by purging
Daniel	20–24	18	Food restriction Emaciation Excessive aerobic exercise and weight training	Desire to grow more muscle mass
Sam	20–24	20	Food restriction Emaciation	–

**Table 1** The age ranges, the age at onset of ED, and the symptoms

After analyzing the original data set, I noticed that all participants described intentional, meaningful practices of self-stylization that contributed to their social life without being entirely reducible to their gender identity as men. Interviews were then reanalyzed through coding references to ED and those practices.

Theoretically driven thematic analysis was used to analyze the data (Braun & Clarke, 2006). The theoretical viewpoints that affected the analysis included (1) intentionality of practices of self-care in that they aimed at certain outcomes, (2) somaesthetics as a viewpoint that includes bodily practices and self-stylization that cannot be reduced to the visible surface of the body but also appear as pleasure through uses of the body, (3) the plurality of subcultures in which ideals of beauty and self-stylization were produced, and (4) an understanding of personally meaningful social life as a phenomenon that is not limited to leisure but also appears in, for example, working life and education.

The data were read and coded for themes related to my research question. The analysis began with coding the data manually with descriptive content analysis. This meant dividing the data into units of meaning. One unit consisted of an utterance, which held a single thought, opinion, or idea. Then, similar codes were organized under thematic categories. Finally, all the categories were reviewed and named. Only themes that I considered strong enough are presented in the following section. These themes were constructed around at least one code that was present at least once in more than half of the six interviews. Also, less commonly occurring codes were included under these themes as long as they supported and deepened the ideas of more prevalent codes.

#### 4. Findings

I identified three repeating themes related to my research question. First, participants reported self-stylization through an ED. The participants reported that the self-stylization led not only to improvements on the surface of the body or in its physical capabilities. Instead, eating habits and exercise were also understood as parts of visible self-stylization. These self-stylizations were not exclusively related to gendered norms or identity. Self-stylization through emaciation, food restrictions, and exercise were sometimes used to compensate for the undesirable effects of binge eating, which helped some participants cope with certain backlashes in their social life. Second, through self-stylization, participants pursued and received peer support and feedback. The participants reported that their self-stylizations met the expectations set by other people, such as a group of close friends. Third, personally meaningful social life in which an ED was beneficial was not limited to leisure. Certain self-stylizations and self-care practices also appeared meaningful in the context of working life. The themes, subordinate themes, and the participants who made reference to each theme are presented in Table 2. The following three empirical sections, 5–7, address the three themes in greater detail.

Theme	Subordinate theme	Participant
<b>Self-stylization</b>	Desired body shape was compatible with one's external style choices	Jesse, Kristian, Jasper, Sam
	Eating habits and/or exercise were part of one's other hobbies and lifestyles	Jesse, Alexander, Daniel, Sam
	Emaciation and exercise compensated for excessive energy intake because of binge eating	Jesse, Alexander, Kristian
<b>Peer support</b>	Body shape helped one to affiliate with a certain subculture	Alexander, Kristian, Daniel, Sam
	Eating habits and exercise were shared practices of a certain subculture	Jesse, Alexander, Daniel, Sam
	Body shape impressed and/or intimidated other people	Alexander, Kristian, Jasper, Daniel, Sam
<b>Working life as part of self-stylization</b>	Eating habits and/or exercise supported staying in a particular job	Jesse, Alexander, Kristian, Daniel
	Job enabled certain eating habits and/or exercise	Jesse, Alexander, Kristian, Daniel
	Eating habits and/or exercise helped one to pursue a certain career	Alexander, Kristian, Daniel
	A job or a career aspiration supported one's self-stylization that gave one credibility in front of other people	Jesse, Alexander, Kristian, Daniel, Sam

**Table 2** Theme and superordinate theme structure

## 5. Self-stylization

In addition to and instead of “experiential” pleasures (Shusterman, 2000, p. 275), the participants reported that during their period of acute ED, they had deliberately shaped their bodies for “representational ends” (p. 275) as part of self-fashioning (pp. 267–275) and self-stylization (pp. 323–324). The aspect of fashion was made visible by reference to ideals and bodily disciplines that arose from the field of commercial beautification products and clothing (Gough, 2018; Hall, 2014) and commercial markets of fashionable foods (Cargill, 2016; Heyes, 2007). The self-stylization used fashionable clothes, leisure activities, and eating habits as well as one's body as raw materials for developing a style. A distinct style helped participants to impress other people by both conforming to the norms of a certain group of people and by standing out from other people (Shusterman, 2012, p. 324).

For Jesse, Alexander, and Kristian, the need to shape one's body arose from self-observed obesity caused by binge eating, which had provided comfort from loneliness and bullying:

*Jesse: There were a lot of sick and dark relationships: virtually every relationship in the school. The so-called “gang” in my street was all the same. ... I began to empty our freezer. I took cakes and buns and ate them secretly at night. Although it was not out of control yet, something changed. I did not pursue acceptance anymore. I gave up and focused my energy on eating.*

Alexander: *I had very few friends. Eating was a nice way to pass the time. ... I didn't have any hobbies. ... Children usually have some rules about what they are allowed to eat. Parents leave them food. For me, it was snacking. I didn't have any rules, so I ate sausages and jelly during the day.*

Kristian: *I ate myself to the point of bloating. Sometimes the bullies waited for me around the corner and I got beaten up. It didn't hurt me anymore at that point, because I had already gotten my drug fix. During that euphoria, I just laughed at it.*

Echoing the somaesthetic analysis of overeating by Cargill (2016), food compensated for the lack of other pleasurable experiences. Thus, behavior typical of an ED first constituted a temporary solution (Delderfield, 2018; Robinson et al., 2012) to personal problems. Jesse, Alexander, and Kristian said that they eventually wanted to learn to control their binge eating by self-care and self-stylization to avoid further backlashes in social life. Delderfield (2018, p. 42) pointed out that agency in disordered eating develops in stages that are reactions to previous stages. At the age of 14, Kristian experienced himself as obese. Concurrently, he wanted to achieve an “androgynous” style by mimicking glam rock musicians and fans:

Kristian: *The images in those magazines, those pop stars, turned into a god before me. It was not only about being a fan, but mimicking them. I focused on their weight and height. I wondered how they were able to weigh 60 kilograms and be 180 centimeters tall. It's impossible! I was 166 centimeters tall and weighed 65. There was no other option but to start dieting. ... At the time, in the year '85, the norm-minded 95 percent of people wore regular so-called fashionable clothes. The other five percent were punk rockers, Hanoi Rocks fans, or Madonna fans. Those people were either loved or hated. A middle-aged guy came up to me and called me a frigging whore. I was so proud! I didn't mind at all. I had become something that stands out, something that cannot be defined or categorized. I found it pleasurable that other people didn't know if I was a boy or a girl. I was always asked that question.*

Kristian's self-stylization was not about beauty stemming from normalized ideals of masculinity. However, it was still gendered in such a way that it constituted a disturbing performance (Butler, 1990) that aimed to confront the duality of gender that was present in his youth. Gough (2018, pp. 20–21) pointed out that men's possibilities for incorporating performances and identity elements associated with femininities as well as intended and possible outcomes of such actions vary depending on the sociocultural context. By intentionally annoying other men, who listened to mainstream rock and wore “Lee Cooper jeans and a denim jacket,” Kristian could affiliate himself with “other freaks.” This solved the problem caused by insecurity and self-doubt that arose when he experienced himself as being unable to conform to the prevailing norms of masculinity. The femininity that he identified with thinness (Bordo, 2003; Heyes, 2007) did not conform to shared norms of feminine beauty or intelligibility to other people. Instead, being perceived as a freak was aimed at irritating other people.

Some participants reported doing the exact opposite. They connected their past self-stylization to ideals that they perceived were the most prevalent and shared – in “a society where image matters” (Gough, 2018, p. 20). Jasper's self-stylization involved both his bodily features and its surface, which he could improve with the right choice of clothes that were, according to him, both “classic and trendy” (see Hall, 2014).

*Jasper: Nobody set any demands on me, but instead I had my own vision of my own style and what I wanted to look like. ... It was related to my clothes and my hair. I think that by the time this perfection project started I was in a situation in which I could no longer concentrate on anything else but my body. ... I think that weight loss itself was not that big of a deal, but that others noticed it and it was considered positive. Then I noticed it and found it enjoyable. ... In [school], everybody noticed it.*

Jasper became an object of other's people's gaze and lived his life according to the norms he attributed to that gaze (see Heyes, 2007, p. 25). By conforming to the most commonly shared ideal of what a young man should look like (Shusterman, 2012, p. 324), Jasper was able to impress others and feel complacent by receiving positive feedback. Jasper practiced emotional reflexivity and agency (Waling, 2019) in that he conformed to the norms of men's fashion. However, he did it to maintain the positive feelings he had achieved in local social surroundings, such as school. By aiming at a "classic," "trendy" and highly individualistic self-stylization, Jasper distanced himself from other people and was intentionally careful not to belong to any subculture in his social surroundings.

## 6. Peer Support

In the previous section I focused on practices of self-stylization that participants had interpreted as a means of achieving self-esteem and self-satisfaction. However, self-stylizations and self-care were also valuable in that they offered possibilities for success in single, identifiable social encounters. On these occasions, representational elements of self-stylization did not appear only on the surface of bodies, but also in what those bodies did. Alexander reported that he eventually experienced benefiting from excessive eating:

*Alexander: I have really happy memories [from kindergarten]. I was tall and stocky. I ended up in confrontations immediately, but I handled myself well. I was the strongest child there. In a boys' world that is obviously a good thing. The strongest one usually gets many friends, which he would not have got otherwise. I think that I realized back then that when I eat a lot, I'm strong.*

Positive feedback from other people shaped the way he cared for himself from then on (see Waling, 2019). During primary school, Alexander joined a group of boys that appreciated strength: "During breaks we tried to break our bench press records, and we exercised after school. In our class, there were a few boys who were good at it. It was an immensely important thing to me." In the excerpts, Alexander does not cite beauty ideals stemming from "gender role strain" (Gough, 2018, p. 3) or "masculinity norms" (Murray et al., 2017, p. 6) as motivators of his actions. The representational aspects of his self-stylization (Shusterman, 2000, pp. 275–276) did not aim at conforming to the general beauty ideals of men. Instead, companionship with his friends motivated him to grow bigger and stronger. This becomes even more evident when his efforts to gain status are compared to those of an individual who was surrounded by a different set of fashionable lifestyle choices.

Jesse moved to a city to study at university at the age of 20. There he found other people among whom his expertise in spirituality, metaphysical thinking, low-energy vegetarianism, and organic food was appreciated. Behaviors related to EDs take time and are not always compatible

with other people's perceptions and expectations (Delderfield, 2018, pp. 74–76). Jesse made friends in the city by spending time in commercial environments with people who shared the same interests (see Korpelainen, 2019), and whom Jesse described as also having been affected by EDs:

Jesse: *It took me six months to get into the right circles. Half of the people in my new group of friends were anorectics. ... We pretended it was healthy, although it was just a very ascetic diet. It allowed us to lie to ourselves that we were not affected by eating disorders.*

...

Interviewer: *How did you meet these new friends?*

Jesse: *I think it happened in shops where you could buy freaky vegetarian food. There were all kinds of oddities, and you had to ask the person standing next to you "how do you use this?" or "what is this for?"*

Interviewer: *Were there other core ideals in that group besides healthiness?*

Jesse: *Yes. It was not about healthiness after all. It was not orthorexia. We shared an interest in the arts and thinking as well as interesting religious thoughts and weird artistic visions.*

From the viewpoint of peer support, these eating habits had two distinct meanings for Jesse. First, echoing the analysis of Weight Watchers meetings by Heyes (2007, pp. 85–88), the membership in this group was a forum for togetherness. Here the aim of practicing self-care by following shared “theories for improving the use, health, and experience of our bodies” (Shusterman, 2000, p. 277) unified a group of friends and set the conditions for its membership. Second, following the shared conception of healthy eating also helped Jesse compensate for binge eating by restricting his energy intake.

The theme of peer support was also apparent in references to participants' efforts to impress other people and pursue support and care from other people by making themselves more interesting through self-stylization. Sam reported that during upper secondary school, he had discussions with his peers that convinced him that “it was necessary to follow a vegetarian diet” because of their shared loathing of “the meat industry and killing living creatures.” He felt that by practicing more visible and distinctive self-stylization he could make himself appear more intellectual in a group that appreciated intellectuality:

Sam: *Vegetarians examine what they eat and are aware of the animalistic basic necessity of eating. In the same way anorectics are aware of eating. Both conditions address the same arrogance. ... I started to do it. Soon it was not game anymore, and I was not able to stop.*

Interviewer: *Why did you want to have anorexia?*

Sam: *Because it is cool. You want to represent the myth of a suffering person. It is another form of self-harm. For example, if you cut yourself, you want other people to see your scars and ask what is wrong with you. I wanted it to show. It was twisted self-expression. “Hey look everybody, I’m suffering!”*

Interviewer: *What are you suffering from when you become emaciated?*

Sam: *Self-loathing, obsessions. Endless perfectionism is part of that imagery.*

Instead of thinness and the looks related to it, the weight loss itself was rendered meaningful by Sam. Through the iterative citation (Heyes, 2007, p. 75) of the symptoms of “anorexia,” Sam was able to experience his body as one of a self-loathing, obsessive and perfectionist intellectual (see Shusterman, 2012, p. 27). These actions included the aim of being perceived as an interesting person in a social group that he assumed appreciated these traits.

## 7. Working Life as Part of Self-stylization

The changing nature of working life is an important sociocultural context that enables and delimits men’s opportunities for shaping their bodies even if they are affected by an ED (Delderfield, 2018, pp. 72–73). Most of the participants referred to a workplace or a career aspiration, such as a desire to become a singer (Kristian) or a writer (Sam), in which they could make use of their self-stylization. For the participants, the practices of self-stylization and self-care were time-consuming. Therefore, some participants also wanted to have a job in which they could practice the self-care they found beneficial for their wellbeing and self-stylization.

Daniel’s ED began at the age of 18 as a spontaneous investment in exercise. Eventually, he started to see himself as a long-distance runner. This also satisfied his need for a career plan after upper secondary school:

*Daniel: For the first time, you notice things you're good at. It could be the only thing in which you could achieve something. You want to invest in that and be noticed. ... I got depressed in upper secondary school, because it was difficult to come up with an idea of what to do after that. I was frustrated, and unfortunately it affected my grades. I noticed that one thing gave me good vibes. I was pretty good at running and thought that it would be great if I developed this thing further. I thought that I should get into long-distance running. ... I should have been preparing for my matriculation examination, but that didn't interest me.*

Daniel felt that people in social surroundings like school appeared to revere the kinds of special achievements that he had yet to attain. For Daniel, his body was a resource for advancing his career aspiration, which constituted an asset for social returns (see Mears, 2014, p. 1334). Here Daniel was engaged in what Gough (2018, pp. 25–26) understood as the pursuit of personal satisfaction: he actively attributed meanings to his emaciation, such as having a thin appearance and being seen as a runner. They gave him a reason to ignore the things he found uninteresting, such as his matriculation examination. In line with the findings of Delderfield (2018, p. 84) and Murray et al. (2017), Daniel agentively reserved time to maintain routines related to his ED. Echoing Robinson et al. (2012) on men’s self-assessed benefits of ED, Daniel saw that training was originally a solution to a problem: His vague, unattached position was replaced by an attachment to being a long-distance runner and being seen by others as one. Therefore, his agency was not oriented toward mere beauty; this beauty had a specific function as a part of his career aspiration.

In his mid-20s, Alexander was employed as a doorman at a popular bar. That job supported Alexander's perception of himself as strong, since it included carrying heavy loads and handling aggressive customers:

Interviewer: *Was weight training valuable in your work as a doorman?*

Alexander: *Probably yes. Although I didn't develop as much as I wanted to because of my substance abuse, I was probably more muscular than normal, and that was part of your credibility in that work.*

Interviewer: *What was it like to be a doorman?*

Alexander: *It was awesome. In the early 90s, doormen were still kings. There were lots of situations in which I could have used it to my advantage. I could have picked up a waitress or a female customer. ... I felt stressed and threatened at work. It was nice to drink a lot (laughter), as it made you to forget it all. On the other hand, there were also great moments, and it was easy money.*

Interviewer: *How would you compare your income to the normal income level of that time?*

Alexander: *It was many times bigger.*

Interviewer: *Even considering that you only worked two nights a week?*

Alexander: *Yeah! Even so.*

However, for Alexander, the competent identity of a doorman (Monaghan, 2002) required continuous self-care (Kelly et al., 2007). Here beauty got its content from the needs of the particular workplace, where his employer bought credibility and a body communicating strength from him (Mears, 2014). Gough (2018, pp. 39–45) located men's contemporary body projects in a situation where the supply of jobs isolated from social interaction is decreasing. Men increasingly work in the service sector, which requires social, emotional, and communication skills. This does not necessarily render recognizable masculinity worthless. Instead, gender performances valued in a particular context, consisting of a certain appearance and controlled expressions of certain emotions, need to be intentionally constructed and maintained through self-care (Mears, 2014). Drinking helped Alexander to tolerate the stress that came from the fear of violence that was constantly present in his work. Binge eating compensated for the weight loss that occurred during drinking periods and, Alexander believed, it supported his training by making him stronger. Alexander described a multi-faceted strategy consisting of rules and regularity (Delderfield, 2018, pp. 82–83) through which he simultaneously aimed at managing stress and maintaining physical strength and a muscular appearance:

Alexander: *I never ate anything when I drank. I drank for a week, but I ate practically nothing. Thus, my weight decreased. Although I lost muscle mass, I could afford to lose some of my muscles. As an end result, I was quite fit and in really good shape.*

Alexander's work enabled him to employ these self-care practices, as he worked as a doorman only one or two nights per week. His self-care practices, which included binge eating,

weight training, and drinking, brought him aesthetic pleasure in being strong and the possibility of benefiting from this form of bodily capital in both his working life (Kotzé & Antonopoulos, 2019; Mears, 2014) and in his free time, for which he got activities from the bar where he worked.

Like Alexander, Kristian reported that he cared for himself to achieve a combination of self-oriented pleasures and self-stylization that helped him to succeed in work, which in turn made it possible for him to show his stylized body to other people:

*Kristian: I worked at a kiosk. I decided that I was going to be the freakiest freak on the planet. If you could have seen the clothes I was wearing! There was a primary school next door. When I was working there the first day, the kids told everyone in the school that there was a funny man there. All the kids came to see what I looked like. I was so flattered. And besides, there was a lot of money flowing into that kiosk because the word spread that there was a creep working in that kiosk. Adults came there to queue so they could stare at a real-life freak. They were spitting on my face or throwing snowballs or they just called me faggot and told me to kill myself. I didn't mind at all because I was working at a kiosk, which has a back room and a tremendous amount of chocolate. I was able to escape there.*

For Kristian, too, work constituted an arena for displaying his competence, which did not mean being beautiful. Instead and by intention, it meant being perceived as unbeautiful (Mears, 2014). This competence did not arise from the customer service work at the kiosk, but rather from being a “freak” and irritating other people. Nevertheless, it made his self-stylization meaningful. Self-care through binge eating enabled him to continue working despite the stress he experienced daily.

## 8. Discussion

Through interviews with six men affected by EDs, I addressed the social aspects of men's EDs, in particular, self-stylization and conforming to norms of social taste groups. My findings showed that there are deep interrelations between the symptoms of EDs—interpreted here as self-care—and the impact and relevance of self-stylizations in social life and local subcultures. The analysis demonstrates that behaviors attached to, or eventually leading to, EDs were often reactions to conditions in the participants' social lives. In line with Delderfield (2018), Heyes (2007), Shusterman (2012), and Waling (2019), I aimed at recognizing agency and introspection in bodily self-care practices. The present analysis contributes to contemporary discussions of agency in men's EDs (Delderfield, 2018; Murray et al., 2017) by connecting the EDs to self-stylizations that conform to the norms of some social taste group. These norms are constituted as the social group is exposed to the media or participates in shared practices of consumption or other leisure activity in a commercialized environment (Gough, 2018; Hall, 2014). In addition, workplaces, where individuals try to benefit from their self-stylization, measure individual value and offer opportunities for individuals to change their self-stylization through self-care to better suit the needs of the job (Kelly et al., 2007; Kotzé & Antonopoulos, 2019; Mears, 2014; Monaghan, 2002).

Echoing Heyes (2007, p. 70), I suggest that my analysis has provided a richer perspective on EDs and their related social aspects than simply understanding the participants as following a stable gendered ideal of beauty. Moreover, the power relations to which the participants were subject were not entirely or even mostly repressive, as Delderfield (2018) implied. Rather, they

were also productive in that they produced identity work and positive self-understandings (see Murray et al., 2017). For my participants, EDs were meaningful self-care practices that concurrently constituted an illness. These different combinations of self-care practices and their meanings were fourfold, and they appeared in different combinations in each case: binge eating was a coping mechanism that aimed at pleasure and coping with negative feelings; body-shaping practices developed a particular body shape, understood as credible or useful in a certain social setting; special dietary habits connected the self to a group with such preferences; and a combination of bodily self-care practices, working life situations, and self-stylizations that contributed positively to quality of life.

During their periods of acute EDs, most of the participants either worked or wanted to work in a field they found credible in one or more subcultures they belonged to or in which they could show their self-stylization to other people. Most of the participants reported that their lifestyles affected by EDs included mechanisms that maintained, rather than decreased, their ability to work. The ability to work and to make sense of their eating and exercise seemed to prevent them from understanding their behaviors as EDs, as suggested by earlier research on men's EDs (Cohn et al., 2016; Robinson et al., 2012; Räisänen & Hunt, 2014). Even binge eating was not solely a coping mechanism that occurred in isolation from one's drive for a certain body shape. Instead, coping mechanisms that helped individuals control their emotions, along with a certain body shape, contributed to self-stylizations that were useful in a certain job. Thus, most of the participants could understand their EDs as meaningful actions for a long time.

My participants did not understand their EDs as striving to represent a beauty stemming from a narrow social ideal of masculinity. Instead, they claimed that during the period of acute illness they pursued an experience of cohesion with other people through membership in a subculture. Following Matthews (2016), I argue that research on men's health should not begin by presuming masculinity as "the measuring stick" against which men regulate their health-related behavior. Instead, I argue that other salient practices of social life, such as the opinions and approval of peer groups and friends, shape men's health-related behavior. By focusing on the lived experiences of men, I sought to avoid a static understanding of masculinity as the explanatory key to their behaviors. Even Alexander and Daniel, who identified their self-stylization with strength, muscularity, and hierarchy associated with masculinity, differed in their audiences for this desired credibility and in their understanding of what kind of body was needed for success (see Waling, 2019). I do not suggest that beauty should be abandoned as an explanatory framework in studies of men's EDs. Instead, I suggest that the values and meanings attached to beauty should be analyzed in their particular social contexts, in which investing in one's looks is rewarded (Mears, 2014).

I suggest that future research should recognize men's own agency in health-related practices. This is not to mean that people experiencing themselves as affected by EDs should not receive treatment. Instead, I stress three points: First, some forms of self-care perceived as meaningful by their practitioners can eventually turn into an ED and retain those meanings even during periods of acute illness (Murray et al., 2017). Second, as suggested by Bordo (2003), Gough (2018), and Heyes (2007), we should not overemphasize the distinction between self-care leading to personal wellbeing and submitting the self to surrounding norms, as personal wellbeing is often dependent on the acceptance of other people. Third, men's perceptions of the meanings of their EDs do not always stem from social ideals connected to men, so masculinity is not the only discourse positioning men (Waling, 2019). Another theoretical implication of my study is that the meanings of men's EDs are constituted through lived experiences in particular

social contexts. Here I follow the recent theoretical discussion in studies of men and masculinity (Gough, 2018; Waling, 2019). This expands the findings of Robinson et al. (2012): as participants identify EDs as solutions to problems, when social surroundings change, those problems and eventually the symptoms of EDs also are subject to change.

One limitation of this study is the small number of participants, which affects generalizability, as is often the case in qualitative research on men's EDs (Delderfield, 2018; Drummond, 2002; McCormack et al., 2014; Robinson et al., 2012). Many questions remain about the prevalence and forms of men's EDs, and their impacts on health, social life, and work. One way forward for further research could be to include larger data samples that focus specifically on the interconnections between EDs and work in men's lives. Such research may enable further understanding of how practices that allow, reproduce, and demand behavior typical of an ED could be questioned and critically scrutinized in working life.

Shusterman (2000, pp. 272–273; 2012, p. 188) called for a pragmatic somaesthetics that could contribute to improving bodily self-care practices through changes in the surrounding society. The findings of this study elucidate several practical implications regarding men's EDs. I suggest that men's EDs should not be interpreted only as issues of masculinities but as related to the wish to be accepted in particular subcultures, such as in workplaces and schools. Thus, services specifically aimed at men should notice that friendship, acceptance, and being part of a social group, rather than actualizing social ideals connected to men, play a much stronger role in men's EDs than has previously been understood. Therefore, it would be important to organize activities that include all kinds of boys and young men, and to offer support from responsible adults, which could help to prevent EDs. Moreover, both localized and mediated subcultures should be monitored to identify unhealthy collective practices.

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