



City Research Online

City, University of London Institutional Repository

Citation: Foran, Athena I. (2015). Managing emotions through eating. (Unpublished Doctoral thesis, City University London)

This is the accepted version of the paper.

This version of the publication may differ from the final published version.

Permanent repository link: <https://openaccess.city.ac.uk/id/eprint/14059/>

Link to published version:

Copyright: City Research Online aims to make research outputs of City, University of London available to a wider audience. Copyright and Moral Rights remain with the author(s) and/or copyright holders. URLs from City Research Online may be freely distributed and linked to.

Reuse: Copies of full items can be used for personal research or study, educational, or not-for-profit purposes without prior permission or charge. Provided that the authors, title and full bibliographic details are credited, a hyperlink and/or URL is given for the original metadata page and the content is not changed in any way.

Managing Emotions Through Eating

Athena Isabella Foran

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

City University London
Department of Psychology
October 2015



**CITY UNIVERSITY
LONDON**



CITY UNIVERSITY
LONDON

CityLibrary
Your space
Your resources
Your library

**THE FOLLOWING PARTS OF THIS THESIS HAVE BEEN
REDACTED FOR COPYRIGHT REASONS:**

pp 203-217: **Section C. Publishable Paper:** Navigating emotions and masculinity through eating: a grounded theory.

pp 218-225: **Appendix A.** *Appetite* author guidelines.
<https://www.elsevier.com/journals/appetite/0195-6663/guide-for-authors>

Table of Contents

Table of Contents	2
List of Tables and Figures	7
Acknowledgements	8
Declaration of powers of discretion	9
Introduction to the Portfolio	10
SECTION A: DOCTORAL RESEARCH	16
Abstract	17
CHAPTER 1: Introduction	18
1.1 Emotional Eating: Definitions and Theories	19
1.1.1 Definitions of Emotional Eating.....	19
1.1.2 Affect Regulation Theory	21
1.1.3 Attachment Theory	23
1.1.4 Escape Theory	24
1.1.5 Restraint Theory	25
1.1.6 Biological Perspective	26
1.1.7 Sociocultural Perspective	29
1.2 Masculinity: Definitions and Theories	34
1.2.1 Definition of Masculinity	34
1.2.2 Constructions and theories of gender and sex	35
1.2.3 Male Physical and Mental Health.....	37
1.2.4 Men and Eating Disorders	38
1.2.5 Food and Identity.....	39
1.3 A Critical Focus on Emotional Eating Research and Gender	41
1.3.1 Critique of Emotional Eating Research	41

1.3.2 Research on Gender differences in Emotional Eating.....	43
1.3.3 Psychological Impact of Emotional Eating.....	45
1.4 Summary of Literature Review.....	49
1.6 Research Contribution and Rationale.....	51
1.6.1 Contribution to Counselling Psychology.....	51
1.6.2 Rationale for the Research.....	52
CHAPTER 2: Methodology	53
2.1 Research Question.....	53
2.2 Development and Aim of the Research	54
2.3 The Research Paradigm and values as a researcher	55
2.4 Grounded Theory	56
2.4.1 Constructivist Grounded Theory	57
2.4.2 Rationale for Grounded Theory.....	58
2.5 Reflexivity and my position as a researcher	59
2.5.1 The Female Researcher – Male Participant.....	59
2.5.2 Personal Relationship to topic	60
2.5.3 Professional Relationship to topic	62
2.6 Data Collection.....	63
2.6.1 Inclusion and exclusion criteria.....	63
2.6.2 Recruitment	64
2.6.3 Sample and Participants	65
2.6.4 Ethics	68
2.6.5 Pilot Interview	70
2.6.6 Procedure.....	71
2.6.7 Interviews	72

2.7 Analytic process	74
2.7.1 Role of the Literature Review in Grounded Theory.....	74
2.7.2 Transcription.....	74
2.7.3 Initial Coding.....	75
2.7.4 Focused Coding.....	76
2.7.5 Memo-writing.....	77
2.7.6 Constant Comparisons and Theoretical Coding.....	78
2.7.7 Theoretical Saturation	78
CHAPTER 3: Analysis	79
3.1 Overview	79
3.2 Core Category: Navigating Emotions and Masculinity through Eating	81
3.3 Category 1: Negotiating Masculinity	82
3.3.1 Belonging	82
3.3.2 Just Get On With It.....	88
3.3.3 Men Eat Meat	90
3.4 Category 2: Emotional Eating Serving a Function	93
3.4.1 Escape.....	94
3.4.2 Regulate Affect.....	97
3.4.3 Comfort and Reward	100
3.5 Category 3: Seeking Control.....	105
3.5.1 Being Independent.....	106
3.5.2 Maintaining Control	109
3.5.3 Being Superman	114
3.6 Category 4: Stuck in the Cycle.....	120
3.6.1 Automatic Pilot.....	121

3.6.2 Temporary Relief.....	123
3.6.3 Negative Consequences.....	125
3.7 Summary	127
CHAPTER 4 – Discussion.....	130
4.1 Core Category: Navigating Emotions and Masculinity Through Eating and the Emergent Theory.....	131
4.1.1 Negotiating Masculinity	133
4.1.2 Emotional Eating Serving a Function.....	136
4.1.3 Seeking Control	138
4.1.4 Stuck in the Cycle.....	140
4.2 Evaluation of the study.....	141
4.2.1 Strengths and Limitations and Suggestions for Future Research.....	142
4.2.2 Ensuring standards of rigour and credibility	145
4.3 Implications and Suggestions for Counselling Psychology Practice.....	148
4.4 Final reflections and conclusion.....	151
4.4.1 Epistemological and Methodological Reflexivity.....	151
4.4.2 Personal Reflexivity	152
4.4.3 Conclusion.....	153
References.....	155
Appendices.....	184
List of Appendices	185
Appendix A: Recruitment Poster	186
Appendix B: Participant Information Sheet.....	187
Appendix C: Consent Form	188
Appendix D: De-brief Information	189

Appendix E: Pilot Interview Schedule	190
Appendix F: Interview Schedule.....	191
Appendix G: Example of Transcript.....	192
Appendix H: Sample of Initial Coding	195
Appendix I: Sample of Development from Initial Coding to Focused Coding	198
Appendix J: Development of Focused Coding Stage 1	199
Appendix K: Development of Focused Coding Stages 2 and 3.....	200
SECTION C: PUBLISHABLE PAPER	201
Introduction.....	203
Method	205
Results	206
Discussion	211
References.....	214
Appendix A: <i>Appetite</i> Author Guidelines	218

List of Tables and Figures

Table 1: Participant Demographics.....	68
Table 2: Core Category and Subcategories of the Present Study	81
Table 3: Quality Control and Resulting Methodological Responses of Study	147
Figure 1: Example of post-interview memo	74
Figure 2: Example of Transcript.....	76
Figure 3: Initial line-by-line coding of Oliver’s interview	77
Figure 4: Example of Memo	78
Figure 5: Conceptualisation of Emergent Theory.....	132
Figure 6: Therapeutic Aims	216
Figure 7: Key Eating Patterns from Food Diaries	218

Acknowledgements

First and foremost I would like to thank my incredibly supportive and compassionate supervisor Dr Jessica Jones Nielsen for her attention to detail, never-ending encouragement, and pep talks! This thesis would not be possible without her.

Thank you to my clinical supervisors Dr Courtney Rasin, Dr Meila Roy and Dr Samantha Scholtz for sharing their wealth of knowledge, believing in me and supporting me along the way.

Thank you to Anna and Nicola, for the encouragement and for keeping me going.

I would like to thank my parents who have always supported me in every way they possibly could and for giving me the opportunity to pursue what I love.

To my husband who has been through every stage of this journey with me, thank you for your love, support, and never-ending patience. I could not have done this without you.

A final thank you to all of the men that took part in my research, I thank you for your courage and openness in sharing your stories. I hope I have done them justice.

Declaration of powers of discretion

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.

Introduction to the Portfolio

This portfolio begins with an empirical piece of research attempting to understand the process of emotional eating in men and goes on to present a case study working with a client who self-referred herself to therapy for emotional eating. In the hopes of disseminating the findings of the empirical study, the thesis ends with a publishable paper that will be submitted to the journal, *Appetite*.

Since embarking on this journey three years ago, I could not help but think about the finish line and what it would feel like. It seems pertinent therefore to take a moment now, to reflect on what the past three years have been like, now that the finish line is so near. It is hard to believe that this immensely rewarding and challenging training is finally coming to an end. I am so grateful for all of the experiences I have had along the way and this thesis is an amalgamation of my learning and development as a psychologist.

When I first started my training, I knew that two things fascinated me: people's narratives of their lives and their personal relationship with food. Throughout my training there have been numerous areas that I have become fascinated by, yet nothing has gripped my attention as much as the research and clinical practice of working with eating disorders. Within my clinical practice it became clearer that so much could be understood about someone's story through hearing about his or her relationship with food. We all must eat to survive; we all share the experience of feeling hungry and we have all been fed, and fed others. We are all inextricably linked through food; it helps us connect, form relationships, celebrate, commiserate, gives us pleasure, pain, energy and is vital for our survival. What, how, when and why we eat is part of our wider culture and makes us feel like we belong. Being from three countries and moving a lot as a child, food was the constant and helped me belong. It was a big part of our family identity and to this day means a great deal to me.

In my opinion, eating can be used as a communication or indicator of physical and psychological well-being. It can be an indicator of low mood, stress, and can equally

have a significant impact on these aspects too. Therefore, choosing a topic for my research came with considerable ease. Following my Master's research looking at parental feeding styles, it occurred to me how eating and our relationship with food is part of our "story" and can communicate a great deal about our psychological well-being. At the beginning of my research, the term emotional eating was not as widespread as it is today. Now, the media and general population have become more interested in this phenomenon, demonstrating how relevant this topic is in today's world. It brings me immense joy to know that the public is starting to make the connection between eating and their emotions. Since embarking upon my research, a number of individuals have come forward and identified as eating in response to their emotions. It is plausible that each of us experiences a form of emotional eating at some point in our lives. However, for certain individuals, emotional eating becomes overwhelming and they find themselves unable to manage or cope with any form of emotion without turning to food.

As part of my training as a Counselling Psychologist, I specifically sought out clinical placements that would allow me to work with individuals who struggled with their eating. This led me to a private practice that specialises in the treatment of individuals with eating disorders and an NHS Bariatric Service that treats individuals who are overweight and obese. I have been fortunate enough to remain in both services, both of which have been instrumental in my training and understanding of emotional eating as a phenomenon. I have had the opportunity to develop and facilitate a Cognitive Behavioural Therapy (CBT) focused emotional eating group as well as develop the new Tier 3 Weight Management Service. The Tier 3 service is a specialist multi-disciplinary weight management programme that according to new NHS England Guidelines patients will have to complete prior to being accepted to the Tier 4 Specialised Complex Obesity Services (which include bariatric surgery). I have therefore seen the importance of understanding emotional eating and developing treatment first hand.

My post includes assessing patients for the Tier 3 and Tier 4 services; the majority of these patients exhibit emotional eating behaviours and patients who use eating as a

way to regulate their affect are more likely to present with weight regain post-bariatric surgery (Elfhag & Rossner, 2005). Although bariatric surgery helps with feelings of hunger and fullness, if patients are not equipped with alternative coping strategies post-operatively, when they experience a stressful or difficult situation, they often return to their primary method of coping – eating, thus experiencing weight regain. Therefore, as a clinician, I spend a considerable amount of time with patients making them aware of their eating behaviours and emotions, making a connection between the two and helping patients identify alternative ways of managing their affect.

There are two threads that run through this thesis, one of which includes my passion and exploration of the phenomenon of emotional eating, and the other being my development as a Counselling Psychologist. The skill that Counselling Psychologists are trained to consider is balancing and integrating two parts of themselves, one being a scientist and researcher, the other a reflexive clinician. We work using evidence-based practice, integrating models and approach our work with a reflexive stance. This thesis has helped me integrate these two parts of myself into a practitioner psychologist. I feel privileged to have heard so many people's stories along the way and to have had some hand in helping them make sense of their journey. I am grateful to those who have been able to open up, be vulnerable and allow me to be a part of their story.

I endeavour to continue being curious, compassionate and to continue learning and building upon my practice. I plan to continue working with eating disorders, specifically with individuals who are overweight and struggle with overeating. I hope to carry on with research in this area, as I believe this is an expanding field that is in need of great attention. This portfolio marks a significant stage of my professional training and future career and has confirmed and further excited my passion for working within the field of eating disorders.

Section A: Doctoral Research

This section consists of the Doctoral Research entitled, “Navigating emotions and masculinity through eating: A Grounded Theory.”

The research aimed to form a theory of emotional eating in men, focusing on the way men manage their emotions and masculinity using grounded theory. Thirteen semi-structured interviews were conducted from a sample of men who self-reported as emotional eaters in order to further our understanding of the process of emotional eating in men. The data was analysed using constructivist grounded theory and following analysis, an emergent theory of emotional eating was developed and presented. The findings of the research are examined within the context of existing theories and literature. Finally, implications and recommendations for Counselling Psychology practice and research have been presented.

Section B: Client Case Study

This section presents a case study of clinical work with a client who self-referred to therapy as she was struggling with emotional eating. The case study is a written summary of the key interactions between the client and myself over a total of six sessions and of our work using an integration of Cognitive Behavioural Therapy for Eating Disorders (CBT-E) and Compassion Focused Therapy (CFT). This piece of work illustrates the practice of Counselling Psychology working in the context of private practice and aims to demonstrate proficiency in using CBT-E when working with emotional eating. It presents a formulation of the presenting problem and a thorough account of our work and my reflexive practice.

This case was chosen because it challenged me in working within a short space of time and in managing boundaries alongside giving me an opportunity to combine my research topic of emotional eating and therapeutic practice. It demonstrates the importance that I place on working collaboratively and creatively and highlights how powerful therapeutic alliance can be in achieving change. The work with this client presents key aspects of my development as a psychologist and my understanding of emotional eating and it being a vehicle for communication.

Section C: Publishable Paper

This section presents the categories within the thesis: Category 1: *Negotiating Masculinity*; Category 2: *Emotional Eating Serving a Function*; Category 3: *Seeking Control* alongside the core category of ‘*Navigating Emotions and Masculinity Through Eating*’, with the aim of being published in the peer-reviewed journal, *Appetite* and has therefore been formatted according to the journal’s guidelines. I chose this journal because of its applicability in the field of emotional eating, weight management, bariatrics, obesity and eating disorders. The journal specialises in “disordered eating, dietary attitudes and all aspects of human behaviour toward food” (*Appetite*). The publication of this article in this journal would mean that the findings would be read by practitioners from a number of disciplinary fields such as Dietitians, Social, Health, Clinical and Counselling Psychologists, Endocrinologists, Psychiatrists and Bariatric Surgeons who all have a shared interest in the field of emotional eating. The aim of the article is to present the emergent theory of emotional eating in men to further the knowledge of practitioners working with this client population. Ultimately, I hope that the dissemination of these findings promotes knowledge of how men manage emotional eating and can provide clinicians with an understanding of how to best help their male clients/patients.

Summary

This portfolio presents an empirical and clinical case of emotional eating in an attempt to demonstrate the underlying processes of the phenomenon. It aims to guide the reader through present theories of emotional eating and masculinity, a grounded theory study of emotional eating in men and finally, a clinical case study of emotional eating in a female client. I hope the reader will gain a thorough understanding of emotional eating, its precursors and consequences, followed by suggestions for treatment. Throughout the portfolio runs a theme of socially constructed gender roles and how these impact the process of emotional eating, I hope this provides the reader with an understanding of how socially constructed roles and beliefs can turn individuals to seek comfort from food.

SECTION A: DOCTORAL RESEARCH

Navigating Emotions and Masculinity through Eating:
A Grounded Theory

Athena Foran

Supervised by Dr Jessica Jones Nielsen

Abstract

Emotional eating plays a significant role in the aetiology of eating disorders and obesity, and has been observed in healthy, non-restrained individuals. Despite this, research that examines emotional eating has mainly focused on females, obese populations and individuals who have a formal diagnosis of an eating disorder, the studies of which have been mainly involved surveys, experimental, observational or quantitative methods. Research has also found significant gender differences in emotional eating, yet there has been limited investigation into emotional eating in men. This research attempted to understand the process of emotional eating in men using constructivist grounded theory. The purpose of this study was to understand the way in which men use food in response to emotions and the impact it has on their psychological well-being. Semi-structured interviews were conducted with thirteen male participants aged between 23-61 years of age. All participants were fluent in English, half of the participants were from the UK, 4 were from Europe, and the remaining three were from Mexico, Egypt and Malaysia. Four main categories were developed from the data: Negotiating Masculinity, Emotional Eating Serving a Function, Seeking Control and Stuck in the Cycle. One core category encompassed all of the categories: Navigating Emotions and Masculinity through Eating. The categories were complex and linked to one another, demonstrating the cyclical nature of emotional eating. An emergent theory was developed and mapped onto a conceptualisation that attempts to explain the process of emotional eating in men, demonstrating the way masculinity affects the way that these men cope with their emotions through eating. The findings of this study provide an insight for Counselling Psychologists and other mental health practitioners working with men who struggle with managing their emotions and turn to food in attempt to cope.

CHAPTER 1: Introduction

Food can help provide comfort, distraction from pain, relief from boredom and can be used as a treat or reward (Greeno & Wing, 1994; Wansink & Payne, 2007). Food can also be an integral part of celebrating various occasions (Alexander & Siegel, 2013) and connecting with others. However, some individuals experience an increase in their eating as a response to negative emotions, a phenomenon called emotional eating (Bruch, 1973). According to Public Health England, 62.1% of adults in the United Kingdom (UK) were overweight¹ or obese, and men were more likely to be obese than women in 2013. The prevalence of eating disorders is growing in the UK with an estimated 725,000 people in 2015, 11% of whom were male (Beat, 2015). There is evidence that emotionally dependent eating is related to obesity (Blair, Lewis & Booth, 1990; Ganley, 1989; Yanovski, 2003) and has been found to be a key determinant of bingeing, with or without compensatory behaviour (Heatherton & Baumeister, 1991; Stice, 2002; Striegel-Moore, 1993; van Strien et al., 2005).

Bingeing, as defined by the DSM-V, is where an individual overeats on a regular basis in a short period of time with a sense of no control. An individual who binges may eat regardless of hunger and may experience feelings of guilt and embarrassment following an episode of overeating. As obesity has been strongly linked to non-compensatory bingeing as a result of emotional disturbance, it is important to further understand the processes of emotional eating in order to develop preventative measures and treatment. A number of theories attempt to further understand the function of emotional eating and have been investigated with a variety of populations. However, despite studies clearly demonstrating gender differences in emotion regulation and emotional eating, a gap in the literature exists when it comes to men and their tendency to use eating as a way of regulating their affect.

A review conducted by Nolen-Hoeksema (2001) found that women in general tend to present with more depressive symptoms and use more emotion regulation

¹ This study adheres to the World Health Organisation BMI classification system for adults and thus defines underweight as an individual with a body mass index (BMI = kg/m²) less than 18.5; healthy weight as BMI of 18.5-24.5; overweight as BMI of 25-29.9; obese as greater than 30.

strategies compared to their male counterparts (Stanton, Kirk, Cameron, & Danoff Burg, 2000). Women have also been shown to be more emotionally expressive (Brebner, 2003; King & Emmons, 1990; Mendes, Reis, Seery & Blascovich, 2003) and turn to food as a response to their emotions more so than men (van Strien et al., 2005).

It can be argued however that although the literature suggests that women experience more emotional eating than men, men are less likely to come forward and self-identify as emotional eaters due to their attempts to adhere to socially constructed masculine ideals. Another explanation of this may be that men present with more alexithymic traits than women (Lane, Sechrest, & Reidel, 1998; Parker, Taylor, & Bagby, 2003). Alexithymia as defined by Nemiah et al. (1976) is a difficulty in identifying subjective emotional feelings and differentiating between feelings and bodily sensations of emotional arousal and difficulty in describing feelings to others known as poor interoceptive awareness (Larsen et al., 2006). Therefore individuals with alexithymic traits may be less aware of their use of food and eating as a regulatory tool for their negative affect. The relationship between masculinity, emotions and eating is therefore a complex one.

For this reason, the primary focus of this chapter is to understand the constructs of emotional eating and masculinity within Western society, followed by an exploration of how these two constructs merge. The chapter begins with an overview of the theories of emotional eating, followed by the theories of masculinity, and ends with a detailed examination of the empirical and theoretical literature that looks at gender differences in emotional eating.

1.1 Emotional Eating: Definitions and Theories

1.1.1 Definitions of Emotional Eating

Emotional eating as defined by van Strien et al. (2007) is “the tendency to overeat in response to negative emotions such as anxiety or irritability” (p. 106). It is a contributing factor in eating disorders and obesity (Hays & Roberts, 2008; Polivy &

Herman, 2002), and a growing number of individuals report “emotionally-biased eating patterns” (National Institute of Health, 2007).

The idea of emotional eating evolved from individuals who describe being unable to distinguish between the feelings of hunger from the arousal of their emotions (Bruch, 1964). As such, emotional eaters use food as a means to regulate their affect in periods of stress, anxiety or other emotional periods of time (Spoor et al., 2007). Emotional eating can be triggered by an integration of physical, situational and emotional factors such as stress (Childers et al., 2011); fatigue (Ogden et al., 2011); shame or loneliness (Zeeck et al., 2012); life events that trigger negative emotions such as transition to university (Childers et al., 2011); or sadness (Bove & Olson, 2006). The variety of triggers indicates that the experience of emotional eating may be different for each individual.

Emotional eating is an important topic to investigate because the prevalence of both obesity and eating disorders are increasing and the behaviour has been found to be a significant precursor to both. The over-consumption of food has caused an epidemic of obesity resulting in extensive implications on the healthcare system within the UK (Scholtz & Morgan, 2009). Thus, a number of theories have been put forward to explain overeating in emotional eaters. Each of the theories that have been put forward provide different perspectives and demonstrate the complexity of the behaviour of emotional eating.

The models proposed include the Psychosomatic Theory/Affect Regulation Theory (Bruch, 1973; Kaplan & Kaplan, 1957) which focuses on insufficient learned affect regulation processes, the Escape Theory that focuses on an attempt at escaping self-awareness (Heatherton & Baumeister, 1991) and the Restraint Theory (Herman & Polivy, 1980), suggesting a disinhibition around eating following a period of restraint (e.g. dieting). Alongside these theories, a few other models attempt to explain emotional eating such as the biological and sociocultural models; these will be further explored below.

1.1.2 Affect Regulation Theory

Emotion or affect regulation can be explained as the way that individuals experience and express their emotions (Gross, 1999). Affect regulation is primary in maintaining both our mental and physical health (Gross, 2007). Emotion management strategies can be divided into two subtypes: antecedent and response-focused. Antecedent-focused strategies take place before the emotional response has become fully activated and changes physiological and behavioural responses; response-focused strategies take place after response tendencies have been activated following a trigger by the emotions (Gross & John, 2003). Affect regulation strategies that have received much attention recently are cognitive reappraisal and expressive suppression (Gross & John, 2004; Richards & Gross, 2000).

Cognitive reappraisal is an antecedent-focused strategy and works to change the way an individual thinks about an emotional situation in an attempt to alter the emotional impact. This is considered a “cooling” strategy, as it provides distance from the difficult situation (Mischel & Ayduk, 2004). Conversely, expressive suppression is a response-focused strategy and attempts to reduce the emotions when managing a difficult emotional state (Gross & John, 2003). Naturally, these responses have different consequences, cognitive reappraisal is associated with less negative emotions, whereas suppression reduces emotional expression (Gross, 2002), resulting in attachment avoidance, symptoms of depression, less social support, less life satisfaction, lower self-esteem and lower wellbeing in general (Gross & John, 2003, 2004). Emotional eating and using food to avoid directly addressing affect can be understood as an expressive suppression technique (response-focused), therefore making it a maladaptive coping strategy.

The affect regulation theory has been tested empirically primarily within clinical populations (Arnold, Kenardy, & Agras, 1995; Kenardy, Arnold, & Agras, 1996), particularly in binge eaters (Heatherton & Baumeister, 1991; Polivy & Herman, 1993) and found that eating serves as an affect regulator, specifically in lessening negative affect. Another study investigated the theory within non-clinical populations (Stice, Ziemba, Margolis, & Flick, 1996) and found similar behaviours

in using food to reduce negative affect. However, a difficulty that most of these studies encountered was the difficulty in measuring emotion and the direct relationship it has to eating (Blair, Lewis & Booth, 1990). The studies used scales such as the Dutch Eating Behaviour Questionnaire (DEBQ; van Strien, Frijter, Bergers, & Defares, 1986) which measured eating behaviours, however emotions were only included in the subscale (Blair et al., 1990). The Emotional Eating Scale (EES) was later developed in 1995 and validated within a clinical population measuring negative emotions (depression, anger/hostility and anxiety) and overeating (Arnold et al., 1995). Although the EES was an improvement, it did not include positive emotions and did not account for restriction or suppression of appetite. Finally, as a result, the Emotional Eating Scale-II (EES-II) was developed, which allowed for the relationship between the full continuum of eating responses and range of emotions to be explored.

The Psychosomatic Theories (Bruch, 1973; Kaplan & Kaplan, 1957) and the more recently developed affect regulation models (e.g., Hawkins & Clement, 1984; McCarthy, 1990; Telch, 1997), suggest that emotional eaters have learned that overeating in response to their negative affect reduces aversive mood states. Early on, Bruch (1955) put forward the concept that food and emotions are closely linked. Bruch explains that for some parents, the process of feeding their children can become 'overcharged with emotional significance', establishing a precedent whereby food is the only significant emotional narrative. This begins the unhelpful relationship that individuals form with food and can result in difficult eating behaviours in later life due to the belief that eating provides them with a relief from emotional strain and a sense of satisfaction. It has been argued that this is the result of early life learning experiences where food was used as a way of coping with psychological problems (Kaplan & Kaplan, 1957).

As a result of these early learning experiences, a number of individuals have developed poor interoceptive awareness and difficulty in recognising or identifying emotions and physical sensations related to hunger and satiety (Bruch, 1973). Emotional eating is regarded as an inappropriate response to distress (Heatherton,

Herman & Polivy, 1991). In accordance with the psychosomatic theory, it is the result of using food to lessen emotional distress, or being unable to distinguish hunger from other aversive internal states. These individuals therefore have to look to the outside to know what to eat and how much, as their own internal awareness of hunger and satiety has not been ‘programmed’ accurately (Bruch, 1973). One of the ways of understanding this ‘programming’ is the Attachment Theory, which is further expanded upon below.

1.1.3 Attachment Theory

Attachment styles work and act as schemas for future relationships (Siegel, 1999; Tasca, Ritchie, & Balfour, 2011) and these internal models work to form the basis of styles which individuals then use to interact with the world, cope with distress and regulate affect (Bowlby, 1988). Within each attachment style (secure, anxious-preoccupied, dismissive-avoidant and fearful-avoidant) one can simultaneously recount areas of attachment functioning such as affect regulation, coherence of mind, reflective functioning and interpersonal style (Tasca, Ritchie & Balfour, 2011).

Individuals with avoidant attachments expect that by expressing their affect it will result in a negative outcome and thus avoid situations in which a worsening emotional experience might occur (Fraley & Shaver, 2000). They then create a memory structure that is defensive which allows them to have very little accessibility to painful memories and use emotional distancing strategies to cope (Fonagy, 2001). Conversely, individuals with attachment anxiety have poor self-regulatory skills (Mikulincer et al., 2009; Tasca, Ritchie & Balfour 2011). They are able to recognise their own negative affect, however they often have an exaggerated perception of it (Mikulincer & Florian, 1998).

There is an argument that an insecure attachment base may be a large contributing factor to maladaptive affect regulation through the use of food, which can result in the expression of an eating disorder. Studies have previously found an association between patients with attachment anxiety whom experience heightened emotions and increase in food intake and behaviours such as bingeing and, or purging, as ways of coping (Tasca, Ritche & Balfour, 2011). On the other end of the spectrum,

individuals with an avoidant attachment, cut off their emotional experiences through the use of dietary restriction.

The idea of restricting or using food to regulate affect can be traced back to the mother-child relationship and be experienced as a comfort. For example, if a mother attempts to soothe the baby by offering or distracting with food when identifying distress, the baby may not develop its own self-soothing mechanism (Clinton, 2006); making the child reliant on the use of food to self-soothe. This pattern is commonly seen in individuals who present with disordered eating.

In summary, emotional eating has been shown to manage difficult feelings that have developed when a secure attachment has not been formed in childhood. Buckroyd (2011) suggests that obese adults who overeat are insecurely attached, proposing that attachment plays a significant role in the use of food as a means of coping with negative affect. As mentioned above, distraction can be one of the ways in which individuals use food to 'escape' from negative affect. The Escape Theory as proposed by Heatherton & Baumeister (1991) suggests this is the primary process of emotional eating and is described in the following section.

1.1.4 Escape Theory

The Escape Theory (Heatherton & Baumeister, 1991) postulates that overeating in response to negative feelings is an attempt at escaping or pushing the attention aside from an ego-threatening stimulus that causes an unwanted self-awareness. According to this theory, when faced with threatening information about the self, emotional eaters attempt to escape from their self-awareness in order to stay away from unwanted implications and negative affect. Individuals try to escape by focusing their attention on an external stimulus such as food, resulting in overeating. This narrowing of attention can however cause inhibition, resulting in the individual being more prone to bingeing (Evers, Stock, & de Ridder, 2010).

Individuals may also experience an increase in positive emotions following consumption. They may seek and gain pleasure from eating because of the various qualities of food such as taste and odour (Lehman & Rodin, 1989) or simply because

it is a “banned” substance (Fairburn & Cooper, 1982). Finally, another explanation may be to distract from the original stressor or source of distress (Herman & Polivy, 1988). Instead individuals turn to a strategy that they *do* have access to (overeating) in an attempt to regulate the negative affect they experience. (Evers et al., 2010; Wisner & Telch, 1999).

A quantitative study conducted by Wallis and Heatherington (2004) in the UK found that both dietary restraint and emotional eating were related to an increase in chocolate intake in a sample of females responding to an ego-threatening stimulus. Therefore, suggesting that stressful tasks that threaten ego can cause individuals to seek food to escape any negative emotions to narrow their focus of attention to the immediate stimulus of the food. Although this study supports the Escape Theory as put forward by Heatherton and Baumeister (1991), the study presented 38 female participants with a bowl of chocolate following the completion of three colour naming conditions (stroop-tests), who were told to eat as much or as little as they wanted. It could therefore be argued that by giving the participants the chocolate *after* the completion of the task, participants may have used the chocolate as a way of reducing their negative affect rather than seeking out direct distraction or ‘escape’. The study did, however, confirm that both restrained and emotional eaters were more likely to increase their intake following a situation deemed threatening to the ego than after a control condition. This supports the idea that eating provides individuals with a narrowing of attention to available stimuli (food) in an attempt to self-regulate their emotional state.

1.1.5 Restraint Theory

The Restraint Theory (Herman & Polivy, 1980) suggests that negative affect specifically triggers overeating in restrained eaters who can also be described as chronic dieters. Studies using the original Restraint Scale (RS; Herman et al., 1978) support this theory in finding that when experiencing negative emotions, restrained eaters demonstrate a disinhibition of restraint, whilst non-restrained eaters do not (Heatherton et al., 1991; Polivy et al., 1994; Ward & Mann, 2000). Studies have shown that restrained eaters overeat following the consumption of foods they believe

to be high in calories, irrespective of actual caloric content (Herman & Polivy, 2004). This suggests that chronic dieters or restrained eaters adopt a careless attitude following the consumption of a highly calorific food, believing that their low-calorie intake goal is already unattainable and therefore not worth striving for.

For example, a study where individuals were given a milkshake and told it was high in calories, ate more ice cream following consumption compared to those who were told the milkshake was low in calories, despite actual caloric content being identical in both groups (Spencer & Fremouw, 1979). Additionally a study conducted by Knight and Boland (1989) found that restrained eaters ate more ice cream after consuming two milkshakes than eating cottage cheese of the same caloric content. These studies demonstrate that for restrained eaters, disinhibited eating involves cognitive mechanisms, which include the belief that particular foods are not allowed. Thus, disinhibited eating cannot be accounted for plainly by physiological effects of caloric intake, emotional and cognitive processes play a vital role in the underlying mechanisms.

Some studies suggest, however, that restrained eating is not related to emotional eating. Wallis and Heatherington (2004), for example, found that emotional eating was linked to an intake following an ego-threat stressor only, whereas restrained eaters increased their intake regardless of the type of stressor. Therefore, suggesting that restraint may increase intake in response to other stimuli, including stress, whereas emotional eating may only act to improve self-focused negative emotions. These theories suggest that emotional eating plays a role in regulating affect, attempting to control or escape affect or is the result of attachment styles. An alternative perspective is that emotional eating is the result of biological and sociocultural factors; these are further explored in the following sections.

1.1.6 Biological Perspective

Emotional arousal has been widely accepted to lead to a change in eating behaviour (Greeno & Wing, 1994). Physiologically, the response to stress and negative emotions mimics the internal sensations linked to feeding-induced satiety therefore resulting in a loss in appetite and decrease in food intake. As such these are

considered to be normal physiological responses to negative emotions (Schachter, Goldman, & Gordon, 1968). The tendency to eat in response to negative emotions is therefore surprising from a biological perspective as the natural response to stress and negative emotion triggers a loss in appetite (Wing et al., 1990). From a biological perspective, an increase in food intake as a response to negative emotions is regarded as maladaptive (Heatherton, Herman, & Polivy, 1991) as it interferes with the original purpose of emotions: to optimally prepare the organism to respond to the environmental demands (Levenson, 1994).

Stress Induced Eating

Animal studies have indicated that increased stress levels mainly result in a decrease in food intake (Levine & Morley, 1981; Morley, Levine & Rowland, 1983). However, when presented with highly palatable foods such as sugar or lard, the intake under stress increases significantly (Dallman et al., 2003; Dallman, Pecoraco, & La Fleur, 2005). These results need to be considered lightly as it is arguable how applicable these can be to human behaviour. That said, literature does show that in humans, stress affects eating in two ways; approximately 30% of individuals decrease their food intake, whilst the majority increases it (Epel et al., 2004). Taking into account that people who live in Westernized countries are surrounded by palatable and calorically dense foods, it is unsurprising that most people complain about an increase in food intake when dealing with stress.

Evolutionarily, a fight or flight response is triggered by stress, diverting energy to the brain and muscle tissue in order to save life (Adam & Epel, 2007). Energy spent on reproduction, food intake and digestion would likely be life threatening (Sapolsky, 1998). Consequently, the standard stress response would include a suppression of food intake and appetite. In view of this, the association of stress response with weight gain seems counterintuitive. Literature indicates that if a stressor is seen as a 'threat', a situation that is demanding, one that the individual is unable to cope with well, or is related to the feeling of distress, the hypothalamic pituitary adrenal (HPA) axis is specifically activated by the neural stress response (Henry, 1997). The HPA-axis activates and prepares an individual for a fight or flight reaction (van Strien, Roelofs, & de Weerth, 2012) and works by suppressing

hunger by releasing sugar into the bloodstream. Individuals who emotionally eat present an unusual response whereby they increase their intake as a result of stress. This may be due to a change in the stress reactivity of the HPA-axis associated to chronic stress that affects the response of cortisol, also known as the stress hormone (Fries, Hesse, Hellhammer, & Hellhammer, 2005; Dallman, 2010).

Gluck (2006) and Gluck et al. (2004) found that people with binge eating disorder (BED), bulimia nervosa (BN) and anorexia nervosa (AN) are prone to having greater cortisol reactivity or greater basal cortisol. In a study using the Trier Social Stress Test, individuals with higher cortisol levels were more likely to consume high fat foods and more calories (Kirschbaum, Pirke & Hellhammer, 1993). This study was conducted in a laboratory setting; however another study conducted by Epel, Lapidus, McEwen, & Brownell (2001) examined participants in a naturalistic setting, outside of the lab. Unlike Kirschbaum et al.'s (1993) study, Epel et al. (2001) found that high cortisol reactors were more likely to consume a larger intake of snack food; therefore suggesting that high cortisol reactivity to stress can be seen to predict a larger intake of calorically dense food both within a lab and naturalistic environment. Individuals who experience high cortisol reactivity may opt for calorie dense foods to reduce anxiety or blunt their stress response (Epel et al., 2001).

Addiction Model

Research has shown that there is a substantial amount to learn from the Addiction Model, especially about the role of palatable food and stress on the reward centre (Adam & Epel, 2007). A growing amount of evidence suggests highly palatable foods have properties that promote dependency (Adam & Epel, 2007; Wilson, 2010). Palatable foods, similarly to drugs of abuse can activate the brain reward system and signal the limbic system resulting in a powerful behavioural reinforcement for palatable food (Hernandez & Hoebel, 1988; Kelley, Bakshi, Fleming & Holahan, 2000).

Palatable foods activate both fast sensory inputs and the slower post-ingestive processes such as adiposity, increased blood glucose and feasibly gut signals (Volkow & Wise, 2005). Adiposity (and satiety) signals insulin and leptin are

understood to decrease food intake to a certain extent by altering the reward value of food (Figlewicz & Woods, 2000; Fulton, Woodside, & Shizgal, 2002). When there are insufficient adipose signals the “brakes” on food intake become impaired. These “brakes” characteristically work by decreasing the hedonic value of food and may in part explain non-homeostatic eating, which is defined as eating irrespective of metabolic need (Figlewicz, 2003).

If eating is learned to be an effective coping strategy to chronic stress, highly palatable food can appear to be ‘addictive’ when taking into account the neurobiological response mentioned earlier (Volkow & Wise, 2005). Paradoxically, the role of negative emotions and self-thoughts in connection with diet breaking and overeating is similar to that of the “Limit Violation Effect” (LVE) that is present with alcohol consumption (Muraven, Collins, Morsheimer, Shiffman & Paty, 2005a, 2005b). LVE theory suggests that individuals who blame themselves for drinking excessively, experience negative affect, leading them to drink even more in later episodes. Muraven et al. (2005b) explains the “logic” of LVE as: *“I feel bad about how much I drank, so I will drink more to cope with those feelings”* (p. 245). Likewise, dieters who feel guilty for eating non-acceptable foods might overeat in an attempt to escape negative feelings and self-thoughts following a binge.

Although an increase in turning to food can be explained and understood using the addiction model, it is more clearly correlated with the growing availability to highly palatable food, also known as ‘comfort food’. A review of the literature on eating disorders, obesity and addiction found that there is a considerable amount of empirical evidence against the addiction model (Wilson, 2010), suggesting that although there is an increase in our understanding of how brain mechanisms play a significant part in obesity and eating behaviour, these studies do not necessarily indicate that eating itself is an addiction. Instead, obesity can be understood as being strongly linked with an exposure to strong reinforcers (Volkow & Wise, 2005b).

1.1.7 Sociocultural Perspective

Research has found that social relationships are important in determining consumption. It suggests that eating with friends and family enhances the social

facilitation of overeating as a consequence of not needing to restrict to present a good impression (Clendenen, Herman & Polivy, 1994; de Castro, 1994; Salvy, Jarrin, Paluch, Irfan & Pliner, 2007). The sociocultural perspective suggests that emotional eating can be the result of social facilitation and parental feeding styles, as well as serving the function of maintaining homeostasis within the family system. These three facets are explained in more detail below.

Social Facilitation

Eating and food choices are closely linked to bodily and physical feelings, however these are not purely biological in nature but mediated or constructed by culture and society. This means that food plays a role that includes more than just providing nourishment and can allow people to manage relationships through their eating and food (Lupton, 1996). Food serves as a means of bringing people together and allows them to share a culture.

The literature also suggests that the presence of peers can have long-term effects on the amount of food an individual consumes, regardless of their weight. Bevelander, Anschutz and Engels (2012) found that peers specifically trigger an increase in food intake in individuals who are overweight. Whereas another study found that normal-weight individuals are more susceptible to social facilitation of overeating than individuals who are overweight, and found that overweight individuals eat more when alone (Salvy, Coelho, Kieffer & Epstein, 2007). It is however important to note that both studies were conducted with children and therefore must be considered tentatively when applying to adult behaviour. Additionally, the studies used palatable foods; therefore further studies are needed to understand whether similar modelling behaviour applies to different types of foods (e.g., unfamiliar or healthy food). Nonetheless, both findings suggest that social context significantly impacts food intake in both normal and overweight children, and can affect long-term food intake.

Family Systems

The Family Systems Theory proposes that the development and maintenance of obesity can be influenced by patterns within family relationships and even serve to maintain a homeostasis within the system. Emotional eating is one way this may

occur, as an attempt to regulate the difficult emotional aspects of family life by eating (Walfish, 2004). Most people associate food with the family unit and with their cultural identity and can thus be said that it can be majorly linked to the emotion of love (Lupton, 1996). This can be expanded upon by integrating it with the Attachment Theory, which proposes that love is ‘transmitted’ through the act of breastfeeding a newborn baby, or in later life by having a meal prepared for you by a significant other. Charles and Kerr (1988) suggest that food is seen as a gift that is not judged by monetary value and is an important way for people to maintain social relationships as it is considered an act of love. ‘Gifting’ or preparing food demonstrates an investment of affection, care and time on the part of the giver (Cheal, 1988). In line with preparing and ‘gifting’ food as a symbol of love and affection, the way in which this is done can have a significant impact on the relationship an individual will form with food.

Parental Feeding Styles

Young children have been found to adjust their intake in response to food and its energy content, demonstrating a self-regulating mechanism (Birch & Deysher, 1985, 1986; Birch & Fisher, 1998). Such self-control and ability to self-regulate using hunger cues and satiety can unintentionally be reduced by parental feeding styles, such as controlling intake, parental restriction or pressure to eat (Birch, Fisher, & Davison, 2003; Carper, Fisher & Birch, 2000). Wardle et al. (2002) distinguished four major parental feeding styles: emotional, instrumental, controlling/restricting and prompting/encouraging. Emotional feeding is present when parents offer foods in an attempt to manage negative moods (Wardle et al., 2002). Prompting, or pressuring encourages more eating, particularly healthy foods; instrumental feeding can be understood as using treats and rewards to encourage eating and finally, parents who engage in restrictive eating limit their children’s access to what they understand to be unhealthy foods (Wardle et al., 2002).

Pressuring children to eat certain foods or amounts may result in children ignoring their own satiety to terminate eating, instead focusing on external cues such as emotions or the amount of food on a plate (van Strien & Bazelier, 2007). Controlling and restrictive parents may tell their children when to stop eating and therefore also

cause children to stop using their own self-regulating mechanisms for food intake (Faith, Scanlon, Birch, Francis, & Sherry, 2004).

Both restrictive and pressuring feeding styles ignore the real needs of the child, leading the child to lose their sense of awareness of hunger and satiety, eventually resulting in their eating behaviour being dominated by emotional or external factors (Rodin, 1981; Van Strien & Bazelier, 2007). The child may develop some difficulty in recognising whether it is hungry or satiated, or experiencing other discomfort, which can develop into a pattern of responding to any state of arousal through food intake, also known as emotional overeating (Bruch, 1973). These types of eating behaviours are regarded to be aetiological factors for binge eating disorder, obesity and other eating pathology (Canetti, Bachar, & Berry, 2002; van Strien et al., 1986) and can thus be classified as disturbed eating behaviours.

A study conducted by van Strien and Bazelier (2007) in the Netherlands examined the prevalence of restrained, external and emotional eating and parental feeding styles in a group of 7- to 12-year old girls and boys; one of the first to include boys in their sample. They found that boys were more likely to lose contact with their self-regulating mechanism of eating behaviour if encouraged to eat by parents, thus running a higher risk of developing disturbed eating behaviours. They also found that perceived pressure to eat was significantly related to emotional eating in boys more than in girls. Overall however, the study found little prevalence of emotional eating, suggesting that children exhibit natural reactions to emotional stressors and that the behaviour of emotional eating only occurs in later life. Interestingly, the study also found that pressure to eat from parents was more so associated with emotional eating in boys than in girls.

The authors proposed that parents need to be more aware of pressing a child to eat, especially if they are male as they run a higher risk of losing contact with their self-regulating mechanism, in turn developing maladaptive eating behaviours. The limitations of this study included the use of a questionnaire, which relied on the children to self-report their behaviour, potentially affecting the results as self-report measures have been found to be influenced by memory (retrospective accounting of

intake), honesty and inhibition. Additionally, as the study was conducted on children, it limits its applicability to adult behaviours.

It is clear from the above studies and theories that the phenomenon of emotional eating is complex and involves a number of underlying mechanisms and maintenance factors. As presented in this section, the majority of studies investigating emotional eating have used quantitative methods, using scales such as the DEBQ, EES, and EES-II. Although these questionnaires have demonstrated the measure of emotional and stress eating, the findings of the relationship between self-reported emotional eating and laboratory-induced stress have been inconsistent. Some studies have found an association between increased eating and high scores on the emotional eating scale (e.g., Adriaanse, de Ridder, & Evers, 2011; Oliver, Wardle, & Gibson, 2000; O'Connor et al., 2008) and others have not (e.g., Evers, de Ridder, & Adriaanse, 2009; Evers, Stok, & de Ridder, 2010; O'Connor & O'Connor, 2004). Some researchers have questioned the validity of the literature that presents questionnaire-based conceptualisations of emotional eating (Domoff et al., 2013; Hayman et al., 2014).

The majority of theories have been formed using quantitative measures to 'map' the link between emotions and eating behaviour. Furthermore, each theory accounts for a part of the understanding of emotional eating. There is therefore a significant gap in the literature that investigates emotional eating from a qualitative perspective, attempting to further understand how underlying processes contribute to emotional eating.

Additionally, as demonstrated in the study conducted by van Strien and Bazelier, women tend to be the primary subject in emotional eating studies. This is due to a number of factors, which will be explored further in section 1.3, however, in van Strien and Bazelier's (2007) study, boys were found to be more affected by parental pressure to eat and exhibited more disturbed eating behaviours as a result. This suggests that there is a difference in genders and their relationship to food. It is therefore important to further understand the theories of masculinity and how these may impact on men's relationship with food. Accordingly, the following section

presents the theories of masculinity and how socially constructed ideals can impact on the physical and mental health of men.

1.2 Masculinity: Definitions and Theories

1.2.1 Definition of Masculinity

As we exist in a social context, it is important to consider both social and cultural factors when examining men's health (Courtenay, 2002; Lee & Owens, 2002). Researching gender, masculinity and sex can be difficult, as many definitions of these concepts exist; equally the terms themselves are often used interchangeably (Buchbinder, 2013). For the purpose of this study, the term 'gender' is defined as a socially constructed, dynamic concept that is shaped by assumptions, values and meanings about men and women in a specific culture at any given time (Buchbinder, 2013; Courtenay, 2000b). 'Sex' is accepted as the biological differences between women and men (Courtenay, 2002). It can be argued that men and women act in the way they do due to culturally adopted concepts of femininity and masculinity, rather than psychological traits and role identities (Pleck et al., 1994).

Hegemonic masculinity is the dominant form of socially constructed masculinity that tends to be more prominent than femininity and other forms of masculinity, and is considered the 'masculine ideal' (Courtenay, 2000a). This type of masculinity refers to being strong and resistant to disease whilst demonstrating nonchalance for health concerns, seen as feminine behaviour (Connell, 2000). Men who adopt these behaviours put themselves in danger by taking more risks, hesitating to seek help and denying any weakness, all of which have the potential to have a negative impact on health (Courtenay, 2000a). Hegemonic masculinity is maintained by suppressing women and other 'marginalised' men (Connell, 1995), significantly impacting the health of both women and men.

Connell (1983) explained that the modern man must "be" masculine and demonstrate this with their body, size, shape and even levels of fatness, whereas in the past, men demonstrated their masculinity by "doing" physical things. Although Connell's

explanation of masculinity is applicable in some cases, it is important to note that his theory of the modern man was written in 1983 and that masculinity and its meaning is ever evolving, being reconstructed by society depending on the era. This research attempts to capture men's own understanding of their masculinity and how this affects their relationship with their emotions and in turn, food. The following section presents the constructions and theories of gender and sex, providing a critical appraisal of these, followed by an exploration of how these affect male physical and mental health.

1.2.2 Constructions and theories of gender and sex

Sex role theory suggests that social expectations of gender roles are internalised by the individual. Role Theory primarily emerged as an alternative to the biological explanations for male and female behaviour. It suggests that male roles encourage unhealthy and stressful lifestyles and are often detrimental to health because they create stress and strain for men who feel they do not succeed in living up to expectations (Robertson, 2007). Four central components to male gender roles as identified by Brannon (1976) are: 'No Sissy Stuff'; 'The Sturdy Oak'; 'The Big Wheel' and 'Giv'Em Hell!' (p. 12). These are defined as follows, 'No Sissy Stuff' as, "*The stigma of all stereotyped feminine characteristics and qualities including openness and vulnerability*"; 'The Sturdy Oak' as "*Manly air of toughness, confidence, self reliance*"; 'The Big Wheel' is defined as "*Success, status, and the need to be looked up to*", and finally, 'Give'Em Hell!' as an "*aura of aggression, violence and daring*" (p. 12). Building on this work, Kimmel (1994) described masculinity as "*a constantly changing collection of meanings we construct through our relationships with ourselves, with each other, and with our world*" (p. 120). Brannon (1976) put forward that the hegemonic definition of manliness is "*a man in power, man with power, and a man of power. We equate manhood with being strong, successful, capable, reliable, in control.*" (p. 125). Similar conclusions are reached by Courtenay (1998, 2000a, 2000b, 2002) when examining masculinity in the context of men's health, where men must express control and suppress both emotional and physical pain.

Masculine ideals may change over time as roles are constructed and reconstructed in cultural and social interaction. For example, not seeking help for health problems and not showing emotional weakness may be considered as 'masculine' by men born in the early twentieth century, whereas younger men are more open to expressing more "feminine characteristics" and consider other "feminine" activities such as housework and cooking as acceptable in the early twenty first century (Bennett, 2007). It could be argued that these changing socially constructed ideas around masculinity can cause men to feel confused about what is expected of them in wider society.

Research suggests that men experience greater social pressure than women to subscribe to gendered societal instructions – such as being self-reliant, independent, robust, tough and strong (Golombok & Fivush, 1994; Martin, 1995; Williams & Best, 1990). It is no surprise therefore that beliefs around gender are more stereotypic for men than they are for women (Katz & Ksansnak, 1994; Levant & Majors, 1998). From a social constructionist perspective, men actively participate in these socially prescribed roles and therefore continue to perpetuate the stereotypes and norms of masculinity (Courtenay, 1999a).

Clatterbaugh (1997) put forward the idea that men harm themselves by pursuing power and privilege. He argued that the social practices that sabotage men's health are often the tools men use in acquiring power. In order to acquire power, men are required to suppress their needs and refuse to acknowledge or admit to pain (Kaufman, 1994). Other health beliefs and behaviours can also be attributed to demonstrating hegemonic masculinity such as emotional and physical control, a denial of vulnerability or weakness, a ceaseless interest in sex, the appearance of being strong and robust, dismissal of any need for help, physical dominance and the display of aggressive behaviour (Courtenay, 2000a).

Hegemonic masculinity is not just about preserving the socially constructed ideals; it is also the rejection of feminine ideals. Rejecting the feminine is essential in demonstrating hegemonic masculinity in a gender-dichotomous and sexist society (Courtenay, 2000a). For instance, boys and men who try to engage in social activities

that are perceived to be feminine risk being demoted in their masculinity and are labelled as a “sissy” or “wimp” (Courtenay, 2000a, 2000b). Positive health behaviours have been socially constructed in our society as forms of idealised femininity (Courtenay, 1998, 1999a, 1999b). Therefore, refraining from accessing health care for their wellbeing (physical or mental) is an active rejection of “*girl stuff*” (p. 1390) (Courtenay, 2000a). There is also a large number of information on the impact of media representation of male gender roles and is an influential source of information (Gough, 2006); unfortunately, there was not enough scope to address this fully in the present study, however, its influence is reflected upon throughout.

The existence of hegemonic masculinity prevents men from being able to fully engage with who they want to be. Therefore, research should focus on understanding the intricacies of individual differences amongst men rather than perpetuating masculine stereotypes. This study will focus on men’s expression of themselves, their emotions and how this affects their eating behaviours in order to uncover the processes underlying emotional eating in men.

1.2.3 Male Physical and Mental Health

The socially constructed ideas of masculinity and men’s health have been increasingly researched as a primary issue behind the poor health status of men in modern Western society (Courtenay, 2000a; Draft National Men’s Health Policy, 1996). Historically, although research has been conducted with male participants, it has not focused on “*men’s gendered health concerns*” (Courtenay & Keeling, 2000, p. 244), in other words their health behaviours and outcomes as a result of their gender. When comparing mortality data from other developed countries, men in England die approximately four years younger than women (Wilkins, 2009). This may be due to men engaging in health behaviours that are linked to illness and premature death (Wilkins, 2009), highlighting the need for further understanding of men’s health.

According to a longitudinal study conducted by Singleton and Lewis (2003), in the UK 29% of women are likely to have been treated for their mental health compared to 17% of men, which can be attributed to women being more likely to report

symptoms and seek help (National Institute For Clinical Excellence, 2003). Whilst the low treatment and diagnosis rates can be attributed to GPs, it can be argued that men's own hesitation to seek help plays a large part of the social construction of their own immunity to depression (Courtenay, 2000a). Men are more likely to depend on themselves in response to depression and as a result often withdraw socially, convince themselves depression is "stupid" or try and talk themselves out of it (Chino & Funabiki, 1984; O'Neil et al., 1985). An even more plausible explanation would be that men are less likely to report symptoms or seek help and are therefore not diagnosed.

1.2.4 Men and Eating Disorders

Few men (5-10%) seek professional help for eating disorders (e.g. Drevnowski & Yee, 1987). It is arguable however that these statistics do not provide an accurate demonstration of the extent to which body image and eating disorder concerns affect the modern Western man (Andersen, 1990). Following on from the above demonstration of how masculinity is socially constructed in our culture, it could be argued that the obvious reason these statistics are so low is that men do not feel comfortable to disclose or share such symptoms. Fears of being labelled feminine and/or weak (Drummond, 1999) especially as the illness is more often associated with the female population (Wiseman, Gray, Mosimann & Ahren, 1992) may be reasons for which men who suffer with eating disorders do not seek help.

The associated dieting and restriction with eating disorders may not always necessarily be applicable to men. The act of dieting may be instead perceived as feminine and therefore not an appropriate weight loss method for men (Yates, 1991). Yet, when combined with physical exercise, dieting and restriction is not often acknowledged as a weight-loss method (Drevnowski et al., 1995; Yates, 1991). Men seem to understand the exercise and change in diet as a more "masculine" way of controlling or losing their weight (Drummond, 1999).

On the other hand of the spectrum, there has been a significant increase in the proportion of men seeking out bariatric surgery in the UK between 2006 and 2013 from 16% to 26% (The UK National Bariatric Surgery Registry, 2014).

Understanding men's relationship to food is paramount in starting to understand how masculinity can affect eating and establish ways of supporting men with disordered eating.

1.2.5 Food and Identity

In general, food related activities such as cooking, shopping and eating have traditionally been seen as female-centred (Caplan, Keane, Willets, & Williams, 1998; Warde & Heatherington, 1994) and research has suggested that men rely on women for support and advice on food and health (Courtenay, 2000a; Gough, 2007).

Food can often help men subscribe and confirm their traditional masculine identity by engaging in traditionalist tastes of manhood (Newcombe, McCarthy, Cronin, & McCarthy, 2012; Roos, Prattala, & Koski, 2001). Wardle et al. (2004) stated that men are less likely than women to eat fibre, diet, avoid fat and eat fruit. Men instead tend to be motivated to consume protein (Levi, Chan, & Pence, 2006), red meat especially has been considered to be a symbol of virility and strength for men (Rozin, Hormes, Faith, & Wansink, 2012).

A study conducted by Gough and Conner (2006) in the UK found that male participants regarded healthy food as insubstantial and preferred large portions, which was understood as more masculine. Gendered discourses around food and eating continue to influence both female and male eating practices. Females are in the constant pursuit of the thin ideal, thus allowed only a modest amount of food, whilst men are expected to eat meat-based foods in bulk (Labre, 2005). Different occupational groups may also consider food as playing different roles as found in a study conducted by Roos et al. (2001) in Scandinavia. They found that middle class participants critiqued traditional masculinities whereas working class men viewed food as fuel and rejected the relationship between food and health. Heavy labour work was central to the choices of food, for example, the working class men would choose foods that were seen to 'refuel' the body and referred to their bodies as machines, similar to the findings of Cameron and Bernardes (1998) and Moynihan (1998). These studies therefore suggest that both occupational class and masculinity play a central role in male food-related preferences, meanings and practices.

A vast amount of research on women and their relationship with food has been presented by a number of feminist researchers (e.g., Bordo, 1993; Lupton, 1996; Orbach, 1973) yet there is still a significant gap in research on men and their diet. Despite literature indicating that men lack understanding or interest in their health and eating, little research has been conducted on attempting to further understand their relationship with food. Gough (2006a) conducted a grounded theory, qualitative analysis of 24 interviews with men in the UK providing an account of men's relationship with food and health in relation to their masculinity. Gough found two barriers to healthy eating, one of which stemmed from poor taste and inability to satisfy, and the other was regarding a cynicism towards the health messages produced by the government. The study found some differences amongst the men that could be further analysed, such as the role of women on healthy eating, socioeconomic status and health status (e.g., mortality or illness event).

Although the study offers a number of implications in terms of health promotion, the study primarily set out to understand men's relationship with food in the general population. It did not offer an insight into the other uses of food, such as managing affect. Further research on understanding men's relationship with food is therefore paramount in order to not only help promote healthy eating in men but also support them with the internal conflict many men face between engaging in healthy behaviours and adhering to hegemonic masculinities. This research aims to continue closing this gap in the literature.

Gender differences in research is an important starting point, however, there is a danger in expanding differences between men and women and encouraging homogeneity within genders (Gough, 2006b). Therefore, while the amount of evidence of men engaging in harmful and unhealthy behaviours is persuasive, there is a risk that this may result in the conclusion that 'masculinity is bad for your health' (Gough, 2013; O'Brien, 2006). It may suggest that masculinity is fixed and that all men are set to 'inherit' these behaviours as a consequence of being male. Additionally, it does not account for masculinity not being inextricably connected to

unhealthy behaviours, and can also be the reason for adopted healthy behaviours (Sloan, Gough, & Conner, 2010).

Men's physical and mental health is recognised as an under-researched area; it is therefore important to shed light on the complexity of the interactions between health and masculinities. The tendency is to assume that men are not interested in their health or prefer not to discuss what they are going through, which may be due to the lack of research focusing on men's health (O'Brien, 2006; Popay & Groves, 2000; Wilkins, 2009). However, there is a clear need for research that involves and consults men about their health and wellbeing, in order to avoid reinforcing such masculine stereotypes that further perpetuate these behaviours. Men's health is often pigeon holed into trying to accommodate hegemonic ideals, for that reason, it is important to expand to accommodate the complex array of masculinities and acknowledge the differences between groups of men (Gough, 2006b).

Taking this into account, the aim of this research is to provide counselling psychologists with a greater understanding of the processes that men undergo in emotional eating and the way in which their masculinity affects this behaviour. It intends to provide a space for men to give their own accounts of their understanding of the behaviour, moving away from stereotypes and shedding light on the complex interactions between masculinity, emotions and eating. The next section provides a critical focus on past and current emotional eating research and gender differences.

1.3 A Critical Focus on Emotional Eating Research and Gender

1.3.1 Critique of Emotional Eating Research

Both the escape and affect regulation theories suggest that emotional eating serves as a function to relieve the individual from negative emotions and aversive self-awareness. Another possible explanation of emotional eating is the result of being unable to cope effectively with negative emotions and aversive self-awareness (Spoor et al., 2007). It is interesting to note that in the study conducted by Spoor et al. (2007) it was found that negative affect did not contribute strongly to emotional

eating, thus supporting an individual difference model as suggested by Schachter et al. in 1968 and later by Greeno and Wing in 1994. This suggests that the relationship between emotional eating and negative affect is not direct, but rather indirect by means of further variables.

This however may be due to the use of the measurement for negative affect the study used – the Positive and Negative Affectivity Schedule (PANAS; Watson et al., 1988) which does not take into account the extremes of affective distress that occurs during emotional eating. Additionally, the study consisted of a sample of 31 women diagnosed with AN, 40 women with BN, 37 with BED and 15 with eating disorder not otherwise specified (EDNOS). Due to the relatively small sample size the generalisability and stability of the results were limited. It is also worth noting that the study was conducted only on women who were clinically diagnosed with an eating disorder and thus not taking into account men or individuals without a clinical diagnosis, or those with early onset eating disorders.

A number of studies (e.g., Elfhag, Tynelius, & Rasmussen, 2006; Heatherton, Herman, & Polivy, 1991; Wallis & Heatherington, 2004) have found that restrained eaters demonstrate an increase in eating during the experience of negative affect. Yet, other studies were unable to replicate these findings (e.g., Chua, Touyz, & Hill, 2004; Lowe & Maycock, 1988) demonstrating that restraint is not a necessary variable for the presence of emotional eating (Spoor et al., 2007; van Strien, 1999; Williams et al., 2002). Findings looking at non-restrained eaters are also varied, and emotions have been found to trigger both a decrease in eating (e.g., Kenardy, Butler, Carter, & Moor, 2003) and increase (e.g., Lowe & Maycock, 1988), as well as no change in eating (e.g., Rotenberg & Flood, 1999; Ruderman, 1985). A review of experimental studies looking at negative affect and eating conducted by Macht (2008) revealed that in more than 40% of the studies involving normal and non-restrained eaters, participants ate more following negative affect, whereas in nearly 40%, no difference in food intake was found. The remainder of studies found no significant change in eating behaviour, leading Macht (2008) to conclude that it is “*difficult to predict how normal eaters change eating in response to emotions*” (p. 3).

Surprisingly, studies have found that self-reported over-eating is not necessarily a prerequisite for emotional eating (Evers et al., 2010). Individuals who reported they had a tendency to overeat in response to negative affect, as assessed by emotional eating scales (e.g., van Strien et al., 1986), were not found to consistently increase their food intake during emotional episodes (Evers et al., 2010). Some studies have indeed found that self-reported emotional eaters ate more than non-emotional eaters and unstressed eaters (O'Connor, Jones, Connor, McMillan, & Ferguson, 2008; Oliver, Wardle, & Gibson, 2000). However, other studies did not find this relationship (Adriaanse, de Ridder, & Evers, 2010; Conner, Fitter, & Fletcher, 1999; Evers, de Ridder, & Adriaanse, 2009) demonstrating a lack of consistency in empirical results in connection with emotional eating. This could be explained by difficulties in self-assessing or identifying oneself as an emotional eater. The present study took this into account and is further explored in the strengths and limitations of the study in the discussion section (4.2.1).

1.3.2 Research on Gender differences in Emotional Eating

Studies have clearly demonstrated gender differences in emotion regulation and emotional eating. Women have been found to present with more depressive symptoms (Nolen-Hoeksema, 2001) and use more emotion regulation strategies (Stanton, Kirk, Cameron, & Danoff Burg, 2000) when compared to their male counterparts. Women have also been shown to be more emotionally expressive (Brebner, 2003; Mendes et al., 2003) and in turn emotionally eat more than men (van Strien, 2005).

A quantitative study conducted by Zellner et al. (2006) in the United States of America (USA) found that more women than men reported overeating when stressed and that the percentage of restrained eaters amongst those stressed was higher for women than men. These findings suggest that eating food does something to help them feel better by allowing them to escape an aversive task, remind them of something better, or enjoy the flavour of the food. A significant limitation of this study however was that participants were offered food as a 'thank you' following completion of the task, therefore the results may be skewed as subjects may have felt

obliged to eat the 'token'. This may have also impacted the results in terms of gender differences, perhaps females felt more obliged to accept a token of thanks than men.

It can be argued that although women have shown more emotional eating in the literature, men are less likely to come forward and self-identify as emotional eaters, therefore a bigger gap in the literature exists. Most larger-scale studies have found that men exhibit more alexithymic traits than women (Lane, Sechrest, & Reidel, 1998; Parker, Taylor & Bagby, 2003) and therefore may be less aware of their use of food and eating as a regulatory tool for their negative affect. Previous studies have challenged the notion that alexithymia is more present in men than women (e.g., Heesacker et al., 1999; Wester et al., 2002) however a comprehensive review by Levant et al. (2009) suggests that men score higher on average than women on alexithymic scales in both a clinical and non-clinical sample. However, relatively few clinical samples were included in the review due to insufficient data to calculate effect size and majority of the studies used the Toronto Alexithymia Scale due to a lack of alternative scales that measure alexithymia. Therefore, although the findings have significant implications for clinical practice and our understanding of alexithymia in men, the lack of alexithymia scales limits the exploration of whether gender differences are present across various subscales.

Nonetheless, Larsen et al. (2006) suggest that the relationship between alexithymia and psychological or medical problems may also be gender specific. Stanton et al. (2000) found that women use more emotion-regulation strategies than men and have more skills to regulate their emotions in various ways. Larsen et al. (2000) found that men showed a stronger relationship between alexithymic characteristics and emotional eating than women. These studies suggest that a gender-specific model of emotional eating would be useful clinically, as it would offer indications on how to design gender-specific treatments for emotional eating. For example, emotional eating in men is associated with a difficulty in describing and identifying feelings, therefore treatments for emotional eating in men could focus more strongly on learning to identify and describe feelings than treatments for women (Larsen et al., 2006). One such therapy that may be appropriate is Dialectical Behaviour Therapy

(Kotler, Boudreau, & Devlin, 2003), which is specifically intended to help with emotional dysregulation (Newhill & Mulvey, 2002). However, in order to understand whether this type of therapy is more effective in treating men than women, more established psychotherapies such as interpersonal therapy or cognitive behavioural therapy need to be examined in further research and clinical trials.

Finally, women have been found to be more likely to acknowledge emotional eating than men. This may be due to men being less likely to report emotional eating or to make the connection between their eating habits and emotions (Tanofsky et al., 1997), whereas men have been socialised to be wary of expressing emotions, thus becoming highly skilled at hiding their feelings (Brannon, 1976). In aspiring to be the ‘Sturdy Oak’, men are required to be resilient both emotionally and behaviourally and to be self-sufficient. Similarly, in trying to maintain the idea of ‘No Sissy Stuff’, men are required to project toughness and strength when struggling with difficult situations.

The present study aims to fill this significant gap in the literature, as I believe that if given the opportunity, men will be able to identify their emotional relationship with food. Men may be less likely to report emotional eating as a problem as they may not make the connection themselves or may see their emotions as something they should not pay attention to, however, it is important to start uncovering these beliefs in order to establish ways of helping men tackle these issues.

1.3.3 Psychological Impact of Emotional Eating

In a study examining gender differences in individuals with BED in the USA, they found that men struggled with a greater psychiatric symptomology than women (Tanofsky et al., 1997). It was suggested by the authors of the study that men felt anxious about presenting for treatment with a problem that is traditionally viewed as a “female disorder” (Mishkind et al., 1986; Tanofsky et al., 1997). This stigma and burden may therefore cause men who struggle with their eating to experience more psychological distress than women. An alternative explanation may be that a greater amount of distress is required in order to seek treatment.

Studies in non-clinical adolescent females as well as eating-disordered females have found a strong cross-sectional and probable association between emotional eating and binge eating (Stice, Presnell & Spangler, 2002; van Strien, Engels, van Leeuwe & Snoek, 2005). It was also found that emotional eating was a significant predictor for future binge eating in adolescent females (Stice et al., 2002). A quantitative study conducted by Masheb and Grilo (2006) in the USA found that regardless of gender or BMI, emotional overeating was significantly correlated with the onset of bingeing and BED. Despite there being very few differences in the presentation of BED between genders, the study consisted of 172 female participants and only 48 males. Therefore it could be argued that the findings might not be generalisable to men due to the small sample size. Nonetheless, the function of coping strategies in emotional eating could strengthen our understanding of this type of eating behaviour as a potential causational factor for the onset or development of eating pathology (Spoor, Bekker, van Strien, & van Heck, 2007).

A study conducted by Spoor et al. (2007) in the Netherlands found that there was strong support for the association of emotion-oriented coping and avoidance distraction with emotional eating. A reliance on these coping strategies resulted in higher levels of emotional eating. These findings were compatible with the affect regulation models (McCarthy, 1990) and the escape theory (Heatherton & Baumeister, 1991), indicating that overeating results from inadequate affect regulation and seeking out an escape from negative emotions. It can be hypothesised that emotional eaters have fewer emotion-regulation strategies and thus try to escape from these emotions by engaging in overeating as they have learned that eating can reduce these unwanted emotions. This also supports previously discussed ideals that men can feel pressured to subscribe to such as maintaining control and independence at all times, thus, seeking out food in attempt to maintain their masculinity.

When self-awareness is unpleasant and individuals judge themselves negatively, Heatherton and Baumeister (1991) suggest that people undertake activities that allow them to divert their focus to concrete aspects of their behaviour or environment. In doing so, individuals achieve a lower level of self-awareness that prevents deep self-

thought (Leary, Adams & Tate, 2006; Wegner & Vallacher, 1986). For instance, dieters may focus on the taste, smell and texture of food rather than listening to themselves or thinking about difficult situations. Although in the short term, this helps individuals avoid negative self-thoughts and feelings, it may result in serious long term consequences, such as weight gain, further negative self-thoughts and low self-esteem. Dieters often find themselves in a vicious cycle that is difficult to break out of. Research suggests that both men and women who diet or restrict food intake are more prone to overeating in response to negative affect (e.g. Jackson, Cooper, Mintz, & Albino, 2003). Feelings of guilt or disappointment about breaking their diet may further perpetuate overeating. It may seem irrational to eat more as a way of coping with the negative feelings triggered by the initial eating episode, however, it is understandable should we consider the preload (initial eating) as any other upsetting or stressful experience (Herman & Polivy, 2004).

Therefore, as put forward by the affect regulation models and escape theory, emotional eating may take place through a process of avoidance of aversive mood states and emotion regulation. It may be possible that this behaviour results from a lack in coping strategies to manage difficult emotional states. Coping can be described as the process where women or men make an effort to manage demands that are identified as stressful, as well as any triggered emotions (Folkman & Lazarus, 1985). It has been suggested by Endler and Parker (1994) that there are three different types of coping: task-oriented, emotion-oriented and avoidance coping. Task-oriented coping entails confronting the problem causing the distress; emotion-oriented coping is a way of managing emotions and endeavours to improve the negative emotions associated with the problem. This way of coping incorporates self-preoccupation, emotional responses and fantasising. Lastly, avoidance coping indicates an avoidance of stress by distraction using either a substitute task or by pursuing social diversion (e.g., company of other people).

It has been argued by Lazarus and Folkman (1984) that there are no adaptive or maladaptive coping strategies. However, several studies have found that emotion-oriented coping strategies and avoidance by distraction were positively related with

psychological distress such as depression (Billings & Moos, 1984; Marx, Williams & Claridge, 1992; McWilliams, Cox & Enns, 2003; Turner et al., 2005). Furthermore, studies have also found that avoidance distraction and emotion-focused coping strategies are associated with dieting, bingeing and disordered eating (Ball & Lee, 2002; Denisoff & Endler, 2000; Fitzgibbon & Kirschenbaum, 1990; Freeman & Gil, 2004). All of these theories contribute to the assumption that individuals who experience negative affect that they are unable to properly regulate, turn to employ a strategy they have access to: overeating (Evers et al., 2010; Wiser & Telch, 1999). However, this strategy is highly maladaptive for their mental health and general physical wellbeing. This suggests that the problem lies not with the associate experience of negative emotions, but rather with the lack of adaptive coping and emotion regulation strategies present to regulate the negative affect.

One quantitative study conducted in Finland examining emotional eating and depressive symptoms in relation to food choices in men and women found that higher levels of depressive symptoms lead to increased levels of emotional eating (Kontinen et al., 2010). However, it is also plausible that emotionally driven eating leads to negative emotions such as guilt, especially in restrained eaters. Additionally, the relationship between food consumption and negative emotions such as depressive symptoms is probably bidirectional: mood affects choices and food consumed affects mood (Gibson, 2006). Emotional eating behaviours have been referred to in the literature as a serious health issue and as a precursor to developing an eating disorder, or as a symptom of having one (Capasso, Putrella, & Milano, 2009; Pawlik-Kienen, 2007). It is therefore of interest to look at the processes underlying this behaviour in order to further aid diagnosis and intervention and to reduce or prevent the risk of emotional eating and eating disorders. Furthermore, understanding these processes in a population that has not received much attention in this field will help in developing a gender-specific treatment model to best address the needs of men who turn to food in an attempt to regulate their affect.

1.4 Summary of Literature Review

Prior research has mainly focused on addressing the impact stress has on eating and food choice, rather than the phenomena of emotional eating itself, predominantly using surveys, experimental and observational methods. Quantitative studies looking at emotional eating have used surveys such as the Dutch Eating Behaviour Questionnaire (DEBQ; van Strien, Frijters, Bergers, & Defares, 1986), which asks participants to rate their desire to eat in response to negative emotions, the Three Factor Eating Questionnaire R-18 (TFEQ-R18; Karlsson, Persson, Sjoström, & Sullivan, 2000) which assesses the perception of eating more in response to negative emotions, and the Emotional Appetite Questionnaire (EMAQ; Geliebter & Aversa, 2003), which includes the role of both positive and negative emotions on eating behaviour. Ouwens, van Strien and Leeuwe (2009) investigated the associations between depressive symptoms and emotional eating and found them to be positively associated. This has led to a further understanding of the emotions that may trigger emotional eating and has provided us with insight into how the different interlinking processes such as attachment, affect regulation and dieting have an effect on the behaviour. However, the research has scarcely looked at emotional eating from a qualitative perspective.

As mentioned above, studies on emotional eating have mostly been limited to quantitative methods (see Davey, Buckland, Tantow, & Dallos, 1998; Gonzalez and Vitousek, 2004; Harvey, Troop, Treasure & Murphy, 2002; Kottinen et al., 2010; Phillips, Senior, Fahy & David, 1998; Macht, Gerer, & Ellgring, 2003) and have primarily investigated the relations between negative affect and emotional eating (Spoor et al., 2007). These studies found that certain emotions: disgust, anxiety, fear, shame and guilt (Andrews, 1997; Burney & Irwin, 2000), were all in some way linked to disordered eating (McNamara, Hansen, & Hay, 2008). It has been recognised that emotion leads to altered eating behaviours (Ganley, 1989; Greeno & Wing, 1994) and that a decrease in food intake and loss of appetite are natural physiological responses to negative emotions (Schachter, Goldman, & Gordon, 1968; Spoor et al., 2007). Overeating, especially in overweight and obese individuals

has been found to have a strong link between negative emotions and thoughts (van Strien & Ouwens, 2003), which therefore results in an uncontrollable cycle of eating and negative emotions.

Despite a clear indication that emotional eating is both a problematic and common behaviour, empirical research of this process is not extensive. Acceptance of this common behaviour as being problematic is documented in the media e.g., television and movie scenes when an individual (more commonly a female) is stressed or sad and shown to be consuming an excessive amount of food. We often see people eating as a response to bad news, stressful situations or negative mood in daily life. Although we are surrounded and aware of this process occurring around us, the scientific literature exploring this issue is not comprehensive, especially focusing on the male population.

It is evident that emotional eating may play a significant role in the aetiology of eating disorders and obesity, and has been observed in healthy, non-restrained individuals (e.g., Newman, O'Connor & Conner, 2007; Nguyen-Rodriguez et al., 2008; Polivy, Herman, & McFarlane, 1994). The study of emotional eating started as an attempt to understand obesity (e.g., Faith et al., 1997; Ganley, 1989), and has therefore mainly focused on an obese population, or those with a diagnosis of an eating disorder, however, if one was to look at eating behaviour on a continuum, it is just as important to understand the potential beginnings of an eating disorder, as it is to study those who have already been diagnosed. Therefore, it is necessary to research and understand the processes of emotional eating further in order to start identifying methods of prevention and treatment, especially as the rates of obesity are continuing to rise, making it even more important for us to understand the functions of eating and help control it (Hill, Catenacci, & Wyatt, 2005). A qualitative study would allow us to further understand the processes that individuals undergo when seeking out food in an attempt to regulate their affect.

Although the research has looked at gender differences in emotional eating and has found significant differences, to my knowledge, there has been no investigation into the process of emotional eating in men. This study aims to fill this gap. The next

section presents the contribution this study will make to the existing literature alongside the research question and aims. It will also discuss the relevance and contribution that findings will have for Counselling Psychology.

1.6 Research Contribution and Rationale

1.6.1 Contribution to Counselling Psychology

One of the primary reasons for conducting research is to make a positive contribution to one's discipline or field of study. This study contributes to an area that is under-researched and yet is widely applicable to all practitioners working within mental health. Understanding an individual's relationship with food is likely to provide a window into their physical and mental wellbeing.

The study contributes to Counselling Psychology in several ways. In terms of application to practice, there is the potential for direct value for men who struggle with their relationship with food, as well as practitioners who work with these individuals. This is both in relation to acquirement of further understanding from the conceptualisation of the emergent theory of the process of emotional eating in men and its capacity for challenging existing assumptions. It will also provide insight into the experiences of men and their ability to reflect on their relationship with food, which has previously primarily been investigated with women. Studies have shown that males may have unique and distinctive needs such as gender role conflict, emasculation and masculine identity (Fernandez-Aranda et al., 2009; Greenberg & Schoen, 2008), and that research targeting this can potentially increase treatment efficacy for this group. Thus, the clinical implications for this study are vast in that understanding the process of emotional eating will provide enhanced understanding of elements for change in the therapeutic process.

Looking to wider stakeholders, there are potential benefits for service providers in supporting men who struggle with their eating as a result of negative feelings. The intention is that proposed recommendations for treating men who struggle with

emotional eating will be transferable beyond the parameters of the study and be of value to the profession (see Discussion section).

This study contributes to Counselling Psychology in that presently no study has explored the process of emotional eating in men. This study will therefore contribute to the understanding of this particular process and can further inform clinical practice.

1.6.2 Rationale for the Research

No studies, to date, have investigated the process of emotional eating in men. Studies on emotional eating have mainly focused on the female population and have used quantitative methods. Similarly, those studies have focused on clinical populations with a formal diagnosis of an eating disorder. However, the patients that I see within an NHS run Bariatric service and within private practice rarely meet the criteria for an eating disorder and yet their emotional eating significantly affects their life. Low mood, poor self-esteem, difficulties in relationships and an unhealthy body weight can all be the results of emotional eating. Male patients often struggle with making the connection between their eating and emotional states, yet acknowledge that they struggle with overeating in response to stress and coping with difficult situations. Therefore, the aim of the research is to investigate how men manage their emotions through eating.

This study proposes, therefore, that this aim focuses on a critical gap in the research literature, drawing on data from men who self-identify as eating in response to their emotions. In this way it will attempt to explain the process these men undergo when turning to food in attempt to manage their emotions. In summary, the rationale for this study is to investigate how men manage their emotions through eating to enable Counselling Psychologists to develop preventative measures and treatments for men who emotionally eat.

CHAPTER 2: Methodology

In this chapter I will explain the context and development of my research question as it evolved through both my work and personal interactions. This study used grounded theory to analyse in-depth qualitative interview data to explore how men make sense of emotional eating. I will discuss the constructivist research paradigm within which this study is positioned. This will also include an explanation of my ontology, epistemology and methodological positioning as well as my own values and motivations as a researcher and Counselling Psychologist.

The chosen method of Charmaz's (2006) version of constructivist grounded theory is discussed with a detailed description of the design and procedures of the study. This also includes ethical considerations and will explain how my own reflexivity is woven into the process, displaying examples throughout using reflective spaces (presented in light blue italicised writing).

2.1 Research Question

Developing the research question is an essential stage in the research process (Burck, 2005; Mays & Pope, 2000). The research question that guided this study was as follows:

How do men manage their emotions through eating?

Within the process of Grounded Theory I acknowledge the importance of reflexivity and have therefore reflected on the assumptions and beliefs I have brought to this study prior to data collection.

- I acknowledge my assumption that emotional eating is a phenomenon that exists and can be experienced by individuals.
- Men experience and are able to self-identify emotional eating.
- Participants being interviewed will be able to describe the process of emotional eating.

- Men who are being interviewed are open to the idea of discussing their emotional eating and emotions.
- Some men will find it difficult to share personal details and will be affected by the interviewer being a woman.
- Participants who agree to take part will be self-identified therefore will see emotional eating as something they struggle with.

2.2 Development and Aim of the Research

After having studied parental feeding styles as part of my master's degree it sparked my interest in people's relationship with food. My fascination for the way in which we use food grew and upon embarking on the doctorate I sought out placements and clients who presented with difficulties with eating. I attended various training sessions around eating disorders and it struck me that individuals who did not fit the criteria for an eating disorder were also struggling with their relationship with food, which was affecting their lives in a multitude of ways.

As part of my work within an NHS bariatric service I assess patients' suitability for surgery and it dawned on me how many male patients were struggling with emotional eating but were less aware of it being a problem than female patients. Not only did the men often not recognise it as a problem, they struggled in finding a way of managing it. I suddenly felt I needed to understand these processes more, in order to better help my patients in preparing for life post-operatively but also with learning to identify, label and process their emotions. Identifying the lack of information about men and emotional eating as a 'problem area' (Glaser, 1978), I wanted to understand the process men go through which results in eating as a means to regulate their emotional state.

The research aim of this study became centred on attempting to capture this process of managing emotions and eating in men. Within the field of eating disorders it appeared as though there was very little understanding of how men managed their emotions through the use of food. Previous research has focused on understanding

the relationship between emotions and eating through the use of quantitative questionnaires. Instead, I wanted to understand the process men go through which results in eating as a means to regulate their emotional state. Therefore, a qualitative methodology was the most appropriate choice as it allowed me to explore the process of emotional eating in men. It is my opinion that emotional eating and masculinity are both socially constructed phenomena and therefore the nature of these phenomena can best be captured using a qualitative method that accepts a constructivist position, specifically Charmaz's (2006) Constructivist Grounded Theory.

2.3 The Research Paradigm and values as a researcher

In order for a study to be robust, one must ensure a strong research design (Mills et al., 2006). Therefore, I first needed to choose a research paradigm that is consistent with my own understanding and beliefs about the nature of reality. Consequently, I put myself through an ontological cross-examination; I detail my journey below.

I did not reach a conclusion about my view of the world easily; I am influenced by my history (childhood, upbringing, etc.) and my cultures, which have shaped my meaning of truth and ultimately my view of the world. I also had to consider my views as a Counselling Psychologist and my values in both roles as a practitioner and researcher. In both roles I believe that within the relationship of researcher/therapist and the participant/client, meanings are co-constructed. As much as we aim to remain 'neutral', we are at the core, only human after all, and therefore bring our own values and beliefs to the research/therapy room. Reflexivity is therefore paramount and values must be acknowledged as an unavoidable part of the outcome of the research (Appleton, 1997; Mills et al., 2006; Stratton, 1997). Historically, the position of the researcher was of a "*distant expert*" (Charmaz, 2000, p. 513) whereas, constructivist grounded theory identifies the researcher as an author of the co-constructed meanings. Therefore reflexivity is paramount in constructivist grounded

theory as to acknowledge how the researcher's understandings and past influences may in turn affect the emergent data and theory.

This 'journey' of acknowledging my own assumptions and values about the world led me to constructivism. Constructivism challenges the existence of an "*objective reality, asserting instead that realities are social constructions of the mind, and that there exist as many such constructions as there are individuals (although clearly many constructions will be shared)*" (Guba & Lincoln, 1989, p. 43). A constructivist perspective declares that reality is not simply uncovered, but is constructed in the minds of human beings. As a result, multiple realities of a problem may be formed from various 'socially constructed' positions. A constructivist approach to research places emphasis on how the participant and the researcher co-construct reality, which results in the establishment of one *form* of reality, rather than an *objective* reality.

This study assumes a relativist ontological position taking the perspective that concepts such as truth, reality, good versus bad, norms, gender roles and eating disorders are understood as relative to specific theoretical frameworks, societies and cultures (Bernstein, 1983). That is, that multiple individual realities exist and are influenced by their context. Epistemologically, constructivism highlights the relationship between researcher and participant as subjective and acknowledges the co-construction of meaning between them (Hayes & Oppenheim, 1997; Pidgeon & Henwood, 1997). Thus, researchers who subscribe to a constructivist paradigm must acknowledge their "humanness" and accept that their values and views will inevitably become a part of the outcome (Appleton, 1997; de Laine, 1997; Guba & Lincoln, 1989; Stratton, 1997). In seeking a methodology that fits both my epistemological (subjectivist) and ontological (relativist) positioning, I was led to constructivist grounded theory.

2.4 Grounded Theory

Grounded theory is a qualitative method that aims to put together an explanatory model from the data. It is often used for the study of new areas within research

(Willig, 2008). It strives to construct theory and does so through an inductive process of data collection (Mills et al., 2006; Morse, 2001). Grounded theory was originally developed by Barney Glaser and Anselm Strauss who sought out to develop a method that would move data to theory that were ‘grounded’ in the data (Willig, 2008).

2.4.1 Constructivist Grounded Theory

The distinction between classical versions of grounded theory and constructivist grounded theory is the “*nature of the relationship between researcher and participant*” (Mills et al., 2006 p. 2). As mentioned above, original grounded theory was developed by Glaser and Strauss, however, having parted ways, they since put forward different techniques in which grounded theory should be carried out. Pure ‘Glaserian’ grounded theory requires the researcher to take a passive position and to begin research with an empty mind in order to allow for a theory to emerge through the data (Willig, 2008). On the other hand, pure ‘Straussian’ grounded theory proposes that the researcher goes on to interpret developing theory by having some idea about the direction of the research from the onset.

However, Charmaz proposed that theories do not just ‘emerge’ from the data; instead through interaction with the data, the researcher constructs both categories and theories. Constructivist grounded theory subscribes to a relativist ontology, and thus assumes that the theoretical analyses are not objective reportings but interpretative “renderings of reality” (Charmaz, 2008, p. 206). The researcher takes an emic perspective that adopts both a reflexive and relativist position towards the data (Charmaz, 2006).

A subjectivist epistemology is held at the centre of constructivist grounded theory. It places emphasis on the role of the researcher and places them in the research as a co-creator as opposed to of a passive observer. Constructivist grounded theory points out that the researcher’s philosophical, political and personal background can influence the decisions that are made in relation to questions, themes, and the way in which the actual methodology is applied. It is therefore why constructivist grounded

theory is believed to develop one way of making sense of the phenomenon, rather than revealing the ‘truth’.

2.4.2 Rationale for Grounded Theory

The aim of this research is to explore the process through which men go when they use food as a way to regulate their emotions in order to develop a conceptualisation of the emergent theory. In areas where there is hardly any research, grounded theory is often applied in order to produce preliminary theories of a particular phenomenon (Strauss & Corbin, 1998), making grounded theory an appropriate approach for the present study. Grounded theory allows for theoretical sampling, which can help explore the differences and similarities of the processes of emotional eating in men. It also permits the adaptation of interview questions following previous interviews, which opens up the potential to investigate and capture the unique processes of different individuals. Grounded theory postulates itself as appropriate for socially constructed experiences (Charmaz, 2003; Goulding, 1998), which therefore may be especially applicable to the concept of eating disorders and socially constructed gender roles.

Interpretative Phenomenological Analysis (IPA) as developed by Jonathan Smith in the 1990’s was also considered as an approach to this study as it is a popular methodology within the field of Counselling Psychology. IPA focuses on exploring individual experiences and offers a way to develop rich and meaningful data to further understand a phenomenon, and helps makes sense of an experience (Smith, 2011). However, it does not provide a framework for understanding the processes underlying a phenomenon in order for an emergent theory to be developed.

Similarly, discourse analysis was also considered as an approach to this study as it fits well within a constructivist epistemology and can be useful when studying socially constructed phenomena such as emotional eating and masculinity. Discourse analysis brings attention to language and investigates the way in which participants use words and dialogue to communicate their experience (Willig, 2008). Again, the aim of this research was to understand the *processes* underlying emotional eating in men and therefore grounded theory was more compatible with the research question.

Additionally, as argued by Willig (2008) it is important that there be a ‘fit’ between the position of the researcher and the epistemological assumptions of their chosen methodology. As detailed above, I align myself with the assumptions of a subjectivist epistemology and appreciate the role that a researcher has in investigating such a possibly sensitive subject; therefore, a constructivist grounded theory approach as developed by Charmaz (2000) was applied to the present study.

2.5 Reflexivity and my position as a researcher

It is important to reflect on my relationship with the topic within a personal and professional capacity as qualitative researchers play both an intimate and direct role in the process of research (Dwyer & Buckle, 2009). Reflexivity is therefore vital in order to consider how this might affect the questions I asked and how I interpreted the data. Below I reflect on my professional relationship with the topic, i.e., what my experiences and assumptions of emotional eating are. Furthermore, I reflect on my personal relationship to emotional eating and how my own experiences can potentially affect my understanding of the process of emotional eating.

2.5.1 The Female Researcher – Male Participant

The female researcher – male participant interaction and the implications of this dynamic must also be reflected on and were kept in mind during the interview and analysis of the data. I am a 27-year-old white European, slim, married woman interviewing men about their relationship to food. Therefore, as suggested by Etkin (1981) gender role stereotypes must be acknowledged, as I am a part of a culture and am both directly and indirectly influenced by it.

There are both limitations and strengths to a female researching a phenomenon as experienced by men. Research has found that a male therapist when with a male client may be more likely to observe what they expect to observe (Turk & Salovey, 1985) therefore, a male researcher may be more likely to place their own experiences and beliefs onto the experience of the participants. As a female researcher I kept an open mind to the experiences of the male participants without personalising the

experience to myself. A female researcher can also potentially enable male participants to feel free from having to adhere to masculine stereotypes.

In *Gender in the Therapy Hour: Voices of Female Clinicians Working with Men* (2012), the author Sweet proposes that women working with men should have a positive attitude and genuinely like men; she also suggested the following to working with males as a female clinician: understanding the social role of men, taking a positive perspective of men's behaviour rather than a "male-blaming" one, and understanding how hard it can be for men to come to therapy (and it in this case research). As a female researcher, I strived to make the interview an inviting place for the male participants and paid close attention to my own feelings and thoughts in the relationship during the interview process.

2.5.2 Personal Relationship to topic

My hope is that by being transparent about my relationship with the research, it will be clear to the reader how I have influenced the interpretation of the data. I acknowledge that my life experiences and cultural background, despite a commitment to cultural competency in practice (Gray & Smith, 2009; Ryde, 2009), shape my perspective of the world and as a result, this interpretation of the research and findings. I have a strong interest in the research as I currently work with numerous clients who present with emotional eating both in private practice and within an NHS run bariatric service. My MSc was in Health Psychology focusing on parental feeding styles and the effect it has on individuals' relationship with food in adulthood. Therefore, I come to this research with a prior knowledge and interest in the topic, both of which have significantly contributed to the formation of this research study. The development of the research question, which is closely linked to my personal relationship with the topic, is continued in the next section.

The motivation behind this research comes from both personal and professional experiences of male family members, friends and clients using food as a means to regulate their emotional states, demonstrating how inter-relational dynamics can be played out with food. I have come across emotional eating, both personally and through my professional practice and have long been interested in exploring the

underlying motivations behind using food as a means of managing emotions. Having had a particular interest in eating disorders since my undergraduate psychology degree, I have pursued this area of research for quite some time.

Seeing a gap in the literature, especially when it comes to men, is what led me to this topic. As with any research it becomes a big part of your life and you notice things about yourself and around you that you may not have noticed before. I refer to the growing media coverage on emotional eating throughout the research project and have noticed a significant increase in the general public's interest of eating disorders, especially obesity and emotional eating. One could argue the interest has always been there and perhaps I am now sensitised to it, however, I have noticed that the term emotional eating is becoming more widely accepted and understood.

Reflective Space

At the outset of this research I would often find myself explaining what emotional eating was to people and would either be greeted with puzzled looks or vigorous nodding (signifying they themselves could identify with this 'label'). Throughout the years I have noticed that people now respond differently, with the majority asking "I thought everyone emotionally ate?" or "I thought all eating was emotional?" This raises an important question and has led me to evaluate my own personal beliefs about eating and the routes of our behaviour and relationship with food. I acknowledge that I believe we have been taught from a young age that food can not only satiate our hunger but also alleviate any feelings of distress, starting as early as breastfeeding – often when a child cries, the immediate reaction is to feed the baby, in order to soothe them. This therefore begs the question whether we have been pre-programmed to emotionally eat from the outset and whether those statements regarding 'everyone emotionally eats' and 'all eating is emotional' do hold some truth.

It is important to note that some eating is often closely related to emotions, especially socially, in terms of celebrations such as weddings, birthdays and even at times of sadness such as funerals. However, emotional eating can be described as

eating in response to your emotions with a function of regulating your affect or state. Therefore, it can be argued that it can be a negative and potentially dangerous method of responding to and dealing with your emotions. This is where reflexivity is important as some might argue that if emotions are being regulated and a person has found a way to cope then why is that a problem? My belief is that it acts as a temporary solution to the underlying cause and that emotional eating can be seen as an indication of a more severe issue. This is fundamentally why I am passionate about the research topic and feel it is important to further understand this process.

2.5.3 Professional Relationship to topic

When it comes to conducting this doctoral research, I am not neutral. I work within a bariatric service and a private clinic that specialise in eating disorders. I therefore have prior experience and knowledge about eating disorders and have worked with clients who have experienced a form of emotional eating. Having worked with it previously has made me particularly mindful that there may be a possibility of me making my own assumptions about the reasons why men use food as a way of managing their emotions.

In order to manage and oversee the impact I have had on the process, I kept a personal notebook where I documented any significant parts of the interviews and thoughts post interview (see Figure 1 for an example of a post interview memo). I also discussed thoughts about the research and emerging data in supervision. It is inevitable that my organisation of codes and interpretations will comprise of my understanding, however, I entered the process having prepared myself to remain neutral and endeavoured to understand the experience as the participant presented it.

Bearing this in mind, the research has been a positive experience and has allowed me to explore in detail something that has fascinated me for a long time in a population (men) that appears particularly reluctant to seek help for mental health problems (Cusack, Deane, Wilson & Ciarrochi, 2004; Mahalik, Good & Englar-Carlson, 2003). It has helped further my understanding of affect management, and has informed my clinical practice for current and future clients. Throughout the study I have engaged in note taking and reflection in a reflexive diary in order to resist bias

and possible over-identification with the process and experiences of the participants. There are excerpts from the reflexive diary throughout this piece of work to demonstrate my engagement with the research and frequent self-reflection; I have also stated my assumptions about the research in section 2.1.

What struck me at the outset of this research was the automatic assumption people made that it is mostly women whom emotionally eat, which is in line with our socially constructed image that is portrayed in society, especially through the media, that is only women who turn to food when feeling sad, lonely or upset. Having had a couple of male clients who described their difficulties with food and finding ‘comfort’ through eating I was interested in looking at why men turn to food and how socially constructed pressures of being ‘masculine’ affect this process.

2.6 Data Collection

The details of recruitment procedures as well as the inclusion and exclusion criteria are indicated below.

2.6.1 Inclusion and exclusion criteria

The inclusion and exclusion data was guided by the research question and the existing gap in the literature. Therefore, as this study was the first qualitative study attempting to capture the process of emotional eating in men, inclusion criteria were kept general to allow for a diverse range of participants to be included in the study thus allowing a true reflection of the process of emotional eating in men.

The following is a list of inclusion and exclusion criteria for the sample:

Inclusion Criteria:

- Male
- Over the age of 18
- Individuals who self identify as eating in response to their emotions (emotional eating)
- Non-clinical population

- Individuals who have not previously engaged in clinical services
- Individuals who are not currently engaged in clinical services

Exclusion Criteria:

- Female participants
- Participants with an active or past eating disorder diagnosis will be excluded in order to allow the sample to be non-clinical. This will allow the study to look at the experience in the non-clinical sample and will avoid causing distress to vulnerable individuals.
- Participants who are not fluent in English will be excluded due to phenomena being explored, which need to be communicated without a language barrier.

2.6.2 Recruitment

Initially, recruitment took place by word of mouth by informing colleagues and acquaintances that I was conducting the study. Through this method, I was placed in contact with 10 potential participants, six of which met the criteria for the study. A total of six participants were recruited through posters that were put up around City University (see Appendix A); one participant was recruited via a ‘Slimming World’ online forum. The recruitment process lasted between May 2014 and November 2014, lasting a total of seven months. Each interested participant was emailed an outline of the study, a participant information sheet, (see Appendix B) and was asked for their phone number in order to make telephone contact to screen the participants and to discuss any queries they might have.

The recruitment for this study was much easier than predicted; colleagues, friends and participants all noted that perhaps there was always an emotional aspect to eating and that, almost, anyone and everyone could identify as an emotional eater especially in stressful times. The experience of recruiting for the study has led me to conclude that the issue of emotional eating is far more common than I had initially expected.

Reflective Space

It is interesting that since the beginning of the study, media in the UK and the world has also picked up on themes of emotional eating especially in terms of the rise in obesity. In November of 2014 Weight Watchers (a popular weight loss programme) released their new advert replacing the lyrics of “if you’re happy and you know it, clap your hands” with “if you’re happy and you know it, eat a snack... if you’re sad and you know it, eat a snack...” proceeding to name other emotions and ending with “if you’re human, eat your feelings, eat a snack” demonstrating the widespread belief that we eat in response to our emotions. I found watching this advert evoked a number of emotions in me – at first, satisfaction that the subject was accepted widely to be a ‘real phenomenon’ but also sadness in how a difficult issue for a lot of people is being used in such a humorous way. To overcome emotional eating, individuals do not only need to learn how to cope with their feelings and difficult situations but also need to gain insight into why these behaviours started in the first place. This advert is portraying that by simply following a diet (Weight Watchers) that this will help tackle their need to ‘eat their feelings’ or their use of food for things other than just sustenance. It just strikes me whether socially we blame and judge others for not being able to ‘control’ their eating and fail at these set out diets... people continually struggle with their bodies and their relationship with food and all these types of programmes do is perpetuate the socially accepted discourse that it’s the individual’s fault... I hope further research into this phenomenon can help us further understand this process and raise awareness that it’s not just as easy as counting weight watchers points...

2.6.3 Sample and Participants

The only demographic information collected from participants was age. I did not ask weight and height to calculate participants’ body mass index scores (BMI: weight in kilograms (kg) divided by height in metres (m)) as I did not feel that BMI would make someone’s experiences of emotional eating any more or less valid.

The sample included a total of 13 men aged between 23 and 61 years old. Half of the participants were from the UK, four were from Europe, and the rest were from

Mexico, Egypt and Malaysia. All participants volunteered their nationality without being prompted and often referred to their country as playing a vital role in their relationship with food. However, in order to maintain anonymity Table 1 does not list their respective nationalities to ensure that participants are not recognisable.

As recommended by Charmaz (2006), two approaches were taken to sampling this study, purposeful and theoretical. The initial sample was made up of ten participants who provided rich data about their understanding of their relationship between emotions and eating, which informed the course of the study (Morse, 2001). Following the analysis of these 10 interviews, categories were developed related to navigating emotions and masculinity through eating, justifying further exploration (Charmaz, 2008). Thus, a further three participants were recruited according to the principles of theoretical sampling to develop the emerging categories further (see section 2.7.7 for reaching theoretical saturation).

Table 1. Relevant Demographic Details of Participants * Presented in the order that interviews were conducted

Participant Pseudonym	Gender	Age
<i>Oliver</i>	<i>M</i>	55
<i>Jack</i>	<i>M</i>	23
<i>Charlie</i>	<i>M</i>	30
<i>Will</i>	<i>M</i>	26
<i>Ben</i>	<i>M</i>	27
<i>Thomas</i>	<i>M</i>	25
<i>Adam</i>	<i>M</i>	48
<i>Dan</i>	<i>M</i>	26
<i>Harry</i>	<i>M</i>	23
<i>Max</i>	<i>M</i>	61
<i>James</i>	<i>M</i>	28
<i>John</i>	<i>M</i>	27
<i>Sam</i>	<i>M</i>	37

2.6.4 Ethics

The City University Ethics Committee reviewed and approved the research proposal for the study. A chartered Counselling Psychologist with a specialist interest in eating disorders and obesity closely supervised this study; this ensured I had an appropriate place to discuss any issues or dilemmas. Participant care and safety were of great importance and the research was conducted in keeping with the British Psychological Society (BPS, 2004) ‘Guidelines for Minimum Standards of Ethical Approval in Psychological Research’. The following guidelines were adhered to:

- Protection of participants from any possible harm
- Safeguarding of anonymity and confidentiality
- Obtaining full and informed consent
- Providing supportive briefing and debriefing
- Signposting on to further support services if requested or required
- Strict compliance with data protection guidelines
- Participants fully aware and given option to withdraw

Possible harm to participants was considered; it was acknowledged that the interview process might evoke feelings of anxiety or painful memories, thoughts and feelings. The possibility of participants feeling rejected was considered, as those who did not meet the criteria would not be given the opportunity to share their experiences. The risk of increased anxiety however was small, considering there was an option to withdraw at any point and exclusion criteria acted as a safety mechanism to keep individuals who were considered too vulnerable out of the study. The risks were weighed up and the conclusion was that the benefits of taking part outweighed any risks as the participants who agreed to take part would self-select themselves and would therefore be interested in learning more about the process they undergo when turning to emotional eating.

Measures to ensure the researchers safety were also considered. Before each interview, the research supervisor was notified of the time of interview, location and

room number and estimated time of completion. Following the end of each interview, the researcher contacted the supervisor to confirm completion and safety.

Before the interview started, each participant was given a paper copy of the participant information sheet (Appendix B), and a copy of the consent form (Appendix C). Participants were informed that their anonymity would be maintained and that they would be given a pseudonym for the writing up of findings. They were also informed that the interview and their answers would be kept entirely confidential and that excerpts of their transcribed interview would be included in the final thesis and any potential further publication of findings. Participants were asked if they had any questions about their participation and whether they were happy to proceed. The right to withdraw was made clear before the start of each interview; it was explained that they could do so before or up to one-month post interview. Each participant was told this would not result in being penalised or disadvantaged in any way. The interview was not expected to cause any distress or psychological harm, however, participants were told that they could stop the interview at any time or choose not to answer any questions they did not want to.

Following the interview, participants were offered a 5-10 minute non-recorded debrief session that allowed them to discuss the interview and to ask questions. Each participant was given a debrief information sheet (see Appendix D) which included my phone and email contact details should they have any further questions following the interview. The debrief information sheet also included details of further reading, additional support, information about confidentiality and complaint procedures. All participants were informed of how the information from this study may be disseminated (i.e., Doctoral thesis write up and further publication of the study) with the objective of furthering our understanding of emotional eating in men.

This study complied with the duties and obligations under The Data Protection Act 1998. All recordings were kept on an encrypted hard drive secured within a locked cabinet at home separate from the consent forms, which were kept in another locked cabinet. All interviews were anonymised following transcription and were stored on a password protected and encrypted laptop (using 'file vault' on an Apple machine).

All data will be destroyed after 5 years from the end of the study in accordance with BPS guidelines.

2.6.5 Pilot Interview

A pilot interview allows the researcher to test the general research questions being asked before the data collection really begins. Pilot interviews within grounded theory allow the researcher to learn prior to the formal research undertakings beginning and recognise various variables to be considered (Campbell, 1990). Thus, the process allowed me to see whether semi-structured interviews would be sufficient in collecting the meaningful and in-depth data needed for an ethical and robust research project.

Carrying out a pilot interview enabled me to try out the questions and develop my skills in interviewing. It was essential for me to feel comfortable with the process of interviewing and with the topic itself, as I would be interviewing men who might feel uneasy or shy being interviewed by a woman. There was a certain concern that I might influence their responses if I asked the questions in the ‘wrong’ way. This pilot allowed me to prepare and to adapt the questions in a way that assisted participants to speak candidly and honestly about the subject without feeling ‘judged’. Initially, the opening question asked participants to detail a ‘normal day of eating’, which invited answers that listed types of foods and schedules. After the pilot interview, the opening question was changed to ‘what made you interested in taking part in this study?’ which invited more substantial discussion on emotional eating. Other questions were also adjusted to be more open-ended and stimulating.

The pilot consisted of me interviewing a male friend who had self-identified himself as an emotional eater. He appeared very self-aware and insightful when it came to his eating habits and met the inclusion criteria. When I met with the pilot participant I explained the purpose of the study and the interview as well as confidentiality. I obtained consent and gave him a printed copy of the information sheet that he had also received by email prior to our meeting. I asked the participant if he had any questions prior to starting the recording and when he was happy to proceed, I set up the Dictaphone and started the interview.

The pilot interview (Appendix F) allowed me to explore the dynamics of a woman interviewing a male about his eating habits and the experience as a whole. Did the participant feel comfortable? Did they feel led or too probed? How did it feel talking to a woman? Did they understand the questions? Were they expecting any specific questions – if so, what were they? This helped me edit my questions and adapt the interview schedule to include things that either the participant or I felt were missing or could use restructuring. It provided me with vital information about my interviewing style such as what it felt like speaking to someone about the topic of emotional eating. It was also worthwhile as it helped me identify what tools I needed during the interview such as a notebook to jot down thoughts or observations that came to mind such as visual cues and other thoughts/reflections pre and post each interview.

2.6.6 Procedure

Following the pilot and restructuring of the interview schedule (see Appendix F), recruitment commenced. Once participants got in touch to express their interest, they were sent a brief summary of the study that detailed what would be expected of involvement, a participant information sheet, and a consent form (see Appendix B and C). Once the participant agreed to take part in the study, a mutually agreed time, date and location was agreed upon.

Five of the participants were interviewed at their place of work, one was interviewed at a private therapy clinic and seven were interviewed at City University, London. Each interview lasted between 55-70 minutes and took place in a quiet and private room to ensure the participants felt safe and comfortable.

At the end of each interview, participants were given a £20 book voucher to reimburse them for their time. Finally, participants were asked whether they would like to see preliminary results of the study and whether they would be willing to offer any feedback they had, to which all participants said they would. The interviews were recorded on a Dictaphone and transferred to an encrypted hard drive for storage prior to transcription.

2.6.7 Interviews

Semi-structured interviews were used as the method of data collection. The use of focus groups was considered where a number of men could have discussed their views on emotional eating. However, due to discourses such as ‘men do not have problems with food’ and ‘men should be strong and deal with difficult feelings’, and the lack of literature on the subject, I speculated that the men might feel judged and worried about their ‘masculinity’ and may therefore not speak as openly about their views or experiences with emotional eating in front of other men. As a result, interviewing individual participants using semi-structured interviews was considered to be the most suitable method. It allowed participants to feel open and comfortable enough to share and discuss their emotional eating. I felt the interviews drew on skills that are similar to those required for a Counselling Psychologist such as displaying respect for differing opinions, genuineness and congruence. I also have the skills that enable me to reflect, summarise, actively listen and formulate questions to previous answers.

As recommended by Willig (2008) the interview agenda consisted of a small number of open-ended questions that started with general questions and slowly moved on to more personal questions once rapport had been established. Interviews began with a broad question to allow participants to reflect on what it was that attracted them to study in the first place and why they themselves identified as emotional eaters. It felt like an important question as for many it was the first time they had ever seen and identified with the term. From there, I had three main areas (relationship with food, understanding of emotional eating and masculinity) that I wanted to cover, each of which had a number of open-ended prompts to encourage an in-depth exploration of any emerging themes.

Although there was an interview agenda (see Appendix F), it is important to note that the interview did not always follow this structure and not every question was used in each interview as I found it more effective to follow the flow of the participants’ experiences. Additionally, the interview agenda was edited in response to emerging themes following each interview (Charmaz, 2006).

Following each interview I wrote down thoughts and descriptive details of the process. I ensured the notes I took throughout the interview were legible and were elaborated on post-interview. I noted observations such as anything that was triggered in me, visual observations about the participant's use of words, body language, eye contact and anything else that struck me. Such non-verbal cues and observations built on the data during analysis. Below is an example of a post-interview memo (Figure 1).

Post-interview Memo with Will

I couldn't help but notice the lack of eye contact in this interview, I felt as though Will was nervous at first and answered a lot of the initial questions with a smile, which came across as quite distant and detached from the process. Throughout the interview, Will almost looked like he felt he was saying the 'wrong thing' and would look to me to confirm whether what he had said was OK. Will commented on how although he felt more comfortable talking about his experiences with a woman, he was worried that he might be offending or stereotyping me when asked about the differences between women and men and their relationship with food. I wonder how the dynamics of a woman asking a man about femininity and masculinity in relationship to food influences their response. This is going to be a really important part of the interviews and I have to make sure that I can come across as open to any opinions and that I am here to understand them rather than make my own judgements.

Figure 1. Example of post-interview memo

2.7 Analytic process

2.7.1 Role of the Literature Review in Grounded Theory

A primary characteristic of grounded theory is that the researcher refrains from doing a literature review until theoretical integration has been achieved. The extent to which this is practical or desirable remains debated (e.g., Charmaz, 2006; Fassinger, 2005; Glaser, 1978; Glaser & Strauss, 1967). According to Glaser, literature should be read once the emergent theory has been sufficiently developed, so as to ensure the risk of bias is minimised (Glaser, 1978; Hernandez & Andrews, 2012; Holten, 2007). A more pragmatic view as Strauss and Corbin (1998) suggest is to access the literature in an earlier stage in the process as it is unrealistic to assume that the researcher sets out to conduct research with no previous knowledge of the subject (Bryant & Charmaz, 2007; Gray, 2004; Pidgeon, 1996). Some familiarity with the research literature is necessary to ensure that the knowledge of the subject area is up to date (Fassinger, 2005) and in keeping with the doctoral level of research, is an original study and addresses a gap in the literature.

Deciding when to conduct the in-depth literature review is therefore a critical decision in a study that adheres to grounded theory principles. I had prior knowledge of the field from my professional background and did a brief literature review in order to present a proposal for the study. However, I refrained from doing any further thorough literature searches until the analysis stage was almost complete and the theoretical integration was in its final stages.

2.7.2 Transcription

Each audio file was transcribed verbatim (see Figure 2 for example) following the interview to allow for coding before the next interview in order to direct sampling and narrow the focus on newly emerging categories. Although transcription is a time consuming task, it allowed me to become extremely familiar with the data and nuances such as laughter, pauses, body language and tone of voice. Following transcription, each tape was listened to whilst I re-read the transcript in order to ensure any errors were corrected.

Interviewer: *Ok... and thinking about it as a man, do you think you have a different relationship to food than women do? Or even other men?*

Oliver: *Umm... I think I'm more flexible than some other men. I've certainly found some men who don't touch anything if it isn't meat and won't touch vegetables and umm... umm... and I tend not to go for sort of huge steaks and things like that... I'm all right to go for something that's got a lot of flavor than for something that's got a lot of fat.*

Figure 2. Example of Transcript Oliver: lines 269-275)

2.7.3 Initial Coding

Line-by-line coding was implemented as suggested by Glaser (1978) in order to allow for in-depth coding. Initial coding was the first stage post transcription. During this process the following questions were asked as suggested by Charmaz (2006, p. 51):

- What process is at issue here?
- How does this process develop?
- What are the consequences of the process?
- How does the research participant act while involved in this process?
- What might his observed behaviour indicate?

Coding is done with words that indicate *action*; this method limits our tendency to interpret the data before having done the analytic work. Initial codes are therefore grounded in the data and are provisional, allowing you to remain open to other possibilities and to continue creating codes that appropriately fit the data. Coding in this way means that the data is free of the opinions of the researcher and can be looked at with an absence of bias and a level of objectivity (Charmaz, 2006). The benefit of coding line by line is gaining further insight into what kind of data to collect in the next interview. This allows data to be distilled and directs the research

early in the process of data collection. An example of initial coding can be seen in Figure 3 below and Appendix H.

<u>Participant's Quote</u>	<u>Initial Coding</u>
Then I suppose I start to get hungry	<i>Getting hungry</i>
about 12 umm... and since it's	<i>Listening to convention</i>
convention here to have lunch at	<i>Feeling even hungrier</i>
about one I sort of get hungrier and	<i>Waiting for others</i>
hungrier and wait till about quarter	<i>Finding something to eat</i>
to one... then I'll usually go around	<i>A lot of choice</i>
the local shops and find something	<i>Healthy choice</i>
now... up there...there is quite a	<i>Salad = healthy choice</i>
lot ... I... at the moment I mostly	
try to eat something that is vaguely	
healthy something like a salad	

Figure 3. Initial line-by-line coding of Oliver's interview (lines 53-63)

2.7.4 Focused Coding

The next phase of analysis is to select the most frequent and/or significant initial codes and label them as "focused codes" (Charmaz, 2006). Focused coding is used to combine and throw light on important parts within a large amount of data. These focused codes are then compared against other codes and the data, whilst simultaneously being analysed with written memos. I used a form of mind-maps to start identifying focused codes for each interview as I went along. Following each interview, I would go back to the previous transcripts and compare the two (further expanded upon below in section 2.7.6). (See Appendix I for an example of the development of initial to focused codes.) Once all interview transcripts were analysed, focused coding progressed. Focused codes were written down and grouped

into subcategories; these were then further grouped into categories with the final step of constructing a core category. The methods used can be seen in more detail in the Appendices J, & K.

2.7.5 Memo-writing

Memo writing played a crucial role throughout the research process and is a vital part of grounded theory analysis. Its purpose is to catch thoughts, comparisons and different connections that are made and to note directions that are worth pursuing (Charmaz, 2006). Memo writing allowed me to become more actively engaged in the data and made it more manageable to keep track of analytic notes and comparisons between data and data, codes and categories (and so on) as well as gaps in the analysis. Furthermore, memo writing allowed for focused codes to be raised to conceptual categories as can be seen in Figure 4.

There seems to be a relationship between some initial codes. There is something that links 'untypical', 'normal' and the notion of 'healthy'. Perhaps there is a pressure to adhere to socially accepted ideals of what the 'correct' way of eating is. It seems food choices encompass a lot of environmental and social motivations. I don't think that Ben is the only one who has experienced this... I believe at least Oliver and Jack have raised this too. I should go back in order to see what their experience of choice is like and whether there are similarities or differences.

Figure 4. Example of Memo

Early memos included an exploration of the data in an attempt to fill out qualitative codes and to direct and focus further data collection as suggested by Charmaz (1995). Later memos included descriptions of how subcategories and categories emerged and related to each other. Furthermore, they allowed me to compare participants, codes, categories, subcategories and contents between participants and within transcripts. During the literature review and write up of my introduction I

referred back to my memos to and compared these with the existing research which allowed me to refine the consequences of my analysis.

2.7.6 Constant Comparisons and Theoretical Coding

Grounded theory uses constant comparisons where the researcher asks the data how it relates to what has previously been said about it in the data. The data is systematically compared with both emergent analyses and other data by moving back and forth between emerging categories (Willig, 2008). Grounded theory does not stop with inductive reasoning, more precisely it requires constant comparisons that enable the researcher to shape the emerging theoretical concepts about the data whilst remaining fully grounded in the data itself (Charmaz & Henwood, 2008).

Negative case analysis was also used in order to continue to qualify and expand on the emerging theories. It allowed depth and density to be added to the emerging theory so that it was best able to capture the full intricacies of the data.

2.7.7 Theoretical Saturation

Saturation is achieved when no new codes can be found in the data and any further data that is collected only confirms what has already been coded. In terms of the scope and range of the research, the area of emotional eating has proved to incorporate a large population and falls on to a spectrum of eating disorders with varying degrees of consequences and severity. It is important to note that reaching theoretical saturation functions as a goal rather than a reality (Charmaz, 2006). The reason for this is although we may endeavour to reach full saturation, the revision and variation of our categories and adjustments to our perspective are always a possibility. This study has intended to reach theoretical saturation, however, has also been mindful of Dey's (1999) term of 'theoretical sufficiency' in that the final and published word is not final, but is seen as "*pause in the never-ending process of generating theory*" (p. 117). An evaluation of whether full saturation was met can be found in the discussion section. The following section presents the findings of the study.

CHAPTER 3: Analysis

3.1 Overview

In this chapter I will present the Constructivist Grounded Theory developed from the analysis of the 13 interview transcripts. I will explain the core category and four main categories that emerged from analysis. Each category will be discussed in turn, using referenced quotes from the individual interviews to illustrate each point.²

The intention of this chapter is to form a narrative from the fragmented codes that tell the story of men navigating their way through the world using eating as a way of managing their emotions. I hope to capture the complex processes and individual qualities of their lived experience of this phenomenon. There is a strong interconnection of concepts, which suggests the process of emotional eating is cyclical. I have attempted to cross-reference these themes to show the way they interconnect to add depth to the analysis.

The study introduced some participants to an unfamiliar concept that made them curious about their own behaviours, thoughts and feelings. The co-constructed meaning and sense making, in previously unexplored areas, has provided rich data and contributed to posing deeper questions that future research needs to address, while also lending a sharper clarity to the processes of emotional eating.

Although Corbin (2009) makes it clear that some grounded theory researchers aim to provide rich descriptions rather than develop a structured theory, the aim of this study was to provide a useful model or emergent theory that could help men in understanding their processes of emotional eating, or contribute to Counselling Psychologists' knowledge to help in supporting them. The research question was kept in mind at all times, attempting to uncover the process of:

How do men manage their emotions through eating?

²Direct quotes have been taken from participant's interviews, which have been presented in italics and alongside their participant pseudonym. Pauses in speech have been indicated by the use of three dots (...) and an omission in data or an inclusion of additional information for the purpose of clarification is denoted by square brackets []. Each quote is referenced by the participant pseudonym and line number e.g., (John: 116-120) represents John, lines 116-120.

Keeping this aim and the research question in mind, I was able to identify a core category and a number of subcategories as presented in Table 2. The process of constructing the theory resembled the process of putting parts of a puzzle together, selecting the pieces that continually emerged within participants. Engaging in this process allowed me to construct a complete narrative demonstrating the ways in which the pieces of the puzzle interact with each other. These results are outlined in greater detail throughout the chapter using interview quotes to illustrate the development of themes and categories.

Table 2. Core Category and Subcategories of the Present Study

Core Category: Navigating Emotions and Masculinity through Eating			
Category 1 Negotiating Masculinity	Category 2 Emotional Eating Serving a Function	Category 3 Seeking Control	Category 4 Stuck in the Cycle
<i>Belonging</i>	<i>Escape</i>	<i>Being Independent</i>	<i>Automatic Pilot</i>
<i>Just Get On With It</i>	<i>Regulate Affect</i>	<i>Maintaining Control</i>	<i>Temporary Relief</i>
<i>Men Eat Meat</i>	<i>Comfort and Reward</i>	<i>Being Superman</i>	<i>Negative Consequences</i>

3.2 Core Category: Navigating Emotions and Masculinity through Eating

The findings suggest that emotional eating is experienced as a complex and cyclical process of navigating emotions (positive and negative) and socially constructed ideals of masculinity. All participants in this study described a conflicting experience between what they *wanted* to do and what they felt they *should* do. When emotions or difficult life events occurred, participants found themselves struggling with wanting to accept the feelings whilst feeling they needed to be strong and resilient in managing these. Therefore in an attempt to gain control and demonstrate their masculinity, participants reached to something they *had* control over – their food intake. Participants described that food was a constant and helped serve a variety of functions. However, once this cyclical process begun, participants revealed they felt stuck in the cycle and were not able to escape the negative consequences that further perpetuated the cycle.

All participants struggled with managing the expectations placed on them as men in today's world. They grappled with messages of what they should, and should not be; these came from their families, social surroundings, work and media. Messages of men needing to be big, strong, decisive, controlled, meat eating, and wholly independent were paired with ideas that men should not be small, dependent, uncertain, lacking or emotional. What became clear throughout the interviews and analysis of the transcripts was that the men were constantly faced with conflicting ideas of what the 'right answer' was. This conflict is demonstrated in the findings below.

The search for the right answer and control (attempting to be superman) often led to seeking an escape from this internal and external pressure to be a certain way. This escape was in the form of emotional eating which would often result in feelings of disappointment and guilt. The self-perpetuating cycle of emotional eating was further triggered by their inability to experience their feelings and the need to be in control. All participants struggled at some point in this cycle and attempts at gaining control or escape was their way of self-preserving their masculinity.

As mentioned above, the process of emotional eating was seen to be a cyclical process of experiencing emotions, negotiating masculinities, seeking out food in an attempt to escape, regulate affect, comfort, reward or maintain control, concluding with a feeling stuckness and experiencing further negative affect, thus beginning the cycle again. The process of navigating emotions and masculinity through eating was central to all of the participants and encompasses the full cyclical process of emotional eating. There is further reflection upon these four categories in the cycle presented below.

3.3 Category 1: Negotiating Masculinity

This section presents a central category that all participants experienced as part of their process of emotional eating – negotiating socially constructed ideals of masculinity. Each of the subcategories: belonging, just get on with it, and men eat meat, were developed from the conflict that the men experienced wanting to belong and fit in, feeling that they had to behave and eat in certain ways whilst attempting to find their own wants and needs.

3.3.1 Belonging

Participants shared a common desire to ‘belong’ and fit in with others. They described a certain set of rules that they felt they had to live by in order to fit masculine stereotypes. For Ben, feelings of wanting to belong and be like other men started early on. He explained that his parents were very busy when he was growing up and because he had six siblings, they were often left to their own devices. Below he describes watching television growing up and finding the images portrayed on there as quite confusing when trying to understand who he *should* be and not quite fitting in, making him feel bad about himself. He went on to explain that because of those negative feelings, he turned to food, beginning the ‘cycle’ of masculinities, negative emotions and eating:

I always had a complex about my body and I was like... I wanted to be thin and things like that... maybe like the media... cause I grew up watching so much TV [...] so I would watch TV and the message was “oh you want to be in a relationship, you have to be like this and have the body” and I have always been like... a little... not like fat but I always had my little belly since I was a kid... so I was always like... uh... and when I feel bad I eat so I always kept it and it never disappeared. (Ben: 232-243)

Dan had a similar experience, wanting to fit in with the images in magazines. Dan loved playing sports and started watching his weight aged 14 as a result of feeling too “chubby” (174) compared to the portrayed images:

I was trying to have – well, I was trying to have sort of the muscular appearance that you see in all the magazines and things like that. (Dan: 156-157)

Alongside messages of how men’s bodies should look, participants also voiced a clear understanding of what men should eat. Sam explained that there is a certain pressure for men *be* big and, in order to achieve this, they have to eat more:

A man should eat more and be bigger... (Sam: 211-213)

Will also identified with the construct of having to eat more in order to demonstrate masculinity:

The more you eat the more ‘man’ you are. (Will: 472)

It is worthwhile noting that Ben uses the term “you have to be”, Sam uses the word “should” and Will states it as though it is fact. Demonstrating how firmly established the expectations of what a man should be are how powerful these cognitions are on

behaviour. Food choices and the act of eating provided men with a sense of belonging, demonstrating their manliness and identity. For example, John described the experience of having lunch at work and despite not being that hungry, ordering more because his male colleagues were around him. This suggested a need to “save face” in front of them:

I had a foot long sub from subway, which I didn't want... it was just the fact that three other people I was going on lunch were going there. (John: 46-49)

When prompted why he felt the need to have more than he wanted he explained that in doing so he was demonstrating his ability to eat, thus his manliness (or masculinity):

Showing off your... ability to eat... like they can... still be fit but not amazingly fit... it's sort of a reflection of society like gym is a way of showing masculinity because it's a quantifiable thing... that you can lift a certain amount of weight... the same way that food is... like if I can eat two burgers that's celebrated in masculine culture. (John: 77-88)

This once again suggested that the choice of food was an important factor in demonstrating manliness and belonging amongst peer. James went a step further in explaining that he felt more comfortable being himself around females, as he felt the need to compete and ‘be on his toes’ around men. This indicates that the pressure to conform to the masculine stereotypes has a significant impact on behaviour especially when around other males:

... I could possibly be feeling more relaxed actually if I was with girls... [] with the guys... you're drinking and a lot is going on... you're making silly comments, [] everyone is on their toes waiting to make the next comment...

with girls... it would be more like you sit down and it's pointless having a superficial conversation and that means there's less social pressure on you to finish your beer. [With men, it's] sort of like a competition... like... making fun of each other. [] I would find it hard not to have a beer if we were going for another round for example... it wouldn't be socially acceptable. (James: 199-212)

Participants used words such as “stronger”, “bigger”, “manlier”, and “fitter” which suggest a common understanding of competition amongst each other. There was a clear sense of needing to be ‘more’ than others, seeking approval and acceptance in the ‘masculinity club’. As mentioned previously, the men struggled with contradicting messages of what they should and should not be; Ben for example states that there were conflicting messages to pressure to be big and strong but not *too big*. These opposing messages from the media, society, friends and family were a strong influence on all of the participants. Jack acknowledged the pressure to be preoccupying and at times overwhelming:

There's a lot of competition out there, especially in London and everybody is... kind of preoccupied. Not everybody, but majority of people are looking for perfection... you know... the body... the face... and you know we pay a lot of attention on what we see not what we are. (Jack: 603-608)

It was clear that trying to navigate what it means to be masculine in the twenty first century proved to be conflicting and difficult for the participants. It became evident through interviews that emotional eating provided the men with the protection and comfort needed in negotiating the various ideals of masculinity. The men expressed a sense of wanting to belong and gaining identity from their choices in food and masculine behaviours. Another form of belonging emerged as being part of the family unit and wider cultural identity. Harry explained that food is vital within the family system:

Food is an integral part of many families. (Harry: 154)

Sam identified that food plays a number of roles in the family and disclosed that food was often used at home as a replacement for voicing emotions:

Like it's easier to eat something good instead of saying I love you... I don't know... it's a family thing. (Sam: 10-14)

It was interesting to note that expressing love through food was easier than saying the words. This in itself perpetuated the notion of it not being acceptable to communicate emotions aloud to each other and food was there as a safe alternative. Ben voiced a similar experience of demonstrating his love and commitment to his girlfriend by disregarding his needs, as he wanted to please his girlfriend who has a particular affinity to Coca Cola:

I stopped drinking Coke and just drank water... but she just loves Coke so much ... and I feel bad if I say no... I just feel terrible to say no... (Ben: 296-300)

It struck me that in all of these instances food was not only the vehicle for belonging but it was also used to express emotions and feelings and an excuse to connect with others. Max was the one of two participants who had grown up children and explained that the only way to see them was to connect through food:

The only way I can see my children now is inviting them round for dinner or taking them out for dinner so it's still around bloody food. (Max: 90-92)

In the wider sense, Jack and Harry who are both from the Mediterranean reported that food and eating behaviours provided them with a sense of belonging and identity

within their culture. For example, Harry explained that the whole household revolved around the kitchen:

I am Mediterranean and food is like one of the main things in our culture. Traditionally everyday goes around the kitchen table. (Harry: 7-10)

Similarly, Jack explained his relationship with food started with the culture of food and what it symbolises traditionally:

For Mediterranean people it's important and a big part of tradition. (Jack: 591)

When asked why food was so important culturally and personally, Jack elaborated that in his culture there is a deep-seated need to eat in excess due to their history of not having enough food during the Second World War. Jack described this with a light tone to his voice and laughed about how his grandmother always tries to feed him more food:

We call this the Second World War syndrome. Now my grandmother and grandfather because they went through the second world war and didn't have much food... so like if they see that you have two slices of cake they will automatically bring you a third one cause they used to be quite hungry. (Jack: 549-561)

Underneath the lightness of his tone, lies a wider understanding for some of the behaviours and relationships with food that have been passed down from generation to generation. It is interesting to note how much is shaped by history and the wider cultural experiences. Jack recognised that this was unhelpful for him as a child as he was not able to limit himself or self-regulate how much food he would have as his grandparents would always offer more. It was clear that food provided Jack with a

strong sense of identity and connection with home whilst living in the UK. He told me that it was normal practice for those living abroad to bring their national food home with them symbolising a bit of home away from home.

Reflective Space

Whilst interviewing Jack it struck me that I myself do the same thing. Originating from three countries I notice that the one thing that really makes me feel at home is eating my national foods. At present I live in an area surrounded by Polish and Greek food shops and order Swedish food online. I notice how each time I step foot in these shops I am immediately transported home. It is fascinating to think how much culture and history food holds. It provides a quick 'hit' of belonging, comfort and closeness with people that you feel are like you. As I reflect on this myself I notice how emotional I feel about my nationality and the food from these countries evokes a certain excitement and joy that I often cannot contain. There seems to be a lot of emotion and memories connected with food that I myself am unable deny.

3.3.2 Just Get On With It

This subcategory evolved from a growing sense of participants experiencing a need to get on with things, regardless of how they were feeling, because of a belief that they are men and therefore need to be strong and resilient. It became clear that the men felt a pressure to cope with the demands placed on them in a sufficiently “manly” way. Will explained where this sense originated and explained that having grown up in a household with brothers, it was not acceptable to share feelings, the general message was that one had to deal with their own problems:

You don't or shouldn't talk about those things as a guy... men don't talk about their feelings so you just need to sort it out yourself. (Will: 435-436)

Throughout his interview there were messages of needing to be in complete control, managing on his own and staying strong in order to protect his masculinity to the outside world. Conversely on the inside, it was clear that there was a struggle to

navigate the stormy waters of difficult life situations as well as day-to-day life. Will described a belief around being discouraged from expressing both caring and vulnerable emotions and avoiding anything that hinted at femininity such as expressing how he felt. Will stated that he just “knows” that he should not talk about his feelings indicating that there is a strong sense of pressure rooted from childhood:

I think there's social pressures... society says that men aren't supposed to be weak or not as sensitive as women. (Will: 447-448)

He went on to further explain that these beliefs stem from both social pressures and his upbringing:

I'm an emotional person and I don't think that will ever change. Like... I will express how I feel but if it's sadness or stress I try to keep that to myself. I think that's about... personality... but also the masculinity stuff and due to my upbringing... I just know... I don't think I should talk about it. (Will: 644-648)

There was an overwhelming sense of loneliness described in the process of preserving their masculinity. There was an unspoken understanding that they are a ‘lone wolf’ in the world, where they only have themselves to count on, especially emotionally. The conflict that these men faced was the pressure to be independent whilst wanting to be connected to others at the same time. Each participant described this feeling of being torn between the social ‘norms’ and expectations of being a man and their desire to share and be *with* others. Harry was in agreement with the notion of not getting involved with ‘things’ and just getting on with it:

Masculine stereotypes that you should be less... emotionally involved with things. (Harry: 257-258)

The strong use of “should” and the matter of fact way he stated this, demonstrates the fusion with this belief. His use of the word “stereotype” suggests that he recognises that this is a conventional idea and is perhaps slightly mocking the adherence to this. However, it was interesting to note that although all participants used the word “stereotype” in a negative sense, there was a clear feeling of wanting to be a part of it. Max reiterated this point by stating his masculinity as being ‘programmed’ and that he should be able to just overcome things on his own:

My programming as a man means that I should overcome things myself and be able to provide to others... I made myself this way... I have no one else to blame. (Max: 342-345)

A sense of belonging and fitting the formula was as important as it was to break free of it. This inner conflict was present in each of the behaviours and perhaps that is what navigating masculinity is about in the twenty first century, battling with social conventions whilst trying to establish what they themselves want. James identified this during the debrief part of our interview; he explained that throughout he felt that voicing the female and male differences felt ridiculous and that stereotypes were silly, however he acknowledged that he and his friends often still subscribe to them regardless.

3.3.3 Men Eat Meat

Following on from subscribing to and adhering to gender stereotypes, when participants were asked whether they viewed any foods as more masculine than others, there was a clear consensus that men do not eat vegetables, sushi, or anything that may be construed as light, healthy or fresh as these emanate an effeminate quality. A number of participants (Sam, John, James, Thomas, Oliver, Ben and Max) all labelled these as stereotypes and acknowledged that it was ‘silly’ but agreed that it made no difference to their behaviour. To illustrate, Ben described anything with more flavour and fat to be construed as more masculine:

The spicier you can eat the manlier... All kind of meat is like... that's masculine... salad is like no... should be like ew... it's kind of like the more fat... the more like... kind of flavour... fat... flavour... [...] The bigger the better. (Ben: 331-339)

Whereas Will identified that salad (light food) can be acceptable, only when it is for fitness or to bulk up:

I think because it's for fitness it's seen as OK and so it's manly to have a salad if it's for fitness... if I say I am on a diet in order to bulk up then that's a good thing... and it's acceptable. If my image is good then I can do what I want to do but if it's not then I feel like I have to do it for a sense of approval and need to choose what might be seen as 'cool'... so it depends on confidence and how you feel... I think my confidence definitely influences my good choices... (Will: 657-665)

This message seems to be portrayed both by the media and wider society and was described below by Oliver who agreed with the point that there is a certain pressure to eat all things fatty and meat based:

They expect men to want meat... so they sell like a huge steak of something like that... um... and... I think it's more about excess. (Oliver: 321)

This too was convention amongst immediate friends:

If someone ordered a veggie burger, everyone would look at him and be like what is this guy doing? (James: 218-221)

Above, James described going out for a meal with friends and the pressure to order a certain type of meal is heightened when with male friends. He acknowledged that

when he is out with female friends he feels more able to order what he actually wants versus what he *should* order as a man. James explained this was similar to competing with alcohol intake amongst male friends and is a demonstration of his manhood. Thomas below described his struggle with choosing to go against this ‘social norm’ by being vegetarian:

P: I mean I... got a lot of lets say... slight mockery because of my choice of not eating meat... yeah I mean...

I: From other men?

P: Yes and no... I mean it depends. Like last year I was dating a Russian girl and once she told me ... why are you vegetarian you are a man... men eat meat... it slightly annoyed me... I mean especially in some countries like Italy and Russia for sure... there is some sort of kind of food that men should eat.

I: What kind of food would you say that is?

P: meat... if you are male you are to eat meat. But I am a being and I can choose not to eat animals... why not? I mean the pressure is not that excessive I mean... it's just sometimes umm [pause] there's some joke or whatever... remark surfaces... (Thomas: 319-333)

Despite going against the ‘norm’ he acknowledged he found this difficult as he was constantly questioned as to why he was choosing to veer from the stereotype of eating meat and wanting instead to be vegetarian. There was a sense of needing to explain himself and his choices to others. This constant pressure to conform and choose based on what society, friends or the media may portray as being ‘man enough’ significantly affected the way in which participants chose their food. It

seems this ceaseless insistence on being a certain way led to uncertainty in their convictions and a feeling of being on show to prove their masculinity.

Reflective Space

Following from my interview with Thomas it has come to my attention that I have become sensitised to noticing male oriented marketing and media in relation to food and eating. In the past however I did not notice the subtle and sometimes more obvious messages the media was making about men and adhering to masculine ideals. I most recently noticed cookbooks targeted at men such as: “Man Food”, “Cook like a Man”, and “Manly Food” amongst others. To me, this conveys the message that it is now permitted for men to cook, as long as it is sufficiently “manly food”. Similarly, television advertisements include subtle nuances about what men should eat and that if they choose the wrong foods, they may seem too feminine. For example, the Snickers advert that includes the tagline “You’re not you when you’re hungry” shows a room full of men and one woman (more recently Jackie Collins) being ‘sassy’ suggesting that after eating, you go back to being a strong man. It has also adopted the tagline “Get Some Nuts”, which likewise implies that by eating [a snickers] you become ‘more man’. These communications are wrapped up in easily digestible formats (book, article, advertisement) and are being projected into homes across the country, subtly perpetuating stereotypes and sending strong messages of what it means to be a man and how to achieve it through the use of food.

3.4 Category 2: Emotional Eating Serving a Function

This conflict and pressure to conform inevitably led to feelings of distress, uncertainty and confusion. Participants described a feeling of being torn between what they *should* be and what they *want* to be. As a result, there was an overwhelming need to externalise this psychological distress through action and distraction, leading to emotional eating.

Emotional eating provided more than just comfort in participants; it served the function of escape, regulating affect and comforting and rewarding. These functions perpetuated the behaviour of emotional eating as they provided the men with a short-term release from a difficult situation, emotion or thought.

Throughout the interviews and analysis the theme of emotional eating serving a function continually emerged. Each participant had a sense of their mind brimming with stress, thoughts and feelings. The only way they saw to quieten this was with food and eating. There was an overwhelming need to ‘get out’ of their heads and experience some peace. The majority of the participants experienced high levels of anxiety from external pressures and as a result would seek out eating as a coping mechanism.

3.4.1 Escape

It became clear throughout the interviews and analysis that participants found it extremely difficult to experience their feelings. Some participants acknowledged they had not recognised they were emotionally eating until presented with the notion. Once this idea was planted, they started to recognise their emotions for the first time. Below, Max described how painful it was for him to acknowledge and feel his emotions, making it easier to use food as a way of escaping in the short term from the unbearable feelings:

I couldn't cope with any form of emotion. (Max: 28)

The men described an inability to cope with intense feelings, which was paired with the belief that it is unacceptable to express emotion as a man. This resulted in the participants feeling the need to suppress such emotions and found food was a way of doing so. Similarly to Max above, John described the only way to escape when his emotions felt overwhelming was by engaging in an alternative behaviour (eating) that provided him with consistent comfort:

I think it might be because it reminds you of a time in the past... maybe of a time that you didn't have stress... or like when someone else led your life for you... like when life was governed by your parents or when you didn't have to have so much control over what you were doing. Didn't have so many pressures on your back... it's an escape... like a break from stuff.
(John: 484-490)

John explained his wish for things to return to a more simple time with less stress and pressure. Participants spoke about escaping from the stressors of every day life and feeling too overwhelmed with tasks, however, equally they described an inability to sit with nothing. It seems that the over stimulating world they live in, created a desire to escape from the pressures placed on them and from their own minds.

John used food as a way of escaping the constraints and pressures of being an adult; it not only provided him with emotional comfort and an escape from pressure but also gave him the opportunity to be less responsible in the moment:

Food is an escape from every day life... life is quite logical and laid out...
(John: 432)

John described this sense of freedom with an elated tone in his voice, returning to the days of being younger and not having the same pressures on him to conform and perform as an independent, strong and controlled adult male. There was a sense that when he was younger it was acceptable to release and show emotion whereas now as an adult he was required to be sensible and “just get on with it”.

Participants described a sense of wanting distraction; this was often communicated using the terms “boredom” or “restlessness”, however it became clear through further analysis and interviews that this was in effect an inability to manage negative thoughts or feelings for any prolonged period of time. Oliver described the boredom he tries to avoid in advance by preparing to fill his time:

It's mostly about boredom... I know I'm going to sit there for an hour and want something to do. (Oliver: 27)

Similarly, both Dan and Harry also sought something to do in order to fill the “void”:

So when I am... I don't know a bit... restless and I feel there is nothing else to do I tend to look for something to eat to kind of fill that void. (Dan: 44-50)

I guess that in that period I remember that I was basically constantly cooking, making food, and dinners. That was a way for me to fill the void that was missing from my social life... (Harry: 357-368)

Harry went a bit further in acknowledging that the “boredom” may actually stem from not wanting to deal with his feelings of sadness:

I don't know why I was like kind of sad, maybe like annoyed so I spent probably like two hours thinking about what I could make and ended up going for burgers but actually made... baked the bread and everything from scratch. (Harry: 177-182)

He went on to describe that this behaviour is common for him as he often seeks alternative strategies to avoid feeling or thinking:

Like I am angry or sad... so I just end up cooking. And then I wouldn't have to talk about it... (Harry: 232-233)

The whole process surrounding food, not only eating it, but thinking about it, looking at recipes, cooking, serving, eating and enjoying it seems to serve the same function of escape as Harry went on to explain:

I would just spend time looking at recipes or looking at how to cook food... learning about how to cook and about various foods... then I start to cook as a way of basically to not feel... I like it and so when I start I stop thinking about things like deadlines and stuff... It's like a safe area. (Harry: 376-380)

He detailed this process as being a safe area, a place that is non-threatening or challenging. Comparably, Oliver and Charlie described using the process of eating as a way of escaping, relaxing and taking a break from difficult thoughts and feelings:

I don't really have many thoughts whilst I'm actually eating... (Oliver: 409)

I think when I'm eating... I'm relaxed... yeah there's no stress because you're enjoying the food... even if it's the same food 6 times a day... it's just nice to be eating without thinking about anything else. (Charlie: 100-103)

Max gave detail of a more extreme escape of wanting to feel so full that any negative thoughts and feelings no longer had any physical room to exist:

I wanted to feel full... so I wanted something to push the stomach so that I felt that I had eaten rather than tasting something... I wanted to feel [bloated]... I wouldn't stop eating until that point. (Max: 222-227)

3.4.2 Regulate Affect

When asked to describe the process of emotional eating, participants all reported that eating helped them 'change' their emotions. Oliver summarised this well by stating simply that the behaviour of eating helped him feel better when depressed:

Being depressed and eating to um... feel better. (Oliver: 430)

Similarly, Jack described his consumption of ice cream to minimise his ‘problems’ at work:

*I think what you’re thinking in your mind becomes smaller and smaller...
The negative thought.... Or the problem you have whilst you’re eating it...
it works in a different way... (Jack: 121-125)*

At the time, Jack was describing a situation at work where he had an argument with his boss and upon his return home, found himself automatically seeking out ice cream (expanded on in 3.6 Stuck in Cycle). He explained that this process of eating gave him extra time to ‘digest’ the experience and gain a bit of distance from the immediate emotions he was feeling – ‘changing his emotions’. John expressed a similar use of food wherein it provides sanctuary from stress and anxiety he experienced at work:

*I had a stressful time at work and I was feeling really anxious about a project that I was put on... I was relied [on] to do a lot technical work in a short amount of time... I think in that moment, the feeling of being so anxious and feeling a bit alone and like you’re under the pressure you want a bit of... a... high... a bit of enjoyment to balance out that stress that you’re feeling... I think sometimes that’s provided by a sugary treat or something that is chocolate based or coke... or even sweets in general
(John: 365-373)*

Participants found eating helped with work stressors and in managing their feelings when dealing with romantic relationships:

It was the final year of uni [university]... I was just super stressed... um... kind of broke up with a girlfriend at the time so... uh... [] I had to find things that could take away the thoughts so for me... eating was like the way I would solve the problem. (Will: 83-88)

Will described using food as a way of removing the thoughts and changing his feelings following a difficult breakup with his girlfriend. Similarly, Ben went on to recount that being in a relationship led him to become more in touch with his emotions, in turn leading him to turn to food more than before in order to extinguish the newly discovered intense feelings:

... Since one year and a half I just entered a relationship so before that I didn't, well I don't know, I get more comfortable with my emotions. But because before I didn't have that connection with somebody so I don't know it's like every time since then till now, I don't know like anything... like maybe we had a little argument or something and... so I have some food [laughs]. (Ben: 5-12)

It was interesting to hear that this was a common experience for the participants. Thomas below reported a similar use of food, which helps him dampen down the intensity of the feeling. He described a time when his girlfriend left him which caused him to seek out chocolate to help him “calm down”. Following the consumption of the chocolate he explains he still felt angry but was able to regulate it down from a heightened to more manageable state:

I was still angry. I think that... it was a different thing. Maybe there was more clarity about me being angry. It was a sort of a cold anger... before it was more sort of fiery, burning... after that... it's like I smothered the fire... emotionally still there but.... It's cold. You know like the pain is smaller. (Thomas: 65-91)

It is clear that the men experienced using food as a means to escape or dampen intense feelings. However, there was also a strong theme that emerged which was using food as a way to meet their needs of comforting and rewarding. This is further demonstrated in the following subcategory.

3.4.3 Comfort and Reward

When participants were asked whether food served any significant role outside of nourishment they answered that they used it as a way of comforting themselves in difficult situations and rewarding good behaviour. Thomas described food being like a magic potion that could solve any problem and meet any need:

Food in general is about living but there are some particular varieties of food that I use sort of like medicines... I don't know... like potions... magic potions. (Thomas: 60-63)

Ben similarly reported that food was his way of filling up the emotions that were left unattended to:

I would be like OK OK... but some of that emotion would have to fill up with something and I think food was my way... (Ben: 37-44)

It struck me that whilst attempting to reach saturation Sam perfectly summarised the relationship all of the participants were describing in a single phrase:

Food equals love and comfort. (Sam: 18)

This quote came at the very beginning of our interview and was stated practically with a sober tone in his voice. He went on to explain that his relationship with food was solidified at home where it was often used as a means of communicating love. Throughout our interview it became clear that food was his way of “feeling better”:

If work is stressful then on my way home, I buy myself fast food in order to feel better on the way home. (Sam: 107-108)

Similarly, John explained that due to having a difficult time at home when he was younger he too sought comfort in food:

I had quite a turbulent home life when I was younger... I had like an abusive dad and it put a large strain on our family so I think a lot of us looked to food as a source of comfort... I think we found it hard to get comfort from anywhere else. (John: 153-157)

He went on to further describe how turning to food for comfort in childhood has continued with him seeking out food when something negative happens:

If something negative happens then I might go and buy a chocolate bar or a bottle of coke or something... that will help me feel better. (John: 358-359)

Contrasting this however was Will who used food as a way of meeting his need to achieve a particular goal such as staying awake or losing weight:

It's changed over time I think... like before it would be about feelings whereas now it's going towards meeting a particular goal so... I think of food less as an enjoyment but more like a necessity to like reach something that I am trying to achieve or literally feeding your body to stay awake. (Will: 239-243)

This supports what Thomas stated above in that food is a “magic potion”, something that can fix anything and is always there. Through further probing during interviews

other participants acknowledged that their relationship with food was equally established during childhood:

I know that when I was playing and I hurt something my mum told me... ok don't be sad just eat this chocolate. (Thomas: 209-211)

Thomas told me of one time his mum soothed his pain by giving him chocolate. The majority of the participants recognised that at some point in their lives they were soothed and comforted or rewarded with food. Max below explained how his relationship with food began with using food as a reward for good behaviour and comforting emotions:

My mother used to comfort me with food I think... she certainly rewarded good behaviour with food or something sweet. (Max: 178-180)

Max explained his love/hate relationship with food and acknowledged that although it can be dangerous it provides him with the short term comfort:

It's a weigh up between physical pain vs. emotional pain and dealing with it by eating... The problem with this particular drug [food] is that you have to use it to stay alive... (Max: 362-365)

Max also explained that his relationship with food is so difficult that he wishes he were able to cut out food completely (see 3.5.2 Maintaining Control). He recognised however that he needs food to stay alive and admits defeat that his body is stronger than his mind.

Oliver and Harry described needing to find an excuse to over-ride the strict rules using their body as a free pass to eat without feeling guilty they are 'giving in':

I know that I shouldn't have some things but I am quite happy to over-ride that when I feel like it... I think it's a mixture of belly and um... um... feeling I want something that I think I am really going to enjoy. (Oliver: 161-168)

The way in which participants spoke of this was with an air of secrecy and deviousness, for example John compared rewarding himself to a sin:

Like the desire will make me go there... I will follow... it's like a sin. (Jack: 325-326)

Sam recognised that he flips between two states of starving and not feeling any hunger suggesting perhaps that he finds it difficult to acknowledge or hear any other signals within his body. The term emotional eating suggests that the participants know that they are eating in response to their emotions, however, during the interviews it became clear that at times, the emotions and thoughts were so deeply buried that participants were often unable to determine when it was happening. The quote below by Sam suggests this burying of the emotions is similar to burying his hunger signals; in a sense sending the message that his needs are less important than other things and only occur when absolutely necessary (i.e., starvation):

I kind of just go between starving or not hungry... and just flip between the two. (Sam: 79-80)

John recognised that giving himself a treat was a way of going back to the days of less stress as well as taking a break from the 'logical superman' ways:

It's a different feeling now... maybe its about not naughty in a kiddy way but naughty in that it's a treat... I shouldn't really be doing this but I can... that sort of thing... I think like even last night I had a cookie and some

dark chocolate, cause it was there... I probably didn't want it. But... it was... it was a treat, you can live your life having the logical meals every day and eating the same thing every day... those little moments... (John: 293-301)

One may argue that a treat and reward are the same thing, however, it became clear that participants distinguished the two. A treat was a break that they gave themselves whereas a reward had to be deserved from a hard day's work:

It would be in my head okay, just you deserve this today. A treat, yeah exactly... It's normally like a sweet, a sweet snack or something like that, yeah. (James: 153-156)

In the evening I'm much more likely to feel I want a reward or something of that sort that I am looking for... I care less about what I'm getting it's more likely to be some treat of some sort, therefore more likely to be fatty. (Oliver: 53-57)

Jack described deserving a reward following making the right choices in his main meal:

After every meal I feel like I have to be a bit naughty or something like that [laughs] which that can be ice cream or something... maybe people would disagree and be like oh why don't you just have an apple after lunch or why don't you have a fruit salad... well... because I had all that healthy food you know? [Laughs] (Jack: 326-227)

On the other hand, for Max the food reward was a way of celebrating his achievements of doing well at work:

And it was a manifestation that I was doing all right. I could afford it... it was like a reward... (Max: 116-117)

Will explained deserving a reward because he had reached the weight target he was trying to achieve. He told me that he had pre-planned his reward, however he felt unable to stop himself:

It was sense of achievement because I've never reached that goal before but at the same time I was drained, stress and tired... [] I just need something that will make me feel good. [] I didn't expect to finish it all but I did... I was just so hungry. I was feeling a sense of happiness because I was eating... I felt the sugar rush and felt energetic... the next day I woke up and was like oh I had way too much but the craving was back and it was still there and felt like ok whatever I deserve a treat... just enjoy it a bit longer... that continued for the rest of the week and I put on like half a stone in a week. (Will: 545-563)

Will's experience above summarises the following category well in that the reward is often the point in which the men fell back into autopilot mode, keeping them stuck in the cycle of emotional eating, which is further expanded upon in section 3.6.

3.5 Category 3: Seeking Control

As described in the previous section, at times, the men felt that food was a “magic potion” that they experienced a love/hate relationship with. Reacting to unbearable emotions and feeling pressured to reject them due to social pressures about masculinity, the men sought to gain complete control of their minds and bodies. They attempted to do so by being wholly independent, maintaining their control by restricting “bad” foods and making every effort to be “superman”. These subcategories are explained in further detail throughout this section.

3.5.1 Being Independent

Being independent was centrally important to all of the participants. A sense of only having themselves to rely on and not looking to others for help was extremely important to the men. Food provided the men with a feeling of independence and certainty, wherein they did not need to count on anyone else but themselves. For instance, Max was adopted as a child and grew up with a belief that he was alone in this world; he described having to “squirrel” enough resources for comfort such as money, food and accommodation so that he would be wholly independent and no longer need anyone else:

Squirrelling away enough resources for comfort, so no one could come near me, no one can touch me; I'm wholly independent. (Max: 39-42)

It struck me that their independence provided the men with control, as they did not have to contain anyone else's emotion. Both Ben and John went on to describe the freedom they felt once they were able to choose their own food, a sense of excitement to be able to make their own choices and be separate from others:

I could finally choose wherever I went and cook whatever I wanted. (Ben: 271)

When I had control over the eating and food it all got a lot better and a lot of avenues opened up when I had more control. (John: 148-150)

John explained that choosing his food is something that he is able to have complete control over as opposed to feeling out of control at work where he feels out of control:

I have a choice and control over it completely... whereas at work I feel quite out of control. (John: 437-438)

Throughout the interviews with the men they often referred to food as their friend, it became clear that food provided them with a sense of friendship when they otherwise felt alone, once again protecting their independence. Ben described a time when his parents made him move schools and he found himself feeling alone and needing to fill the void with something. He explained how food became his friend and was something that was there with him regardless:

I felt I was missing something and the food was like ah... I think that it became a friend... or something that was there with me [laughs]. (Ben: 503-507)

Following this interview, I wanted to see whether other participants felt similarly. It was interesting to note Adam personalising trifles, describing his time with trifles almost as though it was a relationship, something that he comes back to if and when he needs:

Used to be trifles and Victoria sponges... I've stopped it. But I do go back sometimes... I was with trifles for about 8-10 years... (Adam: 188-189)

John described an overwhelming sense of loneliness in the world, which led to a feeling of anxiety. He explained that food provided him with a friendship that allowed him to feel independent and more in control of his emotions:

The turbulent cycle of not knowing the solution... for me that brings out loneliness and anxiety, which probably leads me to go and make bad decisions about food. (John: 395-397)

Sam told me that he too felt alone in the world and does not know what sharing with others would feel like, therefore counts on himself and ensures he is able to 'survive' on his own:

I just don't talk to anyone... I don't have an example of how otherwise it would work... I think I've always done that. Basically it's a comfort that takes me to a comfortable place so I don't really know who else to talk to about anything... (Sam: 136-139)

When I asked Sam to elaborate on this he told me that growing up he had no one at home to speak to and went on to live at boarding school. He explained that he had become accustomed to being alone and not having anyone else understand his problems:

Well there wasn't anyone to talk to at home and I moved out when I was a teenager so I didn't have the option to talk to anyone. I'm just quite used to being by myself... and not having people understand my problems... just relying on myself and on the food. (Sam: 144-148)

Participants were in agreement that food was the one thing that others were not able to “mess with”:

[Food is] the only thing people can't mess with. It's the only dependent thing. (Adam: 59-61)

Adam explained that it was the one dependant thing for him and that no one else could influence it. There was a certainty about food. He went on to elaborate that being able to choose your food provided him not only with a sense of reliability but control in being able to self-gratify himself at any point:

You might waste your money on a shit movie but with food you know what you are getting because you have all the control. So it's all about the control... the instant self-gratification. (Adam: 92-94)

Similarly, Sam was aware that food was the one constant for him:

For me food has been a constant. (Sam: 240)

Both Adam and Sam attended boarding schools at a young age and throughout all of the changes whilst growing up, food was there and in their control. They were able to choose and have as much as they wanted, when they wanted and how they wanted. Max below relates to this and goes on to describe it as safe, predictable and equally uncomplicated:

Food was more than fuel to me... it was reassurance, safety, predictable, reliable and uncomplicated... safe... it was always there... something that I could always rely on. (Max: 271-273)

Thomas concisely stated this feeling of safety and simplicity:

I have this security blanket with food... (Thomas: 9)

Food was described as providing love, security, safety and reassurance. It was a constant, uncomplicated, self-gratifying and dependent object in their lives. It occurred to me how much food meant to these participants and how much could be gained from eating. Alongside their quest for complete independence and control came an equal fear of losing it, which is explained in detail below.

3.5.2 Maintaining Control

Seeking complete independence and choice over their foods caused the men to feel excited about the options. However, participants felt a strong sense of not trusting themselves around food. There was an underlying fear that they make take their choices too far. The men were in agreement that they needed to restrict their availability to food as otherwise they may lose the control they sought out in the first place. For example, Will stated that he felt out of control around foods and that he

has to place stringent rules upon himself in order to maintain the control on his eating:

I feel out of control... definitely out of control around sugary foods... I have a sweet tooth and I constantly want those kinds of things but at the same time I try to control myself because I know that if I don't follow certain rules then it's going to have bad consequences. (Will: 623-626)

Similarly, Adam described not knowing his end point and fears that he may over step:

It starts off as being hungry but I never know the end point. I just over step... (Adam: 32)

Charlie goes to a more extreme control of taking himself out of the situation should he be faced with food that he may feel out of control around:

I can resist food too... I would just say, no thanks. If I'm hungry, I will go and eat but I wouldn't eat something that is put in front of me just because. I would just take myself out of the situation that I don't want to be in... (Charlie: 204-207)

It was interesting how quickly food turned into the enemy following from the previous accounts of food being safe, comforting and a friend. Sam went on to describe his "danger foods":

I can eat bread all day... bread toasted with Philadelphia, cheese, ham, butter, anything... that's why bread and pasta are my evils... that's my danger food.... (Sam: 184-186)

There was an overwhelming contrast in feelings towards food throughout the interviews. Often participants started with accounts of food being safe and a constant and ended with reports of food being unsafe and dangerous. Two participants both agreed that if they were given the option of eating their food in the form of an injection, shot or pill that contained all of their nutrients they would take it:

If I could take like a food shot that would give me all the calories and protein, I would take it... because I think it would be much more healthy... maybe it's because I don't know what's best for me every day according to my metabolism and... like a doctor would tell me, OK just eat this pill every morning and you will have everything... I could also maybe doctor it and add some protein if I wanted to build muscles or something. (Thomas: 40-48)

That's why I said like if there was one pill that you can take if that was like your nutrition is you needed for the whole day I would probably just take that just because it would be easier to watch what you eat. So it will be like the easiest choice... (Harry: 314-318)

When further probed why they would do so, the participants told me they would feel less anxious around food and would be able to cut out food completely. It occurred to me that the relationship with food was not all good but was plagued with conflicting feelings. This can be summarised as a “love/hate” relationship. Food provided the men with comfort, connection, love and certainty but it was equally overwhelming and seductive. The men described using food as a way of controlling their emotions but also felt out of control around it. This cycle is further expanded on in the category 3.6 Stuck in the Cycle.

Some participants went as far as comparing their relationship with food to an addiction:

It can be like a small addiction especially with sugar... and I think that you know compared to the other things like smoking, drinking or... if someone has a very bad day and they get home then they will have 3-4 fags, another person will have a bottle of wine and I'm gonna have a Ben & Jerry's... it works as a substitute to um... filling up... filling an emotional gap you might say.... Or just to get over it... like get over a situation... (Jack: 106-115)

Jack acknowledged that the ice cream he eats works as a substitute to filling up the emotional gap and getting over a situation. He compared this to others who may use smoking or drinking in a similar way. It was interesting to hear that there was a belief that eating was safer and cheaper which made it more acceptable. He went on to explain this further:

But you know, then I think, I don't smoke, I don't drink, I don't do drugs umm... and I don't gamble, I don't have any addictions... you might say yeah I might be slightly addicted to sugar [smiles]. (Jack: 463-466)

Ben told me that he avoids certain situations, as he believes that this may trigger the eating and feel out of control:

It's like when you go to an all you can eat place... well I hate those... so when I was by myself I was like OK, don't go to those places [laughs]. (Ben: 257-259)

John explained how the availability of food provides him with an “unlimited high” however at a point it becomes difficult to sustain, again comparing this to an addiction to drugs:

I feel like when you're consuming coke or diet coke constantly and you have unlimited access to chocolate, its almost like a drug and it's unlimited highs but when you have it as the norm your high is constant and if you do anything else you crash... so you have to sustain it... like a drug addict. So you look for the next thing... the more sugary the better...[laughs] you look for the new drink that not only has sugar but also caffeine, you're trying to climb up this ladder... (John: 274-281)

It struck me how participants used this analogy with such humour. There was a belief that this was an acceptable form of addiction however there was an underlying sense of disappointment with their actions leading to a restriction in the availability of “danger foods”.

Oliver explained that he does not trust himself to keep sweets around the house as he feels he is not able to resist them:

I don't keep sweets and stuff around for a long while... they tend to get eaten quite quickly. (Oliver: 284)

Similarly, both Sam and Harry told me they refrain from buying certain foods, as this is their one way of making sure that they ‘stay away’:

I mean when it's at home then I can't stop myself. When I live alone I just don't buy those things so I can stop myself then... [] if it's home then it's a problem... (Sam: 67-70)

Because if I have it around, I'm just going to be like somehow always drawn to it... [] and end up in the kitchen... I can't focus on anything else until it's gone. (Harry: 408-413)

Harry explained that if there is anything to have in the kitchen he is unable to focus on anything else until the food is completely gone. Most participants felt a sense of fear around food and did their best to control their 'supply'. Adam had a similar technique however recognised that following his meal he often contemplates going back out to get a dessert:

I will go out buy food; cook and I'll say I'll be really good... I won't buy any desserts or won't get any chocolate... so I go and do that... and then I'm sitting there after I've eaten and think... I should have gotten some desserts... and then it's the whole laziness of do I put my shoes on and get some dessert or do I sit here and wait? (Adam: 278-284)

There seemed to be an agreement that if there is no 'supply' conveniently nearby this serves as enough a deterrent or 'protection':

If there are Tesco, Sainsbury's doughnuts... like for me that will be my first choice but if they don't have that then that helps me with my control as I don't go too far out. (Will: 401-405)

It occurred to me throughout the interviews with the men that they all had very high expectations on themselves to be a certain way. Not only were they expected to be controlled and independent but also there was an overwhelming pull towards being stronger than their body's emotions and needs. This led to the construction of the following subcategory "Being Superman" which is discussed in the following section.

3.5.3 Being Superman

The subcategory of being superman evolved throughout, listening to all participants avoid their own needs, follow strict rules and expect themselves to adhere. There was a clear conflict between being stronger than their minds (Mind over Body) and giving into the physical needs of their bodies (Body over Mind).

Each participant evoked a sense of needing to be constrained, self-disciplined, composed, calm and not phased by any questions. I felt this presentation in the room was a reflection of how they were in their daily lives and it provoked a feeling of rigidity and harshness towards themselves. I had the impression the men had little self-compassion; this was demonstrated in their extreme attempts at conquering their minds. Once again, there was clear underlying feeling of not quite knowing what the 'right' answer was and seeking out to be 'healthy' which was construed as being 'good' in wider society.

The name of the subcategory came from the humour in which some of the participants presented their attempts at conquering their minds and believing that they were stronger than their need to eat. There was a constant conflict between giving in to their urges and staying in complete control. In the second interview we discussed how this was akin to trying to be 'superman'. Jack laughed at this notion and suggested that this was perhaps indeed what they were all trying to achieve.

As described above, throughout the interviews and analysis there was a strong theme of wanting to vanquish hunger and a belief that logic or the mind would prevail. John acknowledged that this constant need for logic led him to emotionally eat which was the opposite of what he was initially seeking out:

I guess so I mean in that moment, logic doesn't really help... because logic is what makes you stressed and unhappy because you're thinking about how to do it... what the process is... what's the outcome if it goes wrong... how much time you have to do it in and that the logical side of the brain which is really stressful... that's what I'm running away from. (John: 423-429)

When interviewing Charlie, it became clear that he had reached out to be interviewed due to his history of emotional eating. He told me he no longer experienced emotional eating and was now completely controlled in his eating behaviours. He

went on to tell me that he now attends the gym twice a day and eats six times a day due to an incident a few months ago where he found himself in hospital:

I try to eat six meals a day... so, because I'm trying to bulk at the moment. I used to fight and I had a heart attack... four months ago... and so I'm ok now and starting to get back into my training (Charlie: 6-9)

Charlie going to the extreme was another way of trying to gain control over his body and mind. His attempt at becoming 'superman' had resulted in him taking serious measures and forcing his body to eat despite not feeling hungry:

Yeah the other day I was so full... I felt oh I can't do it... but I forced it down... and then... I felt fine but just really full... you know when you feel really heavy and really weighted... yeah I was just sitting at my desk and thought ugh I can't move. (Charlie: 375-385)

Following the interview with Charlie I was surprised to see this was a common theme amongst many of the other participants. For example, Will told me he used to weigh his food after getting into fitness, below he explains where the restriction started:

When I was more restrictive I would weigh my food... when I started getting into fitness... cause obviously when you're trying to cut your weight... you have to be quite strict about calorie consumption. And the amount of protein, carbs and calories that you have so for me food has different amounts... like I can't have too many carbs on certain days so I have to cut out and monitor it all... so I have to weigh my foods so I can reach my goals a lot quicker. (Will: 343-361)

The behaviour became so extreme he felt physically sick and vomited:

I was at like 10% last year and this year I reached like 7% body fat... so I was pretty shredded but I reached a point where I was physically sick... it was new territory and I had never reached that limit before... I literally went past the limit and there was a day where I was physically sick and vomited... (Will: 526-534)

This behaviour of all or nothing and going to extremes was echoed by Dan, Max and John who employed different ways of controlling their intake and body weight or shape:

So there was a time when probably between the ages of 16-17 until 21 maybe I remember that I watched my diet a lot.... I cut out certain foods and I ate very healthily. And at this point I was very militant, if you will, in terms of which foods I ate and which ones I didn't. (Dan: 149-152)

I now... measure myself every day because I am so shit scared that my weight will bounce up and that will re-set a higher benchmark... and it is so bloody difficult to lose weight. The next few days are cabbage days, like I am going to force the weight down... so I ate for three days until it went down... (Max: 303-309)

I went through a health kick of reading magazines and taking protein shakes and being really big at the gym (John: 258-259)

These extreme behaviours were fuelled by ignoring the physical needs of their bodies. Ignoring physical needs was unanimous in all participants, which was perhaps a result of the stereotypical idea of 'being superman', controlled and entirely independent of one's mind.

Reflective Space

I noticed throughout my interviews that a few participants made comments on my body size and shape – commenting that I might not know what they mean or that I've probably never experienced difficulties with my relationship with food. I found it interesting working with both the female–male dynamic but also bringing this into the room. I wondered how it had affected what they share with me... I remember in John's interview he kept referring to the idea of what 'healthy' is and that he made a conscious effort to make the right choices... I wonder how much of that was his concern about how I would judge him about his choices seeing as I seem to portray a 'healthy' person who makes the 'right choices' about food... I made sure that I stayed aware of this whilst coding and throughout analysis.

Working with eating disorders and weight management one of the first psycho-education exercises is regular eating. It was clear that all the men who were interviewed did not eat regularly and rarely fed their bodies when they needed to. Oliver started with saying that eating was only associated with having time to spare rather than feeling hunger or nourishing your body:

Eating is definitely associated with having time to spare. (Oliver: 547)

Adam went on to say that he would eat when convenient to him:

Like when I was in Edinburgh I just had a big Scottish breakfast at 8am and didn't eat until 11pm because I had a lot of protein and it would have been inconvenient for me to stop in the middle of the day and go look for food. (Adam: 99-104)

Comparably, Sam skips breakfast and works through lunch leaving the office starving:

For example if I don't eat all day and it's a Monday and I want to feel better then I just pick up some fast food on my way home... Well because I skip breakfast because I'd rather get to work earlier, I don't plan my lunch so I just work through it... and then I just leave the office early and I'm already so hungry that I don't want to go food shopping so that's how that works. I feel hungry... but I just work through it. (Sam: 24-31)

He recognised that he should perhaps eat during the day but that he simply has no time to go and buy food, as there are other things that are more important:

Unless I buy food for lunch or breakfast then I don't have either... and so I just don't eat anything. I just don't go food shopping because time flies and there's so much other stuff to be doing... (Sam: 38-41)

It occurred to me that participants saw everything else as more important than feeding themselves. This once again perhaps derives from the image of the 'ideal man' that is self-sustainable and is able to manage everything else. Inevitably however, this meant that they would place themselves last and often result in eating more than they had planned which resulted in a feeling of guilt and disappointment in themselves for not maintaining their 'superman' image.

Together with not listening to their hunger signals, the men spoke about having difficulty leaving food on their plates, ignoring physiological satiety cues. All participants explained this stemmed from their bringing up as they were told never to leave leftovers or waste food:

I don't know why I have this thing about not being able to leave leftovers... I don't like to leave food... I was brought up to eat everything so now I can't leave it. (Harry: 322-326)

*I don't know... maybe it's like when I was a child and the same thing that when you finish your plate, you are a good boy... you did something good.
(Ben: 125-130)*

James and Ben explained that leaving something on your plate or saying no to seconds meant they were being rude:

I find it really difficult to say no... like I would think that is really rude... my grandmother taught me it was rude to say no when you have been offered more so I always say yes. (James: 235-239)

*I have to leave my plate empty... I don't feel able to say no to someone who is trying to give me something cause it's like a present or something.
(Ben: 317-324)*

It seemed their attempts to be in control and be a superman paired with their need to conform and fit in led to feelings of having to listen to 'rules' rather themselves. Participants were quicker and more likely to follow advice given to them by their friends, magazines, Facebook and other sources than they were to listen to their own bodies. Unavoidably however, their bodies rebelled and the irresistible hunger prevailed more often than not. The theme of failing at maintaining control is further elaborated upon in the final category 3.6 Stuck in the Cycle.

3.6 Category 4: Stuck in the Cycle

This category draws together the participant's experience of emotional eating and the cycle that they feel 'stuck' in. Participants all agreed that the pressures of adhering to masculine stereotypes of controlling and being self-sufficient perpetuated the need to seek out strategies to escape from their emotions. Thus, leading the men to seek control and go to extremes in order to manipulate both mind and body. Inevitably

their bodies would feel an unbearable hunger (physical or emotional) and the men would seek out food. In order to stay within the parameters of masculinity, this was often labeled as a reward in order for it to be socially acceptable.

More often than not, the reward led to a feeling of loss of control and participants found themselves in autopilot mode. Once the 'rule' was broken, the men expressed the tendency to "just go with it". This property was labeled "autopilot" which was taken from John who stated that the behaviour was so automatic that he rarely recognised when it happened. Men experienced temporary relief from their emotions, feelings, pressures and anxiety however this was short lived and was shortly followed by guilt and disappointment in their actions.

The cycle was self-perpetuating as the guilt and disappointment led the men to set further extreme rules. The high expectations placed on themselves and wider society seemed to cause this cycle to continue. This cycle is broken into three stages of: autopilot, temporary relief and guilt and disappointment, which are further expanded upon below.

3.6.1 Automatic Pilot

This subcategory was labelled Automatic Pilot following John's interview as he described the process of turning to food in an attempt to escape, reward, comfort and have a 'break' from strict rules leading him into an automatic cycle of eating, feeling guilt and repeating. He explained that this used to be a "pre-programmed" behaviour, however is more aware of it now:

... I don't think I'll ever fully fully change, I think I understand it more now and I know what I'm doing when I do it... so It's more of a conscious choice than a pre-programmed behaviour... (John: 287-291)

When probed further during the interview, he explained that it was an automatic behaviour that does not always reach consciousness despite his attempts described

above. He expressed this is the only way he knows how to deal with things and as it works in the short term, the behaviour is maintained:

... It's like autopilot it's not really a conscious decision... its more like I don't know how to deal with this and this is how I've continually dealt with it throughout my whole life so I'm just going to do the same thing... (John: 493-502)

Will similarly recognised that the behaviour was not in his consciousness and that he still returns to it at times regardless of awareness:

When I'm super stressed or like any sort of feeling of sadness... At the beginning I wasn't aware of it and I never questioned it... I never did... I was just simply... I just knew that you know... you eat... you feel better... you kind of you know you have the food and you just go back to it... you never question why you just go with the flow. (Will: 164-169)

Thomas explained this is a similar mechanism for him:

... maybe like an automatic mechanism... (Thomas: 23-25)

Will went further to describe that once the eating has started and he has gone into 'autopilot' he immediately thinks that he might as well keep going:

And if I've already had some then I might as well have more... and then one more... and then that goes on... like I've broken it... so why not just enjoy it while I can. And then I'll sort it out next week is the feeling. (Will: 271-290)

Max explained that he feels frustrated by this cycle but describes that it feels impossible to stop it:

What becomes frustrating is the more you have, the more you crave, the more you feel bloated and overweight and the more you hate yourself.
(Max: 243-245)

Similarly, Adam recounted that he too feels bloated and satiated but that he ‘pushes through’ the pain and keeps going. He also explained that despite his awareness of the behaviour he continues regardless:

I kind of feel full but I keep going. I am really aware of it... it's willful...
(Adam: 35)

Harry expressed a slightly different experience of setting his mind to the task of clearing the house to ensure that the ‘temptation’ is no longer there. He described making this decision consciously and very matter-of-fact:

I just decided ok, I'm just going to eat everything now, so there's not going to be [food] around the house anymore. (Harry: 403-405)

3.6.2 Temporary Relief

Participants discussed that eating provided them with relief from their intense feelings, difficult thoughts, stressors and time to process. However there was a general agreement that this was short lived and further maintained the cycle of eating as they were seeking for longer relief. Ben, for example described this feeling as:

It was like a cycle... like oh I feel bad because I don't have that or that but oh, I have food so in that moment oh I feel good, oh I finished the bread,

give me more... oh but you have had plenty... you are already full.... Ah, I don't care give me more (Ben: 243-247)

It struck me how similar this behaviour was to an individual who turns to alcohol in that whilst you are having the drink, the problem disappears, when the drink is finished, the problem reappears. Jack, Will, Ben, Thomas, Harry, Max, John and Sam all described a sense of temporary relief and that once the act of eating or chosen food was finished, the problem returned. At times, the problem became smaller (as described by Thomas in 3.4.2 Regulate Affect), however, the majority of the time it came back. Max himself referred to the feeling of satiety as being 'drunk' and described a similar process:

Whilst you were 'drunk' [referring to being full as drunk] it worked but the problem was it wouldn't last very long. So you would either try or do it again. (Max: 231-233)

For Sam however, eating helped him solve the problem at the end of the day and lasted him until he went to sleep. He acknowledged that it was a quick fix yet justified the behaviour, as he feels more able to deal with the problem the next day following the temporary break:

So... I mean the food is a quick fix... but then the next day comes along... it's a temporary break... (Sam: 140-142)

Conversely to the other participants, Will recognised that the 'drunk' feeling made things worse and that the resulting feeling of guilt and disappointment became overwhelming at times. However, the only way he knew how to deal with this was to seek out food, once again starting the cycle:

I keep on having the negative feeling and eat to make myself feel better and then you kind of look yourself in the mirror and you see your overall image deteriorating and then that makes you feel a bit stressed out so you go back to eating again... which is weird... it doesn't solve the problem but you keep going back to that cycle... that's how it was for me. (Will: 74-80)

3.6.3 Negative Consequences

Following on from Will's description above where he describes how temporary the relief is from negative feelings and that once the food is finished, he feels guilty, disappointed and more anxious than before. It was interesting to note that for some participants the feelings of guilt and disappointment were more acceptable than the initial feeling of sadness or anger. Ben for example noted that following an episode of emotional eating he asks himself why:

... I just feel so bad with my body and I just feel a lot of guilt like what did you do that for? Why did you do that? Why did you eat so much? (Ben: 249-257)

Ben explained that his mind became preoccupied with the feelings of guilt and thoughts of not being in control, thus in a way giving him control of his thoughts as the initial negative thoughts or feelings were pushed away by the new ones. For example, in this case, Ben was describing a time when he felt badly about his body, he felt he was not good enough and would never be able to reach the same level as the men portrayed on television. He therefore sought out something that he was able to control and knew would give him some short-term pleasure – food. Following the consumption of the food, Ben felt disappointed in himself for eating. Despite now experiencing secondary negative thoughts, Ben was successful in pushing away the initial thought that he was not good enough. This demonstrates how the cycle maintains itself and gets progressively more difficult to break.

Similarly, Harry also described the experience of filling his mind with ‘new’ negative thoughts so as to push the ‘old’ ones aside, thus preoccupying himself with thoughts of “*I shouldn’t have eaten that*” versus the initial negative thought of “*I’m alone at home...*” that felt too painful to acknowledge:

... In the back of my mind there is a voice that say’s you shouldn’t have eaten that much. (Harry: 460-463)

When asked about a recent episode of emotional eating, Sam explained that the feeling of guilt (“bad feelings”) start from the moment he is buying the food. The feelings of hunger and anxiety over ride these feelings however for a short period of time. He acknowledged that once he is done with his meal and is no longer feeling hungry the feelings of guilt and disappointment flood back:

The bad feelings start pretty much the moment I’m buying the food. I know it’s a bad idea even when I’m thinking about it... but at that point it’s hunger versus bad... like is it bad enough versus my need to eat. The feeling of hunger over-rides everything... but then once I’m not hungry all the feelings flood back. (Sam: 57-62)

Once again, suggesting that even the process of thinking, choosing or buying the food can help in pushing away the negative thoughts temporarily (similar to 3.4.1 Escape).

Contradicting this, Oliver jokingly told me that his guilt is “under stiff control”, which suggests that there is such a strong need to be in control of his feelings that he even attempts to keep his guilt under control:

... the guilt is under stiff control [laughs] (Oliver: 298-301)

Throughout the interviews when participants were asked whether they would consider seeking help for their emotional eating there were opposing opinions. For example, Oliver and Max felt that they self-afflicted this upon themselves and did not deserve help as a result:

I think that if you see someone who is clearly overweight and is struggling with their life because of it... then there's definitely a feeling that they've done that to themselves...there's a feeling of.... You shouldn't have got like that. (Oliver: 469-472)

I feel like a lot of people believe that being overweight is self-afflicted and therefore I feel really guilty that it's my fault that I've done this... (Max: 364-366)

Sam for example recognised that his emotional eating was a problem and that it had potentially serious consequences such as gaining weight and mental health repercussions as it made him feel more depressed and isolated. However, Sam felt that it was something he chose to do and it worked for him, albeit in the short term but as it gets him through the day, which is all he needs in the short term.

3.7 Summary

The two quotations above from Oliver and Max are a fair representation of the feelings of helplessness and shame that are attached to emotional eating for the participants. Although participants were willing to discuss their experiences there was an overwhelming sense of discomfort in that as men they were unable to control their eating habits or at times, their emotions. Socially speaking, the participants felt it was acceptable not to be able to handle their emotions however, there was a certain 'loss of face' surrounding not being able to manage their eating.

When asked whether they would consider seeking therapy for their emotional eating Ben, John, Thomas and Jack were the only participants who said they would consider it. Ben told me that his mother-in-law had previously suggested a therapist but that he moved to the UK and therefore never started. Conversely, John, Thomas and Jack all stated that they would seek therapy only if it was significantly impacting on their lives for example, gaining a lot of weight or not being able to focus on other things (e.g., emotional eating becoming unmanageable). It struck me that the problem itself was already unmanageable as it perpetuated quite a self-destructive cycle of behaviour. However, it also occurred to me that perhaps by seeking therapy the men would be forced to acknowledge that they were in fact not in complete control as they wanted to be. Nonetheless I believe the interviews were a step in the right direction as it enabled participants to identify their behaviours and think through them. Doing so for the first time in the interviews resulted in responses that were both authentic and previously unspoken, appropriate when investigating an unfamiliar and unusual concept.

The participants' strong awareness of navigating their masculinity paired with their vulnerabilities resulted in significant conflicts. Trying to make sense and manage these through emotional eating was a theme that flowed throughout the data and a resulted in a conceptualisation (Figure 5 in section 4.1) that illustrates the cyclical process of emotional eating.

The pressure of subscribing to masculine ideals and thus needing to be in complete control and wholly independent (see section 3.2) caused the participants to set demanding expectations of themselves which led to an overwhelming feeling of helplessness. Thus resulting in the men seeking out food, which served a number of functions: escape, regulating affect and providing comfort, and reward. This experience was unanimous. The men were able to experience a short-lived sense of control and relief, however, feelings of guilt and disappointment followed shortly, thus increasing the level of negative thoughts and feelings, keeping the cycle of emotional eating alive.

It was interesting to notice that the difficult feelings of sadness, anger and not feeling good enough were replaced by feelings of guilt and disappointment. This enabled the men to 'forget' about the initial problem (or negative feelings/thoughts) and instead focus on the familiar, secondary emotions. Therefore, one could argue that the cycle of emotional eating works in providing the men with alternative thoughts that are perhaps slightly less distressing than the initial ones. The process of emotional eating proves to be cyclical in nature and keeps itself alive by providing short-term relief whilst introducing further negative thoughts and feelings causing the individual to continue seeking out relief.

CHAPTER 4 – Discussion

This study aimed to explore how men experience and negotiate their masculinity and emotions through the process of emotional eating. From the review of the literature and rationale for the study, it was clear that little is known about how men experience and negotiate emotional eating; therefore this study has the potential to generate new knowledge. Constructivist grounded theory was chosen as the most suitable method to produce an account that might best describe how masculinity and emotions were negotiated through eating. Qualitative interviews were conducted with thirteen participants. Through a detailed analysis of the interview transcripts, the following four main theoretical categories emerged from the data: Category 1: *Negotiating Masculinity*, Category 2: *Emotional Eating Serving a Function*, Category 3: *Seeking Control* and Category 4: *Stuck in the Cycle*. These categories were identified as representing key emotional eating dimensions as experienced by men through the process of constructivist grounded theory analytic strategies. A core category of '*Navigating Emotions and Masculinity Through Eating*', applying to all categories, was also identified and served to connect the constructs of the emergent theory. The emergent theory, therefore, proposes unidirectional relationships between categories, which is presented in this chapter.

In this chapter, I will review the findings of the core category and present the conceptualisation of the emergent theory of the relationship between emotions and eating in men. Next, I will review the four main categories (as evident in the conceptualisation), developing them further through linking the findings to existing theory whilst identifying areas where new understandings or questions for future research emerged. I will evaluate the strengths and limitations of the study and consider implications for future research. Finally, I hope these findings will have practical applicability for Counselling Psychologists and ultimately men themselves who struggle with emotional eating. For that reason, recommendations for practice and future research are also proposed in this chapter.

4.1 Core Category: Navigating Emotions and Masculinity Through Eating and the Emergent Theory

The findings from this study highlight the complexities between maintaining masculinities, emotions and food intake. What became evident from the analysis of the data was food was the tool that these men used as a way of negotiating the masculine ideals of staying strong, independent and controlled in their emotions. The men described a sense of conflict between what they felt they should do and what they wanted to do.

Expressing emotions openly can be seen as socially acceptable for women and considered the norm, whereas men are expected to be ‘stoic’ and although may experience emotions, it is not seen to be as socially acceptable for men to express how they are feeling, thus creating an environment where men have to reject any expression of emotion from early on. Studies have found that gender-specific stereotypes around expression of emotion are observed in children as early as nursery age (Huston-Comeaux & Kelly, 2002) and the instillation of which emotions are socially acceptable to display becomes more engrained as children grow up. The men in this study used food as a means of helping them navigate their emotions and masculinity. Figure 5 presents a an emergent theory that can best explain this process:

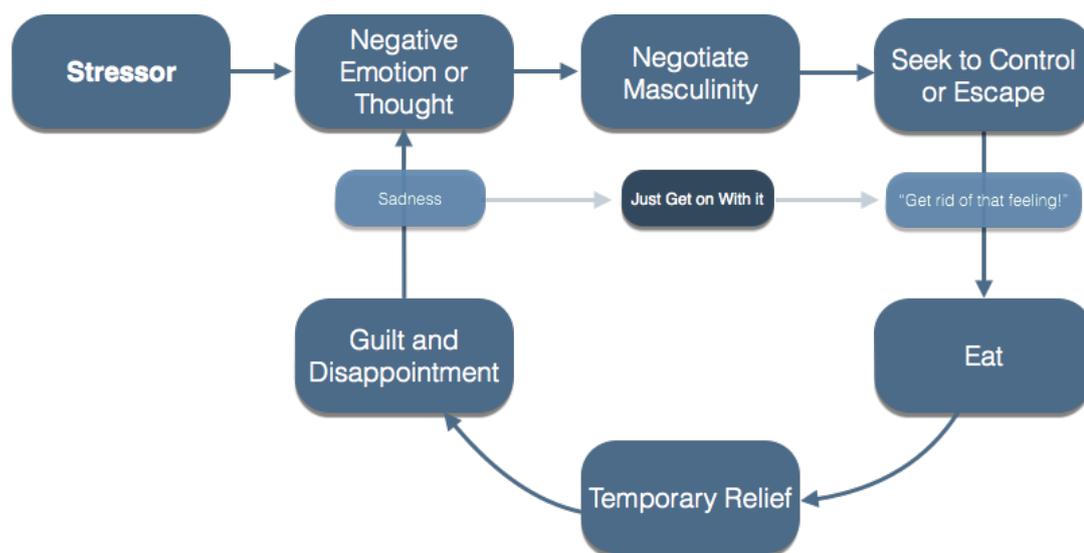


Figure 5. Conceptualisation of Emergent Theory: Process of Emotional Eating in Men

The emergent theory captured in Figure 5 identifies the process the men in this study experience emotional eating. The stressor (life situation, work, family, relationships, etc.) results in a negative emotion or thought. This response is normal, our emotions can be easily activated and are powerful; they motivate us to act on them (e.g., fight, run, cry, celebrate) (Goss, 2011). However, if we have not learned to recognise, acknowledge or understand these, they can seem unbearable. There may even be an underlying belief that if we are not able to control these emotions, we may fall apart. This mechanism is common in individuals who experience emotional eating. Numerous studies have identified that emotional eating is a form of responding to negative emotions (e.g., Adolfsson et al., 2002; Bove & Olson, 2006; Childers et al., 2011; Ogden et al., 2011; Spoor et al., 2007; van Strien et al, 2007; Zeeck et al., 2012) in both women and in men (e.g., Larsen et al., 2000). A review conducted by Larsen (2011) found that men who engaged in emotional eating showed a stronger relationship between alexithymic characteristics and eating than women, suggesting that men have more difficulty in identifying and describing their emotions.

As suggested above, men find it more difficult to identify their feelings; therefore can be unaware of their existence, however, physiological symptoms still occur such as feeling jittery, experiencing breathing quicker, feeling butterflies in the stomach, feeling heavy, tired, slow, tense, light or energised. The men in this study described these sensations as uncomfortable and would in turn react by using food as a way of suppressing these. This study however found that the men would suppress these emotions because the emotions threatened their masculinity. Hegemonic masculinity as defined by Brannon (1976) is to be “strong, capable, reliable, in control” (p. 125). Therefore the presence of these sensations and emotions as experienced by the men in this study were understood as threats to strength, capability, reliability, and control. Sam identified that not being able to manage emotions or difficult situations meant that he was not strong or capable enough to control himself, suggesting that he was not ‘man enough’. This threat to his masculinity resulted in turning to food as way of escaping emotions and can be understood as an attempt at seeking control in another way.

The men that participated in this study ranged between 23-61 years of age. It became evident that the older men prescribed to more traditional masculine roles whereas the younger ones were more flexible in their ideas. Expanding on the literature reviewed in the introduction, masculine ideals have changed over time and roles have been reconstructed (Bennett, 2007). Men are experiencing a growing societal pressure to take on a more thoughtful, expressive and sensitive role (Levant, 2011). This indicates that the younger participants may have exhibited more conflict between what they should be and who they wanted to be due to the changing roles of men. Equally, the inconsistency in norms may make it even more difficult to subscribe to one of them. In other words, because there is no one masculine ideal, the men in this study felt a pressure to find their own definition of masculinity and who they wanted to be as a man. This pressure is elaborated on in detail in section 4.1.1.

By turning to food in these situations (see section 4.1.2), the participants attempted to gain control in another way and for a brief moment were satisfied that they had been able to instantly gratify themselves and demonstrate that they were self-sufficient (in control: section 4.1.3). However, all participants experienced this relief only temporarily. This feeling of being stuck in the cycle of emotional eating is further expanded upon in section 4.1.4 below.

4.1.1 Negotiating Masculinity

The participants struggled in negotiating who they *wanted* to be and who they believed they *should* be, this was more common in the younger participants who perhaps had been more influenced by evolving constructions of gender roles. Hegemonic masculinity as described by Connell (1983) where men should be masculine and demonstrate this with their body, size and shape was present in all of the participant's interviews. The pressure to conform or belong was present both in the outside world but was equally mirrored within the interviews.

There was a clear sense of the men feeling conflicted between wanting to share how they felt, taking the time to process the emotion and a pressure to 'just get on with it'. Will identified this was due to upbringing and social pressures of what a man is supposed to be. Similarly, Harry identified that masculine stereotypes suggest that

men should be less emotionally involved in things. Will and Harry are young adults in their early twenties, and both identified a struggle between the traditional norms and the pressures of today's world. A study looking at the experience of body dissatisfaction in men found that participants were conflicted between traditional societal values where body image concerns were considered unappealing and the pressure of conforming to today's societal ideals (Adams, Turner & Bucks, 2005). This is similar to the experiences of Ben, James and Sam who all identified a conflict between what traditional societal values were about expressing emotions as men and the pressures of being both sensitive and manly at the same time. It was clear they found it difficult trying to integrate the two identities and felt concerned that if they did it wrong, the result may be a feeling of rejection or failure, from other men and possibly women.

Along the lines of integrating the traditional and modern man, Crawshaw (2007) identified that masculinities are becoming pluralistic and are embracing more traditionally feminine characteristics, thus creating the modern twenty first century man. Will explained he felt more comfortable making more 'feminine' food choices or expressing himself emotionally if he felt more confident in himself, whereas if his self-esteem was low, he would feel the need to adhere to the masculine stereotypes. This suggests that self-esteem and confidence play a significant role in identity and self-expression, both in terms of emotional expression and food choices. This would need to be further investigated in future studies using a quantitative approach to understand whether this is a valid experience for men.

Furthermore, research has suggested that men demonstrate their masculinity in their food choices, especially red meat (Adams, 1990; Fiddes, 1991; Levi, Chan & Pence, 2006; Rozin, Hormes, Faith & Wansink, 2012). The participants in this study identified similar attitudes towards food. In the subcategory "Men eat Meat" the men describe how they see salads, fish and other light foods as feminine. Oliver especially highlights that this is due to society putting expectations on men; he calls attention to how the media portray men to eat big portions and to enjoy excess. Gough and Conner's (2006) qualitative investigation of barriers to healthy eating

amongst men also found that the male participants were confused by the messages portrayed in the media, even going so far as resisting government advice due to feeling their choices and freedoms were under threat from the media and government.

Traditionally meat has been seen as a symbol of strength in men (Fiddes, 1991) and men have been expected to eat food in bulk (Labre, 2005). The men in this study identified that this was the case, and once again described a sense of conflict between wanting to subscribe to these ideals, as this would solidify their status as men, whilst wanting to be healthy and take care of their bodies. Being healthy and wanting to take care of their bodies was only accepted in one form however, if they were going to the gym and ‘bulking up’.

Studies have suggested that men give lower priority to health when making food choices than women (e.g., Steptoe, 2002; Wardle & Griffith, 2001) and are more ambivalent when making them (Povey et al., 2001). The present study, however, suggests that these findings may be due to men feeling pressured to subscribe to masculine behaviours by demonstrating their masculinity in their food choices. The participants described a sense of feeling pressured around others when making food choices and had a clear idea that socially, men ate meat, giving them very little choice in making decisions around food. The participants also described a conflict between what they wanted to eat and what they felt, as men, they should eat. This suggests that previous studies that have identified that men make worse choices and prioritise their health less than women, may indeed show the behaviours that the men are presenting, however, do not take into account that the men might feel the need to do so in order to preserve their sense of identity as a man. Gough (2006, 2007) similarly identified how these behaviours are further perpetuated by the hegemonic masculinities that the media portray.

When participants in this study were asked if they had any questions following the interview, all asked what the other participants experienced and whether it was similar or not to them. O’Brien et al. (2005) found in his qualitative study looking at men’s accounts of masculinity and help seeking that the men felt they had to

measure their behaviour against other men; similarly the men in this study were seeking out to find out whether their behaviour was 'normal' and the same as these other men. As a researcher, I believe by participating in the present study and allowing the phenomenon of emotional eating in men to be acknowledged, it allowed the negative connotations to be put aside for the duration of the interview and the men were allowed to be themselves. As elaborated upon below, the men found the process of interviewing liberating and saw it as an experience that allowed them to think about things they had never thought of before: *"This is the first time I've gone into my head quite a bit... I feel like I can understand it a bit more... It let me break things down and start to answer some questions I have had about myself."* This demonstrates that there are significant implications to Counselling Psychology, which will be further expanded upon in section 4.4.

4.1.2 Emotional Eating Serving a Function

The findings of this study support the existing literature and theories on emotional eating. The men explained that eating made them feel better, helped escape difficult situations, took them back to easier times, filled a void, provided comfort, minimised negative thoughts and feelings and was used as a reward or treat. In line with the findings from the study conducted by Spoor et al. (2007), the men used food as a way of regulating their affects in periods of stress and anxiety. Each of the men experienced different stressors, and had varying levels of what they were able to cope with. What became clear through the analysis was that the process of emotional eating in the participants could be explained using all of the models (affect regulation, attachment, escape, restraint, biological and sociocultural). Other studies have suggested that these models and theories stand on their own and are more evident in certain groups. However, the men in this study identified that each of these theories had a place in the process of their emotional eating. This will be further expanded on below.

Jack, Ben, John, Will and Thomas all described using food to help them process and cool down their emotions following a difficult experience or situation, explaining that food regulated their affect from a heightened negative emotion to a more

manageable one. A quantitative study assessing affect consequences of comfort food consumption conducted by Dube et al. (2005) found that females were more triggered to seek 'comfort' from food after experiencing negative emotions, whilst men were triggered by positive emotions. The findings in this study did support these findings, however, although men did turn to food in times of celebration and connection with others, they equally, if not more, turned to food when experiencing negative emotions. Some participants went as far as stating that food made them feel better and that it would solve their problems. Demonstrating that the men were using expressive suppression, which is a response strategy that attempts to reduce emotions in a difficult state (Gross & John, 2003), and is considered a maladaptive coping strategy. These findings therefore support the affect regulation model as suggested by Gross (2007), Bruch (1973), Kaplan (1957), Hawkins and Clement (1984), McCarthy (1990) and Telch (1997).

A number of participants (Ben, Max, John and Sam) identified how attachment styles can directly affect eating. Ben described how he had always been uncomfortable with his feelings and that at home he had only himself to rely on as his parents were very busy when growing up. Max explained he was adopted early on and struggled with fitting in with his adoptive family but found comfort in food. John shared that growing up his home environment was quite turbulent and that he found a sense of safety in food. Similarly, Sam also identified that growing up, his family found it difficult to share emotions and be with each other. Each of these could be argued to have experienced anxious attachments. The literature suggests that anxiously attached individuals find it difficult to identify and manage feelings, therefore turning to alternative coping strategies (Buckroyd, 2011). Anxiously attached individuals also tend to have an exaggerated perception of negative affect, and access painful memories in times of distress, further continuing their unsettled state (Mikulincer, 1995). These findings therefore support the assertion that attachment styles can have a significant impact on emotional eating. Future research could look at the impact of attachment styles in men and how this affects their eating in order to further understand how these processes interact.

Other participants such as Oliver, Dan and Harry sought out food in an attempt to fill a void. Their explanation of this void was boredom; however, when further interpreted, this can be understood as an inability to be alone with themselves. The men found it increasingly difficult to sit in silence and not have anything to do. This could be interpreted as not liking boredom, however, throughout their interviews there was a clear indication of not being able to tolerate negative self-thoughts and a threatened sense of self. Thus, their interviews as a whole suggest that perhaps, sitting alone would cause these thoughts to rise. In order for these thoughts to disappear, the men would seek out ways of busying themselves. Food, cooking and eating became their escape. The escape theory as put forward by Heatherton and Baumeister (1991) suggests that eating is used as a way of pushing away negative and unwanted self-awareness. Oliver, Dan, and Harry explained that their use of food was to distract and engage in something other than themselves, suggesting that the escape theory similarly has a place in the process of emotional eating in men.

The restraint theory suggests that individuals who restrain their intake will experience overeating as a result of negative affect (Herman & Polivy, 1980). This study found this was indeed the case in the male participants, however is further expanded upon on in section 4.1.4 stuck in the cycle.

4.1.3 Seeking Control

A central part of the findings was the men's attempt at being wholly independent and self-sufficient. In line with the gender roles as identified by Brannon (1976) the "Sturdy Oak" suggests an expectation for men to be confident, self-reliant and in control. Similarly, Courtenay (1998, 2000a, 2000b, 2012) explained that men understand that they must suppress and control both emotional and physical pain. The findings of this study found that these themes rang true for the men, and Max, Ben, John and Sam all identified that they used food as a way of gaining control; each of them however had different ways of achieving this control.

Max used food as a way of gaining weight and thus having control over his body and who approached him, in a way also serving as a protective barrier from others. Conversely, Ben and John achieved control once they were able to choose their own

food upon leaving the family home. This proposes that having control over their intake was an introduction to adulthood. John had a difficult time growing up and was surrounded by turmoil at home, which perhaps explains his use of food as an attempt to seek control. He elaborated further in that when he felt out of control at work, food allowed him to gain control in another area of life. This may be explained back to his childhood and the anxiety, fear and loss of control he may have experienced: food was there when no one else was.

Following on from food being a constant, a number of participants related to their food as a friend. Ben went as far as saying food replaced his friends when he moved schools as a child and Adam said he was “*with trifles for about 8-10 years*” which could be understood by an outsider as describing a friendship or romantic relationship. Sam also identified that food was there for him when no one else was as he moved away from home early on in his adolescence. Food was a constant presence in their lives and was described as something that no one could take away, also as a way of regulating difficult aspects of family life. It has also been suggested that food is seen as a gift and can be considered an act of love (Charles & Kerr, 1988; Cheal, 1988). The men in this study could have been using food as a way of providing themselves with the love they were missing from others.

The literature suggests that women are more health conscious and aware of their diets than men. The findings of this study however suggest that men can be equally as aware of their diets, and at times become overly invested, similarly to the way literature suggests women do (e.g., Barker et al., 1995; Courtenay, 2000; Friel et al., 1999; Thiele & Weiss, 2003). The men described a sense of being addicted to food, obsessed with choosing what to eat and battling with their mind and body when it came to eating, demonstrating therefore that these men experienced similar feelings to women. The participants demonstrated a level of fear around losing control and went to extreme ways of managing this. Some participants limited their food by not buying it, labelling certain foods as “dangerous” and avoiding them at all costs. Others compared their relationship to food as an addiction, which can be explained by the research on stress-induced eating (Adam & Epel, 2007; Gluck, 2006; Gluck et

al., 2004). Although the addiction model can explain the increase in food intake, it is likely to be more strongly linked with the exposure to high reinforcers (Volkow & Wise, 2005) paired with a lack of emotion regulation strategies.

4.1.4 Stuck in the Cycle

Feelings of guilt and disappointment followed the temporary relief. Previous studies have demonstrated that men do not experience feelings of remorse following their indulgence or overeating of food (e.g., Wansick et al., 2003). This study did not replicate these findings; on the contrary, all participants but one (Adam) experienced feelings of guilt and disappointment with their eating and coping behaviour. These feelings of guilt further perpetuated the initial emotion that triggered the emotional eating, resulting in a cycle of continuous eating as a way of escaping the emerging feelings. A study conducted by Wansick et al. (2003) found that men did not experience feelings of remorse following a binge episode, however, this could be due to the men feeling unable to step outside of the ideals of masculinity and present their true feelings. The present study specifically recruited men who self-identified as emotional eaters, therefore the difference in results could be explained as the men having the opportunity to share their real emotions in a non-judgmental environment.

It became clear throughout the analysis of the interviews that these men experienced similar feelings and difficulties as women; however, the experience of emotions was considered less acceptable due to the presence of socially constructed masculinity that the men felt they *should* subscribe to. It is considered socially acceptable for women to experience emotions, to display and share them with others. It is also acceptable to use food as a way to comfort the feelings of distress, as can be seen in the media, in books and experienced amongst family and friends.

Although expressive suppression was achieved through the use of food, it can result in attachment avoidance, symptoms of depression (further negative thoughts), less social support and satisfaction and lower general wellbeing (Gross & John, 2003, 2004). It can be suggested that using food in order to suppress or escape emotions triggers secondary emotions of guilt and disappointment, further worsening the primary emotion (e.g., sadness as demonstrated in the conceptual framework). The

men further put forward that the secondary emotion was not only a negative consequence but also that it had the further purpose of taking attention away from the primary emotion. Thus, creating an environment where the primary emotion was forgotten about due to the new overwhelming secondary emotion of guilt and disappointment. Therefore, the cycle continued as in the short term, as Sam stated, “the next day starts”, the men got a break from experiencing the primary negative emotion and were able to focus on the feeling that they felt they had control over (guilt and disappointment).

The restraint theory as explained above, suggests that following restraint, if a negative emotion is experienced, the individual will overeat (Herman & Polivy, 1980). Will summarised this as “might as well have more”, identifying an important part of the cycle by which if the men felt they had slipped up, they might as well go ahead and enjoy it. This supports the findings of Spencer and Fremouw (1979), and Knight and Boland (1989), where participants increased their intake following a pre-load of a food they believed to be high in calories. The men in this study experienced a similar processing; they explained that because they had allowed themselves the treat, they felt their diet was broken and therefore they might as well enjoy themselves, increasing their overall intake significantly whilst promising themselves they would start again on a set day (most commonly a Monday).

4.2 Evaluation of the study

The aim of this study was to contribute to the understanding of emotional eating in men and how they manage their emotions through the use of food. The study also tried to address the gap in the research literature by using a qualitative method in order to allow men to voice their understanding of the process and to further our knowledge and understanding, as applied psychologists, of the phenomenon of emotional eating in men.

The rationale of this study was to provide a conceptual framework of emotional eating in men and to provide an emergent theory, which would contribute to the

understanding of emotional eating and offer a basis for further research. Using grounded theory for the data collection and analysis allowed the research to be developed into an emergent theory whilst staying close to participants' voices. In my opinion, the research study has reached its aims, with some limitations, which will be expanded upon in this section.

4.2.1 Strengths and Limitations and Suggestions for Future Research

The strength of this study lies in its qualitative nature as it has resulted in the contribution of an emerging theory of the process of emotional eating in men. The present study is the first of its kind, as previous research has not investigated the process of emotional eating in men. I hoped that this study would provide the men with a space to reflect on their own processes and give them a voice within an area where men are significantly underrepresented.

Courtenay (2000a) suggests that men consider expressing emotions with a spouse or girlfriend as acceptable, however when surrounded by other men, they may deny pain, or use excessive drinking as a way of demonstrating masculinity. This would suggest that the men in the present study felt more comfortable with a female interviewer and thus felt more able to express themselves freely. Although research has suggested that men are more comfortable sharing with women, three of the participants (Oliver, Jack and James) avoided eye contact with me throughout the interviews. This could be attributed to feeling uncomfortable expressing such personal details about oneself, shame in both identifying emotions and their identity as an emotional eater. Therefore, being female may be regarded as a limitation in the context of this study. It is clear some participants felt less or more comfortable sharing with me because of my gender, whereas some felt indifferent as they considered sharing emotions difficult regardless what gender the interviewer was. Future research could replicate the study using a male researcher to see whether findings would be different due to the gender of the interviewer.

Some studies suggest that individuals do not have the ability to self-identify as emotional eaters as it has been put forward that individuals are poor at perceiving their own behaviour that does not necessarily reflect their own reports (Baer &

Miller, 2002; Evers et al., 2009; Nordgren, van der Plicht & van Harreveld, 2007). A study by Evers et al. (2009) found that individuals who self reported as emotional eaters did not increase food intake during emotional encounters when compared to individuals who did not judge themselves as emotional eaters. This was considered when recruiting for the study, as the premise of emotional eating holds in mind that those who engage in this coping strategy find it difficult to identify emotional states, therefore by definition, emotional eaters would struggle in identifying that they use food as a way of avoiding, regulating or suppressing these states. However, although that may be the case, it is important to note that should an individual consider themselves to be an emotional eater, they must be able to identify that they struggle with emotions and use food as a way of managing them.

The men in this study all described emotional eating, and although their intake may not have been more than individuals who do not identify as emotional eaters, they identified that this was a problem and it was impacting their life. Nonetheless, this may be considered a limitation to this study as the men in this study may not be the extreme end of emotional eaters and therefore may provide skewed results to those who self-identify and are aware of their behaviours. Considering all of this however, it is important to note that four participants (Oliver, Ben, Thomas and James) did not consider themselves emotional eaters prior to seeing the recruitment poster. They explained in their interviews that the poster triggered them to think about the phenomenon and prompted them to start identifying their own behaviours, therefore making them more aware of their eating habits and emotions. Arguably, this could be a strength of the study, in that the recruitment itself made participants (and other potential viewers of the posters) more aware of their behaviours and relationship with food. This puts forward that by making men more aware of the phenomenon of emotional eating can help with identifying and potentially change help seeking behaviours and emotional eating behaviours in the long term.

In terms of methodological approach, the findings of the present study illustrated the ways in which men manage their emotions through food consumption whilst attempting to negotiate their masculinity. Other qualitative methods could have

potentially resulted in different results of emotional eating in men, in light of the points raised in the discussion; I feel that a narrative approach may have yielded rich results, however, Dallos and Vetere (2009), noted that narrative approaches may not be particularly appropriate when establishing the foundations of a theory or model, which is the strength of grounded theory.

A further limitation to this study is the lack of generalisability due to its qualitative methodology. A vital step in future research would be to investigate and provide accurate statistics on how prevalent emotional eating is in men using quantitative measures. Using a mixed method design could have added further context and power to this study however this would have stretched the aims of this study outside the boundaries of manageability. Quantitative data could have served better in capturing the public's attention and generating a greater interest in men and emotional eating that it merits. However, it is also important to note that the strength of grounded theory is the clinical applicability of the emerging theory as it can be integrated into practice and have real-life clinical applications (Teram et al., 2005).

It is also important to note that some categories are only partially defined in terms of their dimension due to not reaching complete 'saturation' (Corbin & Strauss, 2008). I do however aim to expand on this work in the future and aim to engage in further theoretical sampling in order to fully saturate the findings. With this said, as part of my work within a bariatric service I engage daily with men whom emotionally eat and have found that the findings of this study do demonstrate the process these men describe. However, it is clear that each man experiences the process of emotional eating differently therefore highlighting the benefit of further investigation.

Grounded theory studies rely on theoretical sampling of participants, which involves recruiting participants with different experiences of a phenomenon in order to investigate the multiple dimensions. Thus, the researcher continues to recruit until theoretical saturation is achieved. It is impossible to know from the outset of the research how many participants will be needed to saturate the emerging theory; however, standard grounded theory studies typically report sample sizes of 10-60 participants (Starks & Trinidad, 2007). From a constructivist perspective, truths are

not necessarily based on generalisability from large sample sizes; instead they focus on how the phenomena are constructed through personal experiences. It may be that a larger number of participants would have identified further information that was not highlighted by the current participants. Additionally, the men were all from similar ethnic backgrounds despite originating from different countries. Some participants highlighted that their nationality and culture was a significant factor in their relationship with food, suggesting that further research is needed looking at cultural differences, masculinity and relationship with food. Doing so within this study was unfortunately not possible as this would make the size of this study unmanageable and therefore was not considered for practical reasons.

As this study was the first qualitative study looking at the processes of emotional eating in men, the sampling was purposive and self-selecting. Therefore future studies could be conducted on a larger sample size with more specific inclusion criteria, for example as mentioned above, a study looking at specific cultures and how this can affect emotional expression and in turn eating would further our understanding of different cultures and how best to support these men. Similarly, if future research studies had smaller age ranges, it would further our understanding of how changing constructions of masculinity impact men's responses to emotions and relationship with food. As evidenced in some of the older participants, traditional masculine norms were more present growing up and therefore resulted in more difficulty in identifying and expressing emotions, whereas the younger generation found it easier to identify how they were feeling. This may have been due to the different interactions they experienced with their parents and others who were influenced by newly constructed ideals around masculinity.

In the present study, twelve participants identified as heterosexuals and one identified as homosexual. Further research could also include more sexually diverse samples.

4.2.2 Ensuring standards of rigour and credibility

Evaluating standards of credibility, quality and trustworthiness in qualitative research is not simple (Denzin, 2011). Charmaz (2006) named the credibility,

originality, resonance and usefulness as the criteria for grounded theory studies. I was further informed by Counselling Psychologist (Morrow, 2005) and qualitative researchers (Elliot et al., 1999). See Table 3 for a summary of their guidance and the resulting measures I adopted in this study.

Table 3. Quality Control and Resulting Methodological Responses of Study

Quality Control	Methodological Response
<p>Credibility Charmaz (2006): Strong links between the data gathered and argument; data sufficient to merit claims; research to provide enough evidence for the researcher’s claims for the reader to agree with the claims and to form their own independent assessment.</p> <p>Elliot et al (1999): provide clear information about the nature of the sample in order to facilitate credibility checks and to acknowledge the limitations of the study.</p> <p>Morrow (2005): Researcher reflexivity</p>	<ul style="list-style-type: none"> • Links between data gathered and argument are clearly presented in the form of direct participant quotes provided throughout the analysis chapter and have also been included in the discussion • Extracts of transcripts, coding, memos are all provided in the appendix. Development of codes to categories have all been documented and are in the appendix • Coding, memo writing and category development was discussed with research supervisor and with other peers engaged in grounded theory research. • Contextualising details about participants are included in the methodology and analysis chapters • The limitations of the study (4.2)
<p>Originality Charmaz (2006): categories to offer new insights; new conceptual representations of data; provide social and theoretical significance of the work; explain how it extends, challenges or refines current practice</p>	<ul style="list-style-type: none"> • Categories presented in results section offer new insights into the way that men use emotional eating • Social and theoretical significance of the work (4.3)
<p>Resonance Charmaz (2006): Grounded theory should make sense to the participants who shared their circumstances and</p>	<ul style="list-style-type: none"> • Two participants from those contacted agreed that the grounded theory made sense to them and described their process of emotional

<p>provide them with a deeper insight into their life and world.</p>	<p>eating.</p> <ul style="list-style-type: none"> • Every participant reflected they found the experience gave them further insight into their lives and understanding of the process that was previously automatic
<p>Usefulness Morrow (2005): to bridge the gap between research and clinical practice</p> <p>Charmaz (2006): Offer interpretations to others who can use it in their every day world. Contribute to knowledge and prompt further research</p> <p>Elliot et al (1999): Provide coherent synthesis of the data. Produce analysis that resonates and sparks interest in the topic.</p>	<ul style="list-style-type: none"> • Developed core connecting category and 5 categories to communicate the findings and my interpretation of the data • Developed a theoretical model of the processes of emotional eating in men (4.1) • Identified recommendations for clinical practice and interventions (4.3) • Original contribution of study (4.2)
<p>Locating the researcher in the research Morrow (2005): Clarity between the researcher, research paradigm and question</p> <p>Elliot et al. (1999, p. 221): “<i>owning one’s perspective</i>”: being clear about personal values and theoretical orientation</p>	<ul style="list-style-type: none"> • I have engaged in personal, professional, methodological and epistemological reflexivity throughout the process of the study • Reflexive notes are well documented throughout the research • In order to acknowledge the researcher’s role in constructing the analysis, the thesis includes passages written in the first person (Marecek, 2003).

In addition, Morrow (2005) proposed that Counselling Psychologists should ensure they produce accounts that aim to be transformative and educative, and to present these in a way that generates additional engagement with the research problem by further investigators. Morrow also considered the importance of integrating theory into practice and believes this should be at the foreground of a qualitative researcher/Counselling Psychologist’s mind. These concepts have been at the core of

the development of this study, and have been developed further in the implications for practice section.

4.3 Implications and Suggestions for Counselling Psychology Practice

The findings of this study demonstrate the complex relationship between masculinity, emotions and eating. As described in the introduction of this thesis, emotional eating is a phenomenon that has previously been mainly evaluated quantitatively, investigating primarily individuals who are considered obese, clinically diagnosed with an eating disorder or of the female sex. This study has provided insight into the experience of men and the process they undergo that turns them to food when managing their emotions. Emotional eating has been shown to be associated with binge eating disorder (Stice, Presnell & Spangler, 2002; van Strien, Engels, van Leeuwe & Snoek, 2005), higher depressive symptoms (Konttinen et al., 2010), can lead to obesity (Bennett et al., 2013; Gibson, 2012), and is considered a precursor to developing an eating disorder (Capasso, Putrella & Milano, 2009; Pawlik-Kienen, 2007).

Contrary to popular belief, emotional eating is not strictly a phenomenon that occurs in overweight individuals. Studies have shown that emotional eating has also been observed in healthy, non-restrained individuals (e.g., Newman, O'Connor & O'Connor, 2007; Nguyen-Rodriguez, Chou, Unger & Sprujit-Metz, 2008). Similarly, emotional eating is not exclusive to females and occurs widely within the male population, however has received less attention possibly due to the lack of men identifying and self-reporting this behaviour or due to a socially constructed assumption that further perpetuates this belief. Men are affected by emotional eating both physically and psychologically, highlighting the importance to understand and develop interventions to support men who turn to food in an attempt to regulate affect. Clinicians working with men should be sensitive to all of these symptoms and consider how negotiating masculinity can impact on psychological health.

As previously discussed, the participants indicated an array of difficulties, which involved navigating emotions and masculinity. This compromised challenges related to identifying and expressing feelings, negotiating their place in the world, identifying with their masculinity, maintaining health and searching for the 'right answer'. They also identified many aspects of their social relationships with partners, the family unit, and the wider social circle of friends and colleagues. Although all participants grappled with similar difficulties in managing their emotions, it is important to highlight that they all had considerably diverse experiences, therefore making it difficult to generalise their needs. However, despite this being a limitation, as Counselling Psychologists we look at the individual as whole, taking into account their individual needs and difficulties. The aim of this section is therefore to provide Counselling Psychologists and practitioners with suggestions for practice when working with men who identify as emotional eaters in the hope that these will help guide rather than assume this applies to all clients.

This study draws attention to the needs of these men and there are a number of areas male emotional eaters could benefit from support. If negative thoughts and feelings play a significant role in overeating, paired with socially constructed ideals of masculinity, perhaps one way to reduce these feelings is to prevent negative self-evaluation of the existence of these feelings. Self-compassion as conceptualised by Neff (2003) involves self-kindness (reacting with a kindness and understanding towards oneself when experiencing a negative event or stressor), mindfulness (the ability to hold emotions in a non-judgemental way) and common humanity (understanding that everyone goes through difficult times and viewing one's life as part of the larger human experience). Self-compassion can be seen as related to self-esteem in that individuals who react to their experiences in a kind and non-judgemental way tend to feel better about themselves. Individuals who are kinder to themselves might be less hard on themselves for experiencing a normal emotion based on the event. The men in this study identified feeling trapped between what they *want* to do and what they feel they *should* do, highlighting a conflict within them. Goss (2011) suggests that by moving away from self-blame and self-criticism following eating, the individual will be free to think about alternative ways of self-

soothing and enable them to help themselves in a more compassionate way; learning to work with temptations rather than fight them. Goss (2011) argued that it is much more compassionate to acknowledge and respond to real needs than try to suppress them.

A study in the USA conducted by Vohns and Heatherton (2000) found that dieters who suppressed their emotions increased ice cream consumptions, whereas when they were allowed to express their emotions freely they did not. This suggests that by learning adaptive coping strategies, emotional expression can occur and eliminate the need to seek coping through the use of food. This supports the notion that it is impossible to avoid certain emotions and that it may somehow be possible to change these emotions, research suggests that by being compassionate to yourself when experiencing a negative emotions, this in itself helps in managing the negative affect (Gilbert, 2010). Thus, by changing the way that we regulate affect will in turn remove the “instigator of emotional eating” (Evers et al., 2010).

Mindfulness has also been demonstrated to help individuals observe their emotions without trying to act on them by escaping, avoiding or changing, resulting in an improved ability to make more adaptive choices when responding to negative affect or experiences (Linehan, 1993a, 1993b). Several studies investigating the use of mindfulness and acceptance based approaches in disordered eating have produced promising results (e.g., Baer, Fischer, & Huss, 2005; Heffner, Sperry, Eifert & Detweiler, 2002; Kristeller & Hallett, 1999). These studies have included acceptance and commitment therapy (ACT; Hayes, Strosahl & Wilson, 1999), mindfulness-based-cognitive therapy (MBCT; Segal, Williams, & Teasdale, 2002) and mindfulness-based eating awareness training (MB-EAT; Kristeller & Hallett, 1999). Leahy et al. (2008) demonstrated that mindfulness based interventions appear to be relatively successful in reducing emotional eating, therefore it would be useful for clinicians to consider the use of compassion-focused, acceptance and commitment and mindfulness based interventions in helping manage emotional eating in men.

ACT provides the basis for identifying and accepting emotions, whilst compassion encourages a self-kindness towards the experience of emotions, paired with a

mindful and non-judgemental stance of being able to acknowledge and let emotions pass can be a step in the right direction when helping men manage emotional eating behaviours. The findings of this study aimed to help further Counselling Psychologists' understanding of the process of emotional eating in men, in turn extending the knowledge of how men manage emotions and masculinity through eating. I hope that these findings and suggestions allow for a better understanding of this phenomenon and process and provide clinicians with more tools of how to help this client group.

4.4 Final reflections and conclusion

4.4.1 Epistemological and Methodological Reflexivity

I strived to be open minded and aware of my own beliefs and how they might impact the analysis; I made sure to note these in memos to ensure that these did not bias the research. However, it is inevitable that my views have a place in the emerging theory, as locating the study within the constructivist paradigm I recognised the existence of multiple realities, and the prospect that language represents and constructs these realities. I therefore view the final product as a construction of the participants' attempts to describe their processes and my interpretation of these.

The research has prompted me to become more reflexive and has made it clear how passionate I am about the field of eating disorders. It has also combined my two roles as researcher and practitioner. My stance throughout this research has been very similar to the way that I practice with clients as a Counselling Psychologist. I endeavour to uncover and understand clients' experiences and take their stories at face value, however, I also wish to invite clients to reflect on the constructions that surround us, culturally, socially and relationally, highlighting the meaning and significance of the words we choose to use. This research has inspired me to continue engaging in research and has demonstrated how valuable it is in both the context of contributing to the knowledge within our profession but also within my own practice with clients.

Reflecting on my choice of methodology, I acknowledge that by selecting a more focused analytic approach may have advanced the development of a more in-depth analysis in this particular area. For instance, a discourse analysis may have promoted a more vivid interpretation of the constructed meanings of emotional eating and masculinity. Similarly, a phenomenological study may have captured a deeper understanding and description of the lived experiences of these men.

Nevertheless, as previously discussed, grounded theory covers a range of research with a variety of epistemological and ontological foundations. There is no one manual for grounded theory and the history of the methodology itself is shrouded in different opinions. Acknowledging my position with the research and approaching the research from a constructivist perspective, I found that Charmaz's constructivist grounded theory enabled me to fully engage in the research whilst recognising my impact. I tried my utmost to be guided by the participants' data and was sensitive to the references to social constructions of eating and masculinity.

I found the flexibility of constructivist grounded theory to be both challenging but also beneficial as it forced me to reflect on my own positions as a researcher-practitioner and assisted in an adaptable approach to interpretation, fitting particularly well within this study. I feel that this approach was appropriate in analysing the data that was generated within this study and feel that it represents the processes these men undergo in a clear and applicable way.

4.4.2 Personal Reflexivity

I am extremely grateful to have been given the opportunity to listen to and attempt to understand the processes through which these men go through. Upon embarking on this training, my passion was to listen to people's stories and I felt incredibly fortunate that the participants were willing to share so much of themselves with me. I know that it takes an immense amount of courage to share vulnerabilities and to be able to share at times, very difficult experiences with a stranger, especially within the context of an interview where the process offers no guarantees of an outcome. Engaging with these men has had a significant impact on me as an individual and as

a practitioner. It has changed some of the ways that I think about my own behaviour and relationship with food as well as how I myself manage my emotions.

I am aware that as a female I cannot fully understand or appreciate the experience of being a man or the pressures that men in today's world are under. I am conscious that me being female may have significantly impacted on what the participants said and how I have interpreted the data. I have tried my utmost to be transparent throughout this process and hope that although I am unable to fully understand the experiences and processes through which these men go through, I have been able to demonstrate an emerging theory that is the first step in starting to identify this as something that is important to research.

A lot has changed in my life since embarking on this journey: I am now married and have experienced major transitions in my life. Finishing this training highlights how my own processes have shaped this process and resulting research and how my own narratives are constantly changing. This process has been thoroughly challenging, exciting, liberating, trying and incredibly fulfilling.

4.4.3 Conclusion

Emotional eating has been largely focused on women and on obese populations in an attempt to understand obesity (e.g., Faith et al., 1997; Ganley, 1989). The focus that it has received has mainly been related to women who have a diagnosis of an eating disorder. Therefore, the process of emotional eating in men is not only under researched but also widely unacknowledged.

This study has provided an understanding of how some men navigate their emotions and masculinity through eating. It has disputed the idea that men do not experience emotional eating and that they do not struggle with integrating masculine ideals with who they want to be. It illustrates how difficult it can be for these men to not only identify but also express their emotions as socially constructed masculine ideals have created an environment that makes them believe they would not be real men if they were to do so. This has resulted in these men experiencing an inner conflict and attempt at escape or control seeking through the act of eating. Perhaps most

significantly, since the outset of the research I have worked with numerous men who experience similar presentations and have been approached by friends and family members. This suggests that this is an issue that needs to be addressed and is very much alive in today's world. I feel honoured that these men who have shared their inner most secrets and experiences with me have felt comfortable in doing so because they have heard about my research. My only hope is that this research can shed light on the fact that this is not just a woman's issue or one of obese individuals. Emotional eating is experienced by both genders and all sizes. In these ways, this study has contributed to creating a space for men who have not felt that they belong in any of these groups, yet count as a large proportion of individuals who struggle with emotional eating. These findings highlight the need to further understand and focus on the emotional needs and psychological processes of men who emotionally eat. Counselling Psychology can play a large part in helping to provide some of these men with a flexible, mindful and compassionate approach.

References

- Adam, T. C., & Epel, E. S. (2007). Stress, eating and the reward system. *Physiology and Behavior, 91*, 449–458.
- Adams, C. J. (1990). *The sexual politics of meat. A feminist-vegetarian critical theory*. New York: Continuum.
- Adams, G., Turner, H., & Bucks, R. (2005). The experience of body dissatisfaction in men. *Body Image, 2*, 271-283.
- Adolfsson, B., Carlson, A., Undén, A., & Rössner, S. (2002). Treating obesity: A qualitative evaluation of a lifestyle intervention for weight reduction. *Health Education Journal, 61*, 244-258.
- Adriaanse, M., de Ridder, D. T. D., & Evers, C. (2010). Emotional eating: Eating when emotional or emotional about eating? *Psychology & Health, 26*, 1-17.
- Alexander, K. E., & Siegel, H. I. (2013). Perceived hunger mediates the relationship between attachment anxiety and emotional eating. *Eating Behaviours, 14*, 374-377.
- Andersen, A. E. (Ed.). (1990). *Males with eating disorders*. New York: Brunner/Mazel.
- Andrews, B. (1997). Bodily shame in relation to abuse in childhood and bulimia: A preliminary investigation. *British Journal of Clinical Psychology, 36*, 41-49.
- Appleton, J. (1997). Constructivism: a naturalistic methodology for nursing inquiry. *Advances in Nursing Science, 20*, 13-22.
- Arnow, B., Kenardy, J., & Agras, W. S. (1995). The Emotional Eating Scale. The development of a measure to assess coping with negative affect by eating. *The International Journal of Eating Disorders, 18*, 79–90.
- Baer, R. A., & Miller, J. (2002). Underreporting of psychopathology on the MMPI2: A meta analytic review. *Psychological Assessment, 14*, 16–26.
- Baer, R. A., Fischer, S., & Huss, D. B. (2005). Mindfulness-based cognitive therapy applied to binge eating: A case study. *Cognitive and Behavioral Practice, 12*, 351–358.

- Ball, K., & Lee, C. (2002). Psychological stress, coping, and symptoms of disordered eating in a community sample of young Australian women. *International Journal of Eating Disorders, 31*, 71-81.
- Banks, I. (2001). No man's land: men, illness and the NHS. *British Medical Journal, 323*, 1058–1060.
- Barker, M. E., Thompson, K. A., & McClean, S. I. (1995). Attitudinal dimensions of food choice and nutrient intake. *British Journal of Nutrition, 74*, 649–659
- Bennett, K. M. (2007). “No Sissy Stuff”: Towards a theory of masculinity and expression in older widowed men. *Journal of Aging Studies, 21*, 347-356.
- Bernstein, R. (1983). *Beyond objectivism and relativism: Science, hermeneutics, and praxis*. Philadelphia: University of Pennsylvania Press.
- Bevelander, K. E., Anschutz, D. J., & Engels, R. C. M. E. (2012a). Social norms in food intake among normal weight and overweight children. *Appetite, 58*, 864–872.
- Billings, A. G., & Moos, R. H. (1984). Coping, stress, and social resources among adults with unipolar depression. *Journal of Personality and Social Psychology, 46*, 877-891.
- Birch, L. L., & Deysher, M. (1986). Caloric compensation and sensory specific satiety: Evidence for self-regulation of food intake by young children. *Appetite, 7*, 323-331.
- Birch, L. L., & Fisher, J. O. (1998). Development of eating behaviours among children and adolescents. *Paediatrics, 101*, 539-549.
- Birch, L. L., & Fisher, J. O., & Davison, K. K. (2003). Learning to overeat: Maternal use of restrictive feeding practices promote girls' eating in the absence of hunger. *American Journal of Clinical Nutrition, 78*, 215-220.
- Blair, A. J., Lewis, V. J., & Booth, D. A. (1990). Does emotional eating interfere with success in attempts at weight control? *Appetite, 15*, 151–157.
- Bordo, S. R. (1993). *Unbearable weight: Feminism, culture, and the body*. Berkeley: University of California Press.

- Bove, C. F., & Olson, C. M. (2006). Obesity in low-income rural women: Qualitative insights about physical activity and eating patterns. *Women & Health, 44*, 57-78.
- Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. New York: Basic Books.
- BPS. (2004). *Guidelines for minimum standards of ethical approval in psychological research*. Leicester: British Psychological Society.
- Brannon, R. (1976). The male sex role – And what it's done for us lately. In R. Brannon & D. Davids (Eds.), *The forty-nine percent majority* (pp. 1-40). Reading, MA: Addison-Wesley.
- Brebner, J. (2003). Gender and emotions. *Personal and Individual Differences, 34*, 387-394.
- Bruch, H. (1955). Role of the emotions in hunger and appetite. *The Regulation of Hunger and Appetite, 63*, 68-75.
- Bruch, H. (1964). Psychological aspects in overeating and obesity. *Psychosomatics, 5*, 269–274.
- Bruch, H. (1973). *Eating Disorders*. New York: Basic Books.
- Bryant, A., & Charmaz, K. (2007). Introduction to grounded theory research: Methods and practices. In A. Bryant & K. Charmaz (Eds.), *The SAGE handbook of grounded theory* (pp. 1-28). London, Thousand Oaks, New Delhi: SAGE Publications Ltd.
- Buchbinder, D. (2013). *Studying men and masculinities*. Abingdon: Routledge.
- Buckroyd, J. (2011) *'Understanding your Eating: How to eat and not worry about it'*. Milton Keynes, Open University Press.
- Burney, J., & Irwin, H. J. (2000). Shame and guilt in women with eating-disorder symptomatology. *Journal of Clinical Psychology, 56*, 51-61.
- Cameron, E., & Bernades, J. (1998). Gender and disadvantage in health: Men's health for a change. *Sociology of Health and Illness, 20*, 673-693.

- Campbell, J. (1990) "The role of theory in industrial and organizational psychology", in Dunnette, M. and Hough, L. (eds.), *Handbook of industrial and organizational psychology*. Palo Alto: Psychologists Press.
- Canetti, L., Bachar, E., & Barry, E. (2002). Food and emotion. *Behavioural Processes*, 60, 157-164.
- Capasso, A., Putrella, C., & Milano, W. (2009). Recent clinical aspects of eating disorders. *Review of Recent Clinical Trials*, 4, 63-69.
- Caplan, P., Keane, A., Willetts, A., & Williams, J. (1998). Concepts of *healthy eating: Approaches from a social science perspective*. In A. Murcott (Ed.), *The nation's diet: The social science of food choice*. London: Longman.
- Carper, J. L., Fisher, J. O., & Birch, L. L. (2000). Young girl's emerging dietary restraint and disinhibition are related to parental control in child feeding. *Appetite*, 35, 121-129.
- Charles, N., & Kerr, M. (1988). *Women, food and families*. Manchester: Manchester University Press.
- Charmaz, K. (2000). Grounded theory: Objectivist and constructivist methods. In N. Denzin, & Y. Lincoln, (eds.), *Handbook of Qualitative Research* (pp. 509-535). Thousand Oaks, CA, Sage Publications, Inc.
- Charmaz, K. (1995). Identity dilemmas of chronically ill men. In D. Sabo & D. F. Gordon (Eds.), *Men's health and illness: Gender, power and the body* (pp. 266-291). Thousand Oaks, CA: Sage.
- Charmaz, K. (2003). Grounded Theory. In J.F. Holstein & J.F. Gubrium (Eds.), *Qualitative Psychology: a practical guide to research methods* (pp. 81-110). Thousand Oaks, CA: Sage.
- Charmaz, K. (2006). *Constructing Grounded Theory. A Practical Guide through Qualitative Analysis*. London: Sage Publications.
- Charmaz, K., & Henwood, K. (2008). Grounded theory. In C. Willig & W. Stainton Rogers (Eds.), *Handbook of qualitative research in psychology* (pp. 240-260). London: Sage.
- Cheal, D. (1988). *The Gift Economy*, New York: Routledge Press.

- Childers, C. C., Haley, E., & Jahns, L. (2011). Insights into university freshman weight issues and how they make decisions about eating. *Journal of Consumer Affairs*, 45, 306-328.
- Chino, A. F. & Funabiki, D. (1984). A cross-validation of sex differences in the expression of depression. *Sex Roles*, 11, 175-187.
- Chua, J. L., Touyz, S., & Hill, A. J. (2004). Negative mood-induced overeating in obese binge eating: An experimental study. *International Journal of Obesity*, 28, 606-610.
- Clatterbaugh, K. (1997). *Contemporary Perspectives on Masculinity: Men, Women and Politics in Modern Society*, 2nd ed. Westview Press, Boulder, CO.
- Clendenen, V. I., Herman, C. P., & Polivy, J. (1994). Social facilitation of eating among friends and strangers. *Appetite*, 23, 1-13.
- Clinton, D. N. (2006). Affect Regulation, Object Relations and the Central Symptoms of Eating Disorders. *European Eating Disorders Review*, 14, 203-211.
- Connell, R. W. (1983). Men's bodies. *Australian Society*, 2, 33-39.
- Connell, R. W. (1990). An iron man: The body and some contradictions of hegemonic masculinity. In M. Messner & D. Sabo (Eds.), *Sport, men and the gender order: Critical feminist perspectives* (pp. 83-95). Champaign, IL: Human Kinetics.
- Connell, R. W. (1995). *Masculinities*. Cambridge: Polity.
- Connell, R. W. (2000). *The men and the boys*. California: University of California Press.
- Conner, M., Fitter, M., & Fletcher, W. (1999). Stress and snacking: A diary study of daily hassles and between meal snacking. *Psychology & Health*, 14, 51-63.
- Corbin, J., & Strauss, A. (2008). *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory* (3rd ed.). Thousand Oaks, CA: Sage

- Courtenay, W. H. (2000b). Behavioral factors associated with disease, injury, and death among men: Evidence and implications for prevention. *The Journal of Men's Studies*, 9, 81–142.
- Courtenay, W. H. (2000c). Engendering health: A social constructionist examination of men's health beliefs and behaviors. *Psychology of Men & Masculinity*, 1, 4–15.
- Courtenay, W., & Keeling, R. (2000). Editorial of special issue on men's health. Men, gender, and health: toward an interdisciplinary approach. *Journal of American College Health*, 48, 243–247
- Courtenay, W. H. (2000a). Constructions of masculinity and their influence on men's well being: A theory of gender and health. *Social Science and Medicine*, 50, 1385-1401.
- Courtenay, W. H. (1998). *Better to die than cry? A longitudinal and constructionist study of masculinity and the health risk behaviour of young American men*. (University of California at Berkeley). Dissertation Abstracts International, 59.
- Courtenay, W. H. (1999a). Situating men's health in the negotiation of masculinities. *The Society for the Psychological Study of Men and Masculinity Bulletin (The American Psychological Association)*, 4, 10-12.
- Courtenay, W. H. (1999b). Youth violence? Let's call it what it is. *Journal of American College Health*, 48, 141-142.
- Courtenay, W. H. (2002). A global perspective on the field of men's health: An editorial. *International Journal of Men's Health*, 1, 1-13.
- Courtenay, W. H. (2003). Key determinants of the health and well-being of men and boys. *International Journal of Men's Health*, 2, 1-30.
- Crawshaw, P. (2007). Governing the healthy male citizen: Men, masculinity and popular health in Men's Health magazines. *Social Science and Medicine*, 65, 1606-1618.
- Cusack, J., Deane, F. P., Wilson, C. J., & Ciarrochi, J. (2004). Who influence men to go to therapy? Reports from men attending psychological services. *International Journal for the Advancement of Counselling*, 26, 271-283.

- Dallman, M. F. (2010). Stress-induced obesity and the emotional nervous system. *Trends in Endocrinology and Metabolism*, *21*, 159-165.
- Dallman, M. F., Pecoraro, N., Akana, S. F., La Fleur, S. E., Gomez, F., Houshyar, H., Bell, M. E., Bhatnagar, S., Laugero, K. D., & Manalo, S. (2003). Chronic stress and obesity: a new view of “comfort food”. *The National Academy of Sciences*, *100*, 11696–11701.
- Dallman, M. F., Pecoraro, N. C., & la Fleur, S. E. (2005). Chronic stress and comfort foods: self-medication and abdominal obesity. *Brain Behaviour and Immunity*, *19*, 275–280.
- Dallos, R., & Vetere, A. (2009) *Systemic therapy and attachment narratives: approaches in a range of clinical settings*. Routledge.
- Davey, G. C. L., Buckland, G., Tantow, B., & Dallos, R. (1998). Disgust and eating disorders. *European Eating Disorders Review*, *6*, 201–211.
- de Castro, J. M., & Brewer, E. M. (1992). The amount eaten in meals by humans is a power function of the number of people present. *Physiology & Behavior*, *51*, 121–125.
- de Laine, M. (1997). *Ethnography: Theory and applications in health research*. Sydney, Australia: Maclellan and Petty.
- Denisoff, E., & Endler, N. S. (2000). Life experiences, coping, and weight preoccupation in young adult women. *Canadian Journal of Behavioural Science*, *32*, 97-103.
- Denzin, N. K. (2011). The politics of evidence. In N. K. Denzin & Y. S. Lincoln (Eds.), *The sage handbook of qualitative research* (pp. 645-657). Thousand Oaks, CA: Sage.
- Dey, I. (1999). *Grounding Grounded Theory: Guidelines for Qualitative Inquiry*. London: Academic Press.
- Domoff, S. E., Meers, M. R., Koball, A. M., & Musher-Eizenman, D. R. (2013). The validity of the Dutch Eating Behavior Questionnaire. Some critical comments. *Eating & Weight Disorders*, *19*, 137–144.
- Drewnowski, A., & Yee, D. (1987). Men and body image: Are males satisfied with their body weight? *Psychosomatic Medicine*, *49*, 626-634.

- Drewnowski, A., Kurth, L., & Krahn, D. (1995). Effects of body image on dieting, exercise, and anabolic steroid use in adolescent males. *International Journal of Eating Disorders, 17*, 381-386.
- Drummond, M. (1999). Life as a male “anorexic.” *Australian Journal of Primary Health Interchange, 5*, 80-89.
- Dube, L., LeBel, J. L., & Lu, J. (2005). Affect asymmetry and comfort food consumption. *Physiology & Behavior, 86*, 559–567.
- Dwyer, S. C., & Buckle, J. L. (2009). The space between: On being an insider outsider in qualitative research. *International Journal of Qualitative Methods, 8*, 54-63.
- Elfhag, K., & Rossner, S. (2005). Who succeeds in maintaining weight loss? A conceptual review of factors associated with weight loss maintenance and weight regain. *Obesity Reviews, 6*, 67–85.
- Elliott, R. (1995). Therapy process research and clinical practice: Practical strategies. In M. Aveline & D. A. Shapiro (Eds.), *Research foundations for psychotherapy practice* (pp. 49–72). Chichester: Wiley.
- Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for the publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology, 38*, 215–229.
- Endler, N. S., & Parker, J. D. A. (1994). Assessment of multidimensional coping: Task, emotion, and avoidance strategies. *Psychological Assessment, 6*, 50-60.
- Epel, E., Lapidus, R., McEwen, B., & Brownell, K. (2001). Stress may add bite to appetite in women: a laboratory study of stress-induced cortisol and eating behavior. *Psychoneuroendocrinology, 26*, 37–49.
- Epel, E., Jimenez, S., Brownell, K., Stroud, L., Stoney, C., & Niaura, R. (2004). Are stress eaters at risk for the metabolic syndrome? *Ann NY Academy of Science, 10*, 1032-1208.
- Ettkin, L. (1981). Treating the special madness of men. In R.A. Lewis (Ed.), *Men in Difficult Times*. Englewood Cliffs, N.J.: Prentice-Hall.
- Evers, C., de Ridder, D. T. D., & Adriaanse, M. A. (2009). Assessing yourself as an emotional eater: Mission impossible? *Health Psychology, 28*, 717-725.

- Evers, C., Fischer, A. H., Rodriguez Mosquera, P., & Manstead, A. S. R. (2005). Anger and social appraisal: A “spicy” sex difference? *Emotion, 5*, 258-266.
- Evers, C., Marijn Stok, F., & de Ridder, D. T. D. (2010). Feeding your feelings: emotion regulation strategies and emotional eating. *Personality & Social Psychology Bulletin, 36*, 792–804.
- Fairburn, C. G., & Cooper, P. J. (1982). Self-induced vomiting and bulimia nervosa: An undetected problem. *British Medical Journal, 284*, 1153-1155.
- Fairburn, C. G., Cooper, Z., & Shafran, R. (2003). Cognitive behaviour therapy for eating disorders: A ‘transdiagnostic’ theory and treatment. *Behaviour Research and Therapy, 41*, 509–528.
- Fairburn, C. G & G. T. Wilson (Eds.) (1993). *Binge eating: Nature, assessment and treatment*. New York: Guilford Press.
- Faith, M. S., Allison, D. B., & Geliebter, A. (1997). Emotional eating and obesity: Theoretical considerations and practical recommendations. In: Dalton, S., editor. *Overweight and weight management: The health professional’s guide to understanding and practice* (pp. 439-465). Gaithersburg, MD.
- Faith, M. S., Scanlon, K. S., Birch, L. L., Francis, L. A., & Sherry, B. (2004). Parent child feeding strategies and their relationship to child eating and weight status. *Obesity Research, 12*, 1711-1722.
- Fassinger, R. E. (2005). Paradigms, Praxis, Problems, and Promise: Grounded Theory in Counseling Psychology Research. *Journal of Counseling Psychology, 52*, 156-166.
- Ferber, C., & Cabanac, M. (1987). Influence of noise on gustatory affective ratings and preference for sweet and salt. *Appetite, 8*, 229–235.
- Fernandez-Aranda, F., Krug, I., Jimenez-Murcia, S., Granero, R., Nunez, A., Panelo, E., Solano, R., & Treasure, J. (2009). Male eating disorders and therapy: A controlled pilot study with one-year follow-up. *Journal of Behavioural Therapy and Experimental Psychiatry, 40*, 479-486.
- Fernández-Aranda, F., Núñez, A., Martínez, C., Krug, I., Cappozzo, M., Carrard, I., Rouget, P., Jiménez-Murcia, S., Granero, R., Penelo, E., Santamaría, J., & Lam, T. (2009). Internet-Based Cognitive-Behavioral Therapy for Bulimia Nervosa: A Controlled Study. *Cyber Psychology & Behaviour, 2*, 37-41.

- Fiddes, N. (1991). *Meat. A natural symbol*. London: Routledge.
- Figlewicz, D. P. (2003). Adiposity signals and food reward: expanding the CNS roles of insulin and leptin. *American Journal of Physiology Regulatory Integrative Comparative Physiology*, 284, 882–892.
- Figlewicz, D. P., & Woods, S. C. (2000). Adiposity signals and brain reward mechanisms. *Trends Pharmacology Science*, 21, 235–236.
- Fitzgibbon, M. L., & Kirschenbaum, D. S. (1990). Heterogeneity of clinical presentation among obese individuals seeking treatment. *Addictive Behaviours*, 15, 291-295.
- Folkman, S., & Lazarus, R. S. (1985). If it changes it must be a process: A study of emotion and coping during three stages of a college examination. *Journal of Personality and Social Psychology*, 48, 150-170.
- Folkman, S., & Moskowitz, J. T. (2000). Positive affect and the other side of coping. *American Psychologist*, 55, 647-654.
- Fonagy, P. (2001). *Attachment theory and psychoanalysis*. New York: Other Press.
- Fosha, D. (2000). *The transforming power of affect: A model for accelerated change*. New York: Basic Books.
- Fraley, R. C., & Shaver, P. R. (2000). Adult romantic attachment: Theoretical developments, controversies, and unanswered questions. *Review of General Psychology*, 4, 132–154.
- Frederickson, B. (1998). What good are positive emotions? *Review of General Psychology*, 2, 300–319.
- Freeman, L. M. Y., & Gil, K., M. (2004). Daily stress, coping, and dietary restraint in binge eating. *International Journal of Eating Disorders*, 36, 204-212.
- Friel, S., NicGabhainn, S., & Kelleher, C. (1999). Main results of the national health and lifestyle surveys, SLAN and HBSC. Centre for Health Promotion Studies: National University of Ireland and Department of Health and Children, Galway.
- Fries, E., Hesse, J., Hellhammer, J., Hellhammer, D. H., 2005. A new view on hypercortisolism. *Psychoneuroendocrinology*, 30, 1010-1016.

- Frijda, N. (1986). *The emotions*. Cambridge: Cambridge University Press.
- Fuendeling, J. M. (1998). Affect regulation as a stylistic process within adult attachment. *Journal of Social and Personal Relationships*, *15*, 291–322.
- Fulton, S., Woodside, B., & Shizgal, P. (2000). Modulation of brain reward circuitry by leptin. *Science*, *287*, 125–128.
- Ganley, R. M. (1989). Emotion and Eating in obesity: A review of the literature. *International Journal of Eating Disorders*, *8*, 343-361.
- Garner, D. M. (1997). The 1997 body image survey results. *Psychology Today*, *30*, 30–44, 75–80, 84.
- Gerhardt, S. (2004). *Why Love Matters*. East Sussex: Brunner Routledge.
- Geliebter, A., Aversa, A. (2003). Emotional eating in overweight, normal weight, and underweight individuals. *Eating Behaviours*, *3*, 341-347.
- Gibson, E. L. (2006). Emotional influences on food choice: sensory, physiological and psychological pathways. *Physiology and Behaviour*, *89*, 53-61.
- Gibson, E.L. (2012). The psychobiology of comfort eating: implications for neuropharmacological interventions. *Behavioural Pharmacology*, *23*, 442-60.
- Gilbert, P. (2010). *Compassion Focused Therapy: Distinctive Features*. London: Routledge.
- Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. New York: Aldine.
- Glaser, B. G. (1978). *Theoretical Sensitivity: Advances in the Methodology of Grounded Theory*. Mill Valley, CA: Sociology Press.
- Glaser, B. G., & Strauss, A. L. (1967). *The Discovery of Grounded Theory: Strategies for Qualitative Research*. New York: Aldine.
- Gluck, M. E. (2006). Stress response and binge eating disorder. *Appetite*, *46*, 26–30.
- Gluck, M. E., Geliebter, A., Hung, J., & Yahav, E. (2004). Cortisol, hunger, and desire to binge eat following a cold stress test in obese women with binge eating disorder. *Psychosomatic Medicine*, *66*, 876–881.

- Golombok, S. & Fivush, R. (1994). *Gender Development*. Cambridge University Press, Cambridge, MA.
- Gonzalez, V. M. M., & Vitousek, K. M. (2004). Feared food in dieting and non dieting women: A preliminary validation of the food phobia survey. *Appetite*, *43*, 155–173.
- Goss, K. P. (2011). *The Compassionate Mind Approach to Beating Overeating: Using compassion focused therapy*. London: Constable & Robinson.
- Gough, B. (2006a). Barriers to healthy eating amongst men: A qualitative analysis. *Social Science and Medicine*, *62*, 387-395.
- Gough, B. (2006b). Try to be healthy, but don't forgo your masculinity: Deconstructing men's health discourse in the media. *Social Science and Medicine*, *63*, 2476-2488.
- Gough, B. (2007). 'Real men don't diet': An analysis of contemporary newspaper representations of men, food and health. *Social Science and Medicine*, *64*, 326-337.
- Gough, B. (2013). The psychology of men's health: Maximizing masculine capital. *Health Psychology*, *32*, 1–4.
- Gough, B. & Conner, M. T. (2006). Barriers to healthy eating amongst men: a qualitative analysis. *Social Science and Medicine*, *62*, 387-395.
- Goulding, C. (1998) Grounded Theory: the missing methodology on the interpretivist agenda. *Qualitative Market Research: an international journal*, *1*, 50-57.
- Gray, D. E. (2004). *Doing Research in the Real World*. London: Sage Publications.
- Gray, S. W., & Smith, M. S. (2009). The Influence of Diversity in Clinical Supervision: A Framework for Reflective Conversations and Questioning. *The Clinical Supervisor*, *28*, 155-179.
- Greenberg, S. T., & Shoen, E. G. (2008). Males and eating disorders: Gender-based therapy for eating disorder recovery. *Professional Psychology: Research and Practice*, *39*, 464-471.

- Greeno, C. G., & Wing, R. R. (1994). Stress induced eating. *Psychological Bulletin*, *115*, 444-464.
- Gross, J. J. (1999). Emotion regulation: Past, present, future. *Cognition and Emotion*, *13*, 551-573.
- Gross, J. J. (2002). Emotion regulation: Affective, cognitive, and social consequences. *Psychophysiology*, *39*, 281-291.
- Gross, J. J. (2007). *Handbook of emotion regulation*. New York, NY: Guilford.
- 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*, 348-362.
- Gross, J. J., & John, O. P. (2004). Healthy and unhealthy emotion regulation: Personality processes, individual differences, and life span development. *Journal of Personality*, *72*, 1301-1333.
- Guba, E., & Lincoln, Y. (1989). *Fourth generation evaluation*. Newbury Park, CA: Sage.
- Harvey, T., Troop, N. A., Treasure, J. L., & Murphy, T. (2002). Fear, disgust, and abnormal eating attitudes: A preliminary study. *International Journal of Eating Disorders*, *32*, 213-218.
- Hawkins II, R. C., & Clement, P. F. (1984). Binge eating: Measurement problems and a conceptual model. In R. C. Hawkins, W. J. Fremouw, & P. F. Clement (Eds.), *The binge purge syndrome: Diagnosis, treatment, and research* (pp. 229-251). New York: Springer.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behaviour change*. NY: Guilford.
- Hayes, R., & Oppenheim, R. (1997). Constructivism: Reality is what you make it. In T. Sexton & B. Griffin (Eds.), *Constructivist thinking in counseling practice, research and training* (pp. 19-41). New York: Teachers College Press.
- Hayman, L. W., Lee, H. J., Miller, A., & Lumeng, J. C. (2014). Low-income women's conceptualisations of emotional and stress-eating. *Appetite*, *83*, 269-276.

- Hays, N. P. & Roberts, S. B. (2008). Aspects of eating behaviours 'disinhibition' and 'restraint' are related to weight gain and BMI in women. *Obesity, 16*, 52-58.
- Heatherton, T. F., & Baumeister, R. F. (1991). Binge eating as escape from self awareness. *Psychological Bulletin, 110*, 86–108.
- Heatherton, T. F., & Herman, C. P., & Polivy, J. (1991). Effects of physical threat and ego threat on eating behaviour. *Journal of Personality and Social Psychology, 60*, 138-143.
- Heesacker, M., Wester, S. R., Vogel, D. L., Wentzel, J. T., Mejia-Millan, C. M., & Goodholm, C. R. (1999). Gender-based emotional stereotyping. *Journal of Counselling Psychology, 46*, 483– 495.
- Heffner, M., Sperry, J., Eifert, G. H., & Detweiler, M. (2002). Acceptance and commitment therapy in the treatment of an adolescent female with anorexia nervosa: A case example. *Cognitive and Behavioural Practice, 9*, 232-236.
- Henry, J. P. (1997). Psychological and physiological responses to stress: the right hemisphere and the hypothalamo–pituitary–adrenal axis, an inquiry into problems of human bonding. *Acta Physiologica Scanda, 640*, 10–25.
- Herman, C. P., & Polivy, J. (1980). Restrained eating. In A. J. Stunkard (Ed.), *Obesity* (pp. 208–225). Philadelphia: Saunders.
- Herman, C. P., & Polivy, J. (1988). Excess and restraint in bulimia. In K. Pirke, W. Vandereycken, & E. Ploog (Eds.), *The psychobiology of bulimia* (pp. 33-41). New York, NY: Springer- Verlag.
- Herman, C. P., & Polivy, J. (2005). Normative influences on food intake. *Physiology & Behavior, 86*, 762–772.
- Herman, C. P., & Polivy, J. (2004). The self–regulation of eating: Theoretical and practical problems. In R. F. Baumeister & K. D. Vohs (Eds.), *Handbook of self–regulation: Research, theory, and applications* (pp. 492–508). New York: Guilford.
- Herman, C. P., Polivy, J., Pliner, P., Threlkeld, J., & Munic, D. (1978). Distractibility in dieters and nondieters: an alternative view of “externality”. *Journal of Personality and Social Psychology, 36*, 536-548.

- Hernandez, C. A., & Andrews, T. (2012). Commentary on ‘Constructing New Theory for Identifying Students with Emotional Disturbance’. *Grounded Theory Review*, 11, 59-63. Retrieved 6 June 2015 from <http://groundedtheoryreview.com/2012/06/01/commentary-on-constructing-new-theory-for-identifying-students-with-emotional-disturbance/>
- Hernandez, L., & Hoebel, B. G. (1988). Food reward and cocaine increase extracellular dopamine in the nucleus accumbens as measured by microdialysis. *Life Sciences*, 42, 1705–1712.
- Hill, J. O., Catenacci, V., & Wyatt, H. R. (2005). Obesity: Overview of an epidemic. *Psychiatric Clinics of North America*, 28, 1–23.
- Holten, J. A. (2007). The Coding Process and its Challenges. In A. Bryant & K. Charmaz (Eds.). *The Sage Handbook of Grounded Theory*. (pp. 265-289). London: Sage Publications
- Huston-Comeaux, S. L., & Kelly, J. R. (2002). Gender stereotypes of emotional reactions: how we judge an emotion as valid. *Sex Roles*, 47, 1-10.
- Jackson, B., Cooper, M. L., Mintz, L., & Albino, A. (2003). Motivations to eat: Scale development and validation. *Journal of Research in Personality*, 37, 297–318.
- Kaplan, H. I., & Kaplan, H. S. (1957). The psychosomatic concept of obesity. *Journal of Nervous and Mental Disease*, 125, 181-201.
- Karlsson, J., Persson, L. O., Sjostrom, L., & Sullivan, M. (2000). Psychometric properties and factor structure of the Three-Factor Eating Questionnaire (TEFQ) in obese men and women. Results from the Swedish Obese Subjects (SOS) study. *International Journal of Obesity*, 24, 1715-1725.
- Katz, P. A., & Ksiansnak, K. R. (1994). Developmental aspects of gender role flexibility and traditionality in middle childhood and adolescence. *Developmental Psychology*, 30, 272-282.
- Kaufman, M. (1994). Men, feminism, and men’s contradictory experiences of power. In: Brod, H., Kaufman, M. (Eds.), *Theorising Masculinities*. Sage Publications, Thousand Oaks, CA, pp. 142-163.
- Kelley, A. E., Bakshi, V. P., Fleming, S., & Holahan, M. R. (2000). A pharmacological analysis of the substrates underlying conditioned feeding

induced by repeated opioid stimulation of the nucleus accumbens. *Neuropsychopharmacology*, 23, 455–67.

- Kenardy, J., Arnow, B., & Agras, W. S. (1996). The aversiveness of specific emotional states associated with binge-eating in obese subjects. *Australian and New Zealand Journal of Psychiatry*, 30, 839–844.
- Kenardy, J., Butler, A., Carter, C., & Moor, S. (2003). Eating, mood, and gender in a noneating disorder population. *Eating Behaviours*, 4, 149-158.
- Kimmel, M. S. (1994). Masculinity as homophobia: Fear, shame, and silence in the construction of gender identity. In H. Brod & M. Kaufmann (Eds.), *Theorizing masculinities*, (pp. 119-141). Thousand Oaks: Sage.
- King, L. A., Emmons, R. A. (1990). Conflict over emotional expression: psychological and physical correlates. *Journal of Personality and Social Psychology*, 58, 864-877.
- Kirschbaum, C., Pirke, K. M., & Hellhammer, D. H. (1993). The 'Trier Social Stress Test'— a tool for investigating psychobiological stress responses in a laboratory setting. *Neuropsychobiology*, 28, 76–81.
- Knight, L. J., & Boland, F. J. (1989). Restrained eating: An experimental disentanglement of the disinhibiting variables of perceived calories and food type. *Journal of Abnormal Psychology*, 98, 412–420.
- Konttinen, H., Männistö, S., Sarlio-Lähteenkorva, S., Silventoinen, K., & Haukkala, A. (2010). Emotional eating, depressive symptoms and self-reported food consumption. A population-based study. *Appetite*, 54, 473–9.
- Kotler, L. A., Boudreau, G. S., & Devlin, M. J. (2003). Emerging psychotherapies for eating disorders. *Journal of Psychiatric Practice*, 9, 431-441.
- Kristeller, J. L., & Hallett, C. B. (1999). An exploratory study of a meditation- based intervention for binge eating disorder. *Journal of Health Psychology*, 4, 357-363.
- Labre, M. P. (2005). Burn fat, build muscle: A content analysis of Men's Health and Men's Fitness. *International Journal of Men's Health*, 4, 187–200.
- Lane, R. D., Sechrest, L., & Reidel, R. (2003). Sociodemographic correlates of alexithymia. *Comprehensive Psychiatry*, 39, 377-385.

- Larsen, J. K., van Strien, T., Eisinga, R., & Engels, R. C. M. E. (2006). Gender differences in the association between alexithymia and emotional eating in obese individuals. *Journal of Psychosomatic Research, 60*, 237–43.
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal and coping*. New York: Springer.
- Leahy, T., Crowther, J. H., Irwin, S. R. (2008). Cognitive-Behavioral Mindfulness Group Therapy Intervention for the Treatment of Binge Eating in Bariatric Surgery Patients. *Cognitive and Behavioural Practice, 15*, 364-375.
- Leary, M.R., Adams, C. E., & Tate, E. B. (2006). Hypo-egoic self-regulation: Exercising self-control by diminishing the influence of the self. *Journal of Personality, 74*, 1803–1831.
- Lee, C., & Owens, R. G. (2002). Issues for psychology of men's health. *Journal of Health Psychology, 7*, 209–217.
- Lehman, A. K., & Rodin, J. (1989). Styles of self-nurturance and disordered eating. *Journal of Consulting and Clinical Psychology, 57*, 117-122.
- Levant R. F. (2011). Research in the psychology of men and masculinity using the gender role strain paradigm as a framework. *American Psychologist, 66*, 756-776.
- Levant, R. F. & Majors, R. G. (1998). Masculinity ideology among African American and European American college women and men. *Journal of Gender, Culture and Health, 2*, 33-43.
- Levant, R. F., Hall, R. J., Williams, C., & Hasan, N. T. (2009). Gender differences in Alexithymia. *Psychology of men & masculinity, 10*, 190-203.
- Levenson, R. W. (1994). Human emotions: A functional view. In P. Ekman & R. J. Davidson (Eds.), *The nature of emotion: Fundamental questions* (pp. 123-126). New York, NY: John Wiley.
- Levi, A., Chan, K. K., & Pence, D. (2006). Real men do not read labels. The effects of masculinity and involvement on college students' food decisions. *Journal of American College Health, 55*, 91–98.
- Levine, A. S., & Morley, J. E. Stress-induced eating in rats. (1981). *American Journal of Physiology, 241*, 72–76.

- Linehan, M. M. (1993a). *Cognitive-behavioural treatment of borderline personality disorder*. New York: Guilford Press.
- Linehan, M. M. (1993b). *Skills training manual for treating borderline personality disorder*. New York: Guilford Press.
- Lowe, M. R., & Maycock, B. (1988). Restraint, disinhibition, hunger and negative affect eating. *Addictive Behaviors, 13*, 369-377.
- Lupton, D. (1996). *Food, the body, and the self*. London: Sage.
- Macht, M. (2008). How emotions affect eating: A five-way model. *Appetite, 50*, 1-11.
- Macht, M., Gerer, J., & Ellgring, H. (2003). Emotions in overweight and normal weight individuals immediately after eating foods differing in energy. *Physiology and Behaviour, 80*, 367-374.
- Mahalik, J. R., Good, G. E., & Englar-Carlson, M. (2003). Masculinity scripts, presenting concerns, and help seeking: Implications for practice and training. *Professional Psychology: Research and Practice, 34*, 123-131.
- Martin, C. L. (1995). Stereotypes about children with traditional and nontraditional gender roles. *Sex Roles, 33*, 727-751.
- Marx, E. M., Williams, J. M., & Claridge, G. C. (1992). Depression and social problem solving. *Journal of Abnormal Psychology, 101*, 78-86.
- Masheb, R. M., & Grilo, C. M. (2005). Emotional overeating and its associations with eating disorder psychopathology among overweight patients with eating disorder. *International Journal of Eating Disorders, 39*, 141-146.
- McCarthy, M. (1990). The thin ideal, depression, and eating disorders in women. *Behavioural Research and Therapy, 28*, 205-218.
- McNamara, C., Chur-Hansen, A., & Hay, P. (2008). Emotional Responses to Food in Adults With an Eating Disorder: A Qualitative Exploration. *European Eating Disorders Review, 16*, 115-123.
- McWilliams, L. A., Cox, B. J., & Enns, M. W. (2003). Use of the Coping Inventory of Stressful Situations in a clinical sample: Factor structure, personality

- correlates, and prediction of distress. *Journal of Clinical Psychology*, *59*, 1371-1385.
- Mendes, W. B., Reis, H. T., Seery, M. D., Blascovich, J. (2003). Cardiovascular correlates of emotional expression and suppression: do content and gender context matter? *Journal of Personality and Social Psychology*, *84*, 771-792.
- Mikulincer, M. (1995). Appraisal and coping with a real-life stressful situation: The contribution of attachment styles. *Personality and Social Psychology Bulletin*, *21*, 408–416.
- Mikulincer, M., & Florian, V. (1998). The relationship between adult attachment styles and emotional and cognitive reactions to stressful events. In J. Simpson, & S. Rholes (Eds.), *Attachment theory and close relationships* (pp. 143–165). New York: Guilford Press.
- Mikulincer, M., Shaver, P. R., Sapir-Lavid, Y., & Avihou-Kanza, N. (2009). What's inside the minds of securely and insecurely attached people? The secure-base script and its associations with attachment-style dimensions. *Journal of Personality and Social Psychology*, *97*, 615.
- Mills, J., Bonner, A., & Francis, K. (2006). The development of constructivist grounded theory. *International Journal of Qualitative Methods*, *5*, 1-10.
- Mischel, W., & Ayduk, O. (2004). Willpower in a cognitive- affective processing system: The dynamics of delay of gratification. In R. F. Baumeister & K. D. Vohs (Eds.), *Handbook of self-regulation: Research, theory and practice* (pp. 99-129). New York, NY: Guilford.
- Mishkind, M. E., Rodin, J., Silberstein, L. R., & Striegel-Moore, R. H. (1986). The embodiment of masculinity: Cultural, psychological, and behavioural dimensions. *American Behavioral Scientist*, *29*, 545-562.
- Morley, J. E., Levine, A. S., Rowland, N. E. (1983). Minireview. Stress induced eating. *Life Sciences*, *32*, 2169–2182.
- Morrow, S. L. (2005). Quality and Trustworthiness in Qualitative Research in Counseling Psychology. *Journal of Counseling Psychology*, *52*, 250-260.
- Morse, J. M. (2001). Situating grounded theory within qualitative inquiry. In R. Schreiber & P.N. Stern (Eds.), *Using grounded theory in nursing* (pp. 1-16). New York: Springer.

- Moynihan, C. (1998). Theories in health care and research: Theories of masculinity. *British Medical Journal*, *317*, 1072–1075.
- Muraven, M., Collins, R. L., Morsheimer, E. T., Shiffman, S., & Paty, J. A. (2005a). One too many: Predicting future alcohol consumption following heavy drinking. *Experimental and Clinical Psychopharmacology*, *13*, 127–136.
- Muraven, M., Collins, R. L., Morsheimer, E. T., Shiffman, S., & Paty, J. A. (2005b). The morning after: Limit violations and the self-regulation of alcohol consumption. *Psychology of Addictive Behaviors*, *19*, 253–262.
- National Institutes of Health. *Eating Disorders* [Publication # 07-4901]. Washington, DC: NIH; 2007.
- Neff, K. (2003). Self-compassion: An alternative conceptualization of a healthy attitude to ward oneself. *Self and Identity*, *2*, 85–101.
- Nemiah, J. C., Freyberger, H., & Sifneos, P. E. (1976). Alexithymia: a view of the psychosomatic process. In: Hill OW, editor. *Modern trends psychosomatic medicine* (pp. 26-34). London: Butterworths.
- Newcombe, M. A., McCarthy, M. B., Cronin, J. M., & McCarthy, S. N. (2012). "Eat like a man". A social constructionist analysis of the role of food in men's lives. *Appetite*, *59*, 391-398.
- Newhill, C. E., Mulvey, E. P. (2002). Emotional dysregulation: the key to a treatment approach for violent mentally ill individuals. *Clinical Social Work Journal*, *30*, 157-171.
- Newman, E., O'Connor, D. B., & Conner, M. (2007). Daily hassles and eating behaviour: The role of cortisol reactivity status. *Psychoneuroendocrinology*, *32*, 125-132.
- Nguyen-Rodriguez, S. T., Chou, C., Unger, J. B., & Spruijt-Metz, D. (2008). BMI as a moderator of perceived stress and emotional eating in adolescents. *Eating Behaviors*, *9*, 238-246.
- Nolen-Hoeksema, S. (2001). Gender differences in depression. *Current Directions in Psychological Science*, *10*, 173-176.

- Nordgren, L. F., van der Pligt, J., & van Harreveld, F. (2007). Evaluating Eve: Visceral states influence the evaluation of impulsive behaviour. *Journal of Personality and Social Psychology*, *93*, 75–84.
- Nutrition Forum, UK. (2003). *National diet and nutrition survey of adults*. Paper NF 05/03, Food Standards Agency.
- O'Brien, R., Hunt, K., & Hart, G. (2005). 'It's cavemen stuff, but that is to a certain extent how guys still operate': men's accounts of masculinity and help seeking. *Social Science & Medicine*, *61*, 503-516.
- O'Neil, M. K., Lancee, W. J. & Freeman, J. J. (1985). Sex differences in depressed university students. *Social Psychiatry*, *20*, 186-190.
- O'Brien, R. (2006). *Men's health and illness: The relationship between masculinities and health*. University of Glasgow.
- O'Connor, D. B., & O'Connor, R. C. (2004). Perceived changes in food intake in response to stress. The role of conscientiousness. *Stress and Health*, *20*, 279-291.
- O'Connor, D. B., Jones, F., Conner, M., McMillan, B., & Ferguson, E. (2008). Effects of daily hassles and eating style on eating behaviour. *Health Psychology*, *27*, 20-31.
- Ogden, J., Avenell, S., & Ellis, G. (2011). Negotiating control: Patients' experiences of unsuccessful weight-loss surgery. *Psychology & Health*, *26*, 949-964.
- Oliver, G., & Wardle, J. (1999). Perceived effects of stress on food choice. *Physiology & Behaviour*, *66*, 511–515.
- Oliver, G., Wardle, J., & Gibson, E. L. (2000). Stress and food choice: A laboratory study. *Psychosomatic Medicine*, *62*, 853-865.
- Orbach, Susie (1978). *Fat is a feminist issue*. London: Hamlyn.
- Ouwens, M. A., van Strien, T., van Leeuwe, J. F. J., & van der Staak, C. P. F. (2009). The dual pathway model of overeating. Replication and extension with actual food consumption. *Appetite*, *52*, 234–237.

- Parker, J. D. A., Taylor, G. J., & Bagby, R. (2003). The 20-Item Toronto Alexithymia Scale: III Reliability and factorial validity in a community population. *Journal of Psychosomatic research*, *55*, 269-275.
- Pawlik-Kienen, L. (2007). How to Stop Emotional Eating. <http://suite101.org>, Accessed Aug. 12, 2015.
- Phillips, M. L., Senior, C., Fahy, T., & David, A. S. (1998). Disgust, the forgotten emotion of psychiatry. *British Journal of Psychiatry*, *172*, 373–375.
- Pidgeon, N. (1996). Grounded Theory: Theoretical Background. In J.T.E. Richardson (Ed.). *Handbook of Qualitative Research Methods for Psychology and the Social Sciences*. Leicester: British Psychological Society.
- Pidgeon, N., & Henwood, K. (1997). Using grounded theory in psychological research. In N. Hayes (Ed.), *Doing qualitative analysis in psychology*. Hove: Psychology Press.
- Pleck, J. H., Sonenstein, F. L. Ku, L. C. (1994). Problem behaviours and masculinity ideology in adolescent males. In: Ketterlinus, R. D., Lamb, M. R. (Eds.), *Adolescent Problem Behaviours: Issues and Research* (pp. 165-186). Lawrence Erlbaum, Hillsdale, NJ.
- Polivy, J. & Herman, C. P. (2002). Causes of eating disorders. *Annual Review of Psychology*, *53*, 187-213.
- Polivy, J., Herman, C. P., & MacFarlane, T. (1994). Effects of anxiety on eating: Does palatability moderate distress-induced overeating in dieters? *Journal of Abnormal Psychology*, *103*, 505-510.
- Ponterotto, J. G. (2005). Qualitative Research in Counseling Psychology: A Primer on Research Paradigms and Philosophy of Science. *Journal of Counseling Psychology*, *52*, 126-136.
- Popay, J., & Groves, K. (2000). 'Narrative' in research on gender inequalities in health. In E. Annandale & K. Hunt (Eds.), *Gender inequalities in health* (pp. 64–89). Buckingham: Open University Press.
- Pope, H., Phillips, K., & Olivardia, R. (2000). *The Adonis complex. The secret crisis of male body obsession*. New York: The Free Press.

- Povey, R., Conner, M., Sparks, P., James, R., & Shepherd, R. (2000). Application of the theory of planned behaviour to two health-related dietary behaviours: Roles of perceived control and self-efficacy. *British Journal of Health Psychology, 5*, 121-139.
- Richards, J. M., & Gross, J. J. (2000). Emotion regulation and memory: The cognitive costs of keeping one's cool. *Journal of Personality and Social Psychology, 79*, 410-424.
- Robertson, S. (2007). *Understanding men and health: Masculinities, identity and wellbeing*. Maidenhead: Open University Press.
- Rodin, J. (1981). Current status of the internal-external hypothesis for obesity. *American Psychologist, 36*, 361-372.
- Roos, R., Prättälä, R., & Koski, K. (2001). Men, masculinity and food. Interviews with Finnish carpenters and engineers. *Appetite, 37*, 47-56.
- Rotenberg, K. J., & Flood, D. (1999). Loneliness, dysphoria, dietary restraint, and eating behavior. *International Journal of Eating Disorders, 25*, 55-64.
- Rozin, P., Hormes, J. M., Faith, M. S., & Wansink, B. (2012). Is meat male? A quantitative, multi-method framework to establish metaphoric relationships. *Journal of Consumer Research, 39*, 629-643.
- Ruderman, A. J. (1985). Dysphoric mood and overeating: A test of restraint theory's disinhibition hypothesis. *Journal of Abnormal Psychology, 94*, 78-85.
- Ryde, J. (2009). *Being White in the Helping Professions*. London: Jessica Kingsley.
- Salvy, S. J., Coelho, J. S., Kieffer, E., & Epstein, L. H. (2007). Effects of social contexts on overweight and normal-weight children's food intake. *Physiology & Behavior, 92*, 840-846.
- Salvy, S. J., Jarrin, D., Paluch, R., Irfan, N., & Pliner, P. (2007). Effects of social influence on eating in couples, friends and strangers. *Appetite, 49*, 92-99.
- Sapolsky, R. M. (1998). *Why don't zebras get ulcers? Why Zebras don't get Ulcers*. New York: W.H. Freeman and Company.

- Schachter, S., Goldman, R., & Gordon, A. (1968). Effect of fear, food deprivation, and obesity on eating. *Journal of Personality and Social Psychology*, *10*, 91-97.
- Scholtz, S. & Morgan, J.F. (2009). Obesity and Psychiatry. *Psychiatry & Medicine*, *8*, 198-202.
- Segal, Z. V., Williams, J. M. G., & Teasdale, J. D. (2002). *Mindfulness-based cognitive therapy for depression: A new approach to preventing relapse*. New York: Guilford Press.
- Siegel, D. J. (1999). *The developing mind: How relationships and the brain interact to shape who we are*. New York: Guilford Press.
- Singleton, N., & Lewis, G. (2003) *Better or worse: a longitudinal study of the mental health of adults living in Great Britain*. London: The Stationery Office.
- Sloan, C., Gough, B., & Conner, M. (2010). Healthy masculinities? How ostensibly healthy men talk about lifestyle, health and gender. *Psychology and Health*, *25*, 783–803.
- Smith, J. A. (2011). Evaluating the contribution of interpretative phenomenological analysis. *Health Psychology Review*, *5*, 9–27.
- Spencer, J. A., & Fremouw, W. J. (1979). Binge eating as a function of restraint and weight classification. *Journal of Abnormal Psychology*, *88*, 262–267.
- Spoor, S. T. P., Bekker, M. H. J., van Strien, T. & van Heck, G. L. (2007). Relations between negative affect, coping and emotional eating. *Appetite*, *48*, 368-376.
- Stanton, A. L., Kirk, S. B., Cameron, C. L., Danoff Burg, S. (2000). Coping through emotional approach: scale construction and validation. *Journal of Personality and Social Psychology*, *78*, 1150-1069.
- Starks, H., & Trinidad, S. B. (2007). Choose your method: a comparison of phenomenology, discourse analysis, and grounded theory. *Qualitative Health Research*, *17*, 1372-1380.
- Steptoe, A. Wardle, J., Cui, W., Bellisle, F., Zotti, A.M., Baranyai, R., & Sanderman, R. (2002). Trends in Smoking, Diet, Physical Exercise, and Attitudes toward

- Health in European University Students from 13 Countries 1990–2000. *Preventive Medicine*, 35, 97-104.
- Stice, E., Presnell, K., & Spangler, D. (2002). Risk factors for binge eating onset in adolescent girls: A 2-year prospective investigation. *Health Psychology*, 21, 131-138.
- Stice, E., Ziemba, C., Margolis, J., & Flick, P. (1996). The dual pathway model differentiates bulimics, subclinical bulimics, and controls: Testing the continuity hypothesis. *Behavior Therapy*, 27, 531–549.
- Stratton, P. (1997). Attributional coding of interview data: Meeting the needs of long-haul passengers. In N. Hayes (Ed.), *Doing Qualitative analysis in Psychology* (pp. 115-141). Hove, UK: Psychology Press.
- Strauss, A., & Corbin, J. (1998). *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory*. (2nd ed.). Thousand Oaks: Sage Publications.
- Striegel-Moore, R., Silberstein, L. R., & Rodin, J. (1986). Toward an understanding of risk factors for bulimia. *American Psychologist*, 41, 246-263.
- Sweet, H. B. (Ed.) (2012). *Gender in the therapy hour: Voices of female clinicians working with men*. New York, NY: Routledge.
- Tanofsky, M. B., Wilfley, D. E., Spurrell, E. B., Welch, R., & Brownell, K. D. (1997). Comparison of men and women with binge eating disorder. *International Journal of Eating Disorders*, 21, 49-54.
- Tasca, G. A., Ritchie, K., & Balfour, L. (2011). Implications of Attachment Theory and Research for the treatment of eating disorders. *Psychotherapy*, 48, 249-259.
- Telch, C. F. (1997). Skills training treatment for adaptive affect regulation in a woman with binge-eating disorder. *International Journal of Eating Disorders*, 22, 77-81.
- Teram, E., Schachter, C. L., Stalker, C. A. (2005). The case for integrating grounded theory and participatory action research: empowering clients to inform professional practice. *Qualitative Health Research*, 15, 1129-1140.

- Thiele S, Weiss C. (2003). Consumer demand for food diversity: evidence for Germany. *Food Policy*, Vol. 28, pp. 99–115.
- Turk, D. C. & Salovey, P. (1985). Cognitive structures, cognitive processes, and cognitive behaviour modification: I. Client Issues. *Cognitive Therapy and Research*, 9, 1-17.
- Turner, A. P., Larimer, M. E., Sarason, I. G., & Trupin, E. W. (2005). Identifying a negative mood subtype in incarcerated adolescents: Relationship to substance use. *Addictive Behaviours*, 30, 1442-1448.
- van Strien, T. (1999). Success and failure in the measurement of restraint: Notes and data. *International Journal of Eating Disorders*, 28, 460-464.
- van Strien, T. Nederlandse Vragenlijst voor Eetgedrag 2005 *Manual of the Dutch Eating Behaviour Questionnaire 2005*. Amsterdam.
- van Strien, T., & Bazelier, F. G. (2007). Perceived parental control of food intake is related to external, restrained and emotional eating in 7-12-year-old boys and girls. *Appetite*, 49, 618-625.
- van Strien, T., & Ouwens, M. A. (2003). Counterregulation in female obese emotional eaters: Schachter, Goldman, and Gordon's (1968) test of psychosomatic theory revisited. *Eating Behaviours*, 3, 329-340.
- van Strien, T., Engels, R. C. M. E., Van Leeuwe, J. F. J., & Snoek, H. M. (2005). The Stice model of overeating: Tests in clinical and non-clinical samples. *Appetite*, 45, 205-213.
- van Strien, T., Frijters, J. E. R., Bergers, G. P. A., & Defares, P. B. (1986). The Dutch Eating Behaviour Questionnaire (DEBQ) for assessment of restrained, emotional and external eating behaviour. *International Journal of Eating Disorders*, 5, 295-315.
- van Strien, T., Roelofs, K., de Weerth, C. (2012). Cortisol reactivity and distress induced emotional eating. *Psychoneuroendocrinology*, 38, 677-684.
- van Strien, T., van de Laar, F. A., van Leeuwe, F. J., Lucassen, P. L., van den Hoogen, H. J., Rutten, G. E., & van Weel, C. (2007). The dieting dilemma in patients with newly diagnosed type 2 diabetes: Does dietary restraint predict weight gain 4 years after diagnosis? *Health Psychology*, 26, 105-112.

- Volkow, N. D., & Wise, R. A. (2005). How can drug addiction help us understand obesity? *National Neuroscience*, 8, 555–60.
- Walfish, S. (2004). Self assessed emotional factors contributing to increased weight gain in pre-surgical bariatric patients. *Obesity Surgery*, 14, 1402-1405.
- Wallis, D. J., & Hetherington, M. M. (2004). Stress and eating. The effects of ego threat and cognitive demand on food intake in restrained and emotional eaters. *Appetite*, 4, 39–46.
- Wansink, B., & Payne, C. (2007). Mood self verification explains the selection and intake frequency of comfort foods. *Advances in Consumer Research*, 34, 189.
- Ward, A., & Mann, T. (2000). Don't mind if I do: Disinhibited eating under cognitive load. *Journal of Personality and Social Psychology*, 78, 753-763.
- Warde, A., & Hetherington, K. (1994). English households and routine food practices: A research note. *The Sociological Review*, 42, 758–778.
- Wardle, J., & Griffith, J. (2001). Socioeconomic status and weight control practices in British adults. *Journal of Epidemiology & Community Health*, 55, 185–190.
- Wardle, J., Haase, A. M., Steptoe, A., Nillapun, M., Jongwutiwes, K., & Bellisle, F. (2004). Gender differences in food choice. The contribution of health beliefs and dieting. *Annals of Behavioural Medicine*, 27, 107–116.
- Wardle, J., Sanderson, S., Guthrie, C. A., Rapoport, L., & Plomin, R. (2002). Parental feeding style and the inter-generational transmission of obesity risk. *Obesity Research*, 10, 453-462.
- Watson, D., Clark, L. A., & Tellegen, A. (1988). Development and validation of brief measures of positive and negative affect: The PANAS scales. *Journal of Personality and Social Psychology*, 54, 1063–1070.
- Wegner, D. M., & Vallacher, R. R. (1986). Action identification. In R. M. Sorrentino & E. T. Higgins (Eds.), *Handbook of motivation and cognition* (pp. 550-582). New York: Guilford.
- Wester, S. R., Vogel, D. L., Pressly, P. K., & Heesacker, M. (2002). Sex differences in emotion. *The Counseling Psychologist*, 30, 630-652.

- Wilkins, D. (2009). Men's health in England and Wales. In D. Wilkins & E. Savoye (Eds.), *Men's health around the world: A review of policy and progress across 11 countries* (pp. 29–34). Brussels: European Men's Health Forum.
- Williams, J. M. G., Healy, H., Eade, J., Windle, G., Cowen, P. J., Green, M. W., et al. (2002). Mood, eating behaviour and attention. *Psychological Medicine*, 32, 469-481.
- Williams, J. E. & Best, D. L. (1990). *Measuring Sex Stereotypes: A Multination Study*. Sage Publications, Thousand Oaks, CA.
- Willig, C. (2008). *Introducing qualitative research in psychology* (2nd edn.). Maidenhead: McGraw Hill/ Open University Press.
- Wilson, T. G. (2010). Eating disorders, obesity and addiction. *European Eating Disorders Review*, 18, 341-351.
- Wing, R. R., Blair, E. H., Epstein, L. H., & McDermott, M. D. (1990). Psychological stress and glucose metabolism in obese and normal-weight subjects: A possible mechanism for differences in stress-induced eating. *Health Psychology*, 9, 693–700.
- Wiseman, C. V., Gray, J. J., Mosimann, J. E., & Ahren, A. H. (1992). Cultural expectations of thinness in women: An update. *International Journal of Eating Disorders*, 11, 85-89.
- Wiser, S. & Telch, C. F. (1999). Dialectical behaviour therapy for binge eating disorder. *Journal of Clinical Psychology*, 55, 755-768.
- Yanovski, S. Z. (2003). Binge eating disorder and obesity in 2003: Could treating an eating disorder have a positive effect on the obesity epidemic? *International Journal of Eating Disorders*, 34, 117-120.
- Yates, A. (1991). *Compulsive exercise and eating disorders: Toward an integrated theory of activity*. New York: Brunner/Mazel Publishers.
- Zeeck, A., Stelzer, N., Linster, H. W., Joos, A., Hartmann, A., 2011. Emotion and eating in binge eating disorder and obesity. *European Eating Disorders Review*, 19, 426–437.

Zellner, D. A., Loaiza, S., Gonzalez, Z., Pita, J., Morales, J., Pecora, D., & Woolf, A. (2005). Food selection changes under stress. *Physiology and Behaviour*, 87, 789-793.

Appendices

List of Appendices

Appendix A: Recruitment Poster

Appendix B: Participant Information Sheet

Appendix C: Consent Form

Appendix D: De-brief Information

Appendix E: Pilot Interview Schedule

Appendix F: Interview Schedule

Appendix G: Example of Transcript

Appendix H: Sample of Initial Coding

Appendix I: Sample of Development from Initial Coding to Focused Coding

Appendix J: Development of Focused Coding Stage 1

Appendix K: Development of Focused Coding Stage 2 + 3

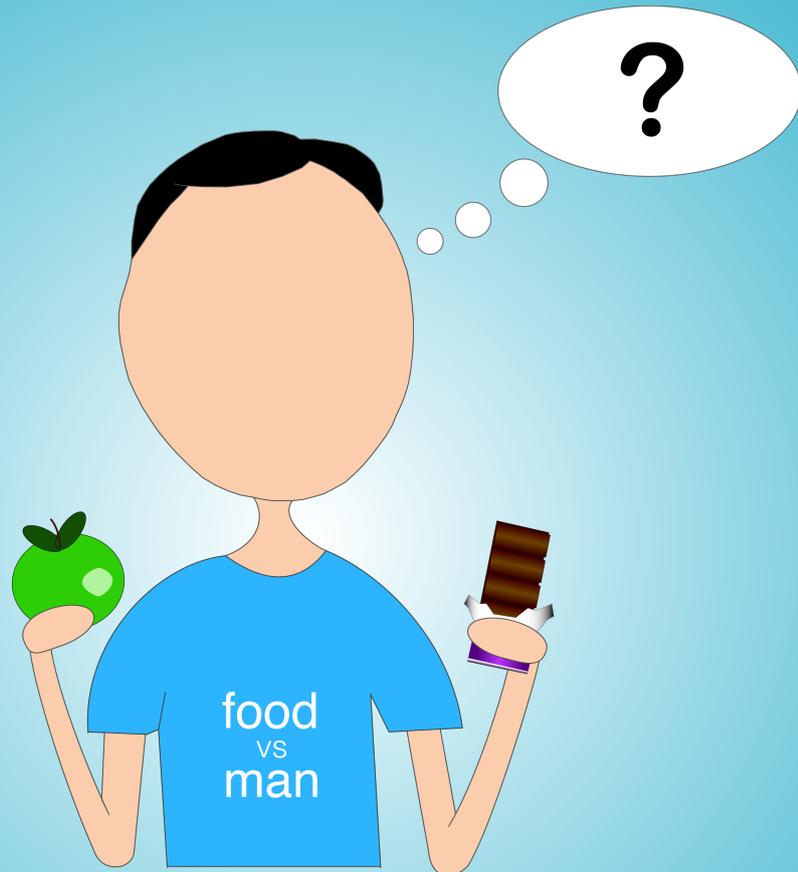
Appendix A: Recruitment Poster



CITY UNIVERSITY LONDON

MALE PARTICIPANTS NEEDED FOR RESEARCH

Do your emotions affect what you eat?



The Process of Emotional Eating in Men

£20 Voucher for Participation

My name is Athena Foran and I am a doctoral researcher from City University. I am looking for men who eat in response to their emotions to take part in a **60 minute interview** exploring their processes of eating and relationship with food.

The aim of the study is to gain insight into the process of emotional eating and the meaning of food for men. Any contact made with me will be confidential.

The study will be conducted at City University in Angel, London.

For more information about taking part in the study, please contact me on

████████████████████ or on
████████████████████

Supervisor: Dr Jessica Jones Nielsen

████████████████████
This study has been reviewed by, and received ethics clearance through City University London Psychology Department Research Ethics Committee.

Appendix B: Participant Information Sheet



PARTICIPANT INFORMATION SHEET

City University London
School of Social Sciences
Professional Doctorate in Counselling Psychology

Men's Experiences of Emotional Eating

My name is Athena Foran and I am a trainee Counselling Psychologist at City University. This research is being conducted as part of my Doctoral Thesis and it explores the way that men experience emotional eating.

The goal of my research is to gain personal insight into eating to the response of emotions. I believe eating is linked to different emotional states and that it can be experienced and have different meanings for each individual. I would like to understand how the participants of this study experience eating and what food means to them. The process of this would entail taking part in one individual interview, which is then transcribed, analysed and interpreted by me.

I would like to invite you to take part in my research and ask for you to contribute your individual and unique experience. Participants will be asked to provide one interview, which will all be conducted by myself on the premises of City University at a time and day convenient to you. The interview will last approximately 60 minutes and will be audio-recorded. I may also take handwritten notes during the interview.

The recordings of the interview will be transcribed and analysed resulting in a Doctoral Thesis. The transcript of the interview will be appended to the thesis unless otherwise agreed, the transcripts are not made public. I will not provide participants with samples of the transcripts; however, participants can have access to a summary of the findings.

Any information provided is 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 data will be published. The identifiable data will not be shared with any other organisation. In accordance with BPS guidelines, all records will be destroyed five years following the completion of the study.

Participation in the project is voluntary, and you can choose not to participate in part or the entire project. You can withdraw at any stage of the project without being penalized or disadvantaged in any way.

It is up to you to decide whether or not to take part. If you do decide to take part you will be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason. If there are any questions you do not wish to answer, you do not have to answer them.

Each participant will be given a £20 voucher following their interview in return for their participation in the study.

If you would like to talk to me about taking part in this study, please feel free to contact me by email or phone. Your participation in this study would be greatly appreciated.

Athena Foran
[Redacted]

Research Supervisor:
Dr Jessica Jones Nielsen
[Redacted]

Appendix C: Consent Form



CONSENT FORM

Title of Study: *Men's Experiences of Emotional Eating*

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 participant information sheet, which I may keep for my records.

I understand that this will involve:

- Being interviewed by the researcher
- Allow the interview to be audio taped
- Allow parts of quotes from the anonymised transcript to be published

DATA PROTECTION

This information will be held and processed for the following purposes:

- Transcription of the interview
- Analysis
- Doctoral Thesis write – up
- Further publication of the study

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.

WITHDRAWAL FROM THE STUDY

I understand that my participation is voluntary. I can choose not to participate in part or the entire project, and that I can withdraw from the study at any point before my interview or up until one month after my interview is conducted. Withdrawal from the project will not result in being penalised or disadvantaged in any way.

I agree to City University London recording and processing 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 the university complying with its duties and obligations under the Data Protection Act 1998.

I agree to take part in the above study.

Name..... (please print)

Signature..... Date.....

Researcher's Signature..... Date.....

Appendix D: De-brief Information



CITY UNIVERSITY
LONDON

DE-BRIEF INFORMATION

Title of Study: *Emotional Eating in Men*

PURPOSE

The interview you have given will be transcribed and analysed to be used as part of the researcher's doctoral study. The purpose of this research is to gain a deeper understanding of emotional eating and its underlying and contributing factors. Your personal experience is valuable and by sharing it you have contributed towards the study, which will contribute to knowledge about emotional eating and the potential roots behind it. This could further improve psychological therapies in addressing these issues.

CONFIDENTIALITY

The information that you provided will be held and processed for the following purposes:

- Transcription of the interview
- Analysis
- Doctoral Thesis write-up
- Further publication of the study

Any information provided is 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. The identifiable data will not be shared with any other organisation.

CONTACT

Please feel free to ask me any questions regarding this study. Should you think of any questions at a later date please contact me on [REDACTED]

FURTHER READING

General Emotional Eating Books

- Overcoming Binge Eating by Christopher G. Fairburn
- On Eating by Susie Orbach
- [Breaking Free from Emotional Eating](#) by Geneen Roth
- Eating Your Heart Out: Understanding and Overcoming Eating Disorders by Julia Buckroyd

Male specific Eating Books

- Making Weight: Men's Conflicts with Food by Arnold Andersen
- Fit to Die: Men and Eating Disorders by Anna Paterson
- The Invisible Man: A Self-help Guide for Men With Eating Disorders by John Morgan

ADDITIONAL SUPPORT

If you feel you need additional support around emotional eating, you can contact your GP or the following organisations:

Mind

Promotes the views and needs of people with mental health problems.

Phone: 0300 123 3393 / Islington Mind: 020 3301 9850 / Website: www.mind.org.uk

Beat

Support for eating disorders

Phone: 0845 634 1414 / Website: www.b-eat.co.uk

Samaritans

Confidential support for people experiencing feelings of distress or despair.

Phone: 08457 90 90 90 (24-hour helpline) / Website: www.samaritans.org.uk

COMPLAINTS

In case you have a complaint regarding your participation in this study, please contact the researcher Athena Foran or Anna Ramberg at City University to complain about the study, you need to phone 020 7040 3040. You can then ask to speak to the Secretary to Senate Research Ethics Committee and inform them that the name of the project is "*Emotional Eating in Men.*"

Appendix E: Pilot Interview Schedule

Introductory Section:

To begin with, could I ask you to take me through a normal day for you, describing your encounters with food such as thoughts, feelings, eating, cooking etc

(Prompts: if it's hard to know where to start, can you tell me what yesterday was like? What is a typical day like for you?)

1) What does food mean to you?

- Does it play any significant role outside of nourishment?
- Prompt around family (mother), friends
- Does or has the role changed over time... why is this?
- Does it change throughout the day or if you experience different emotions?

2) Can you tell me about your relationship with food?

- Positive or negative ...
- Has it changed over time or always been the same?
- Is it similar or different to how you see other people's relationship to food? (Significant other, friends, family, especially mother)
- As a man – relationship to food
- What kinds of food do you eat / favorite foods

3) How do you feel about eating?

- Do you get pleasure out of eating?
- Associated with people, memories, emotions
- Do positive emotions affect your eating behaviors differently than negative emotions?
- Friends, family, colleagues + social life

4) How would you describe emotional eating?

- How similar or different is it to how you eat normally?

5) Can you describe what emotional eating is like for you?

- Most recent time – why did it happen?
- What were you doing, thinking, and feeling before it happened?
- While it was going on – probe for emotions
- How do you make sense of it?
- Has it changed over time?
- Are there any patterns to it?
- Does it change when you experience different emotions?

Finally, what made you interested in taking part? Would you ever consider seeking therapy for emotional eating – why / why not?

Appendix F: Interview Schedule

Before Interview:

Age, occupation

Are there any questions you would like to ask before we begin?

Introductory Section: What interested you in taking part in the study?

Main body:

1) What does food mean to you / relationship with food?

- Does it play any significant role outside of nourishment?
 - Positive or negative ...
- Can you tell me how important food is in your life?
- Has it changed over time or always been the same?
- Is it similar or different to how you see other people's relationship to food? (Significant other, friends, family, especially mother)
- Does or has the role changed over time... why is this?
- If your emotions change, do your food choices change?
- Would you ever use food to replace talking to someone about how you are feeling?
 - If so, do you use a particular food to replace expressing your emotions?

2) What do you understand by the term emotional eating and how do you define it?

- How similar or different is it to how you eat normally?
- Can you tell me of a time / episode of that you felt you were emotionally eating?
 - What were you doing, thinking, and feeling before it happened?
- How do you make sense of it?
- Has it changed over time / Are there any patterns to it?
- If your emotions change does your eating change?
- Does eating change your feelings?
- How much do you feel it impacts your life?
- Do you think it is relevant to your well-being?
- Would your eating behaviour ever change as a way of controlling or expressing your feelings?

3) Men & Food / Eating

- Can you tell me about your views of men and their relationship towards eating?
- Do you feel men and women have different relationships towards eating – if so, how?
- Can you tell me about your views of men and their relationship to food?
- Preparation – were you taught to prepare food when growing up?
- What type of foods do you eat
 - Are there specific foods that you would identify as more masculine?
- Do you feel men and women have different relationships towards food

Is there anything else you would like to add that I haven't asked about?

Appendix G: Example of Transcript

403 don't have that then that helps me with my control as I
404 don't go too far out. I wouldn't actively go seek it out... it
405 would have to be pretty close so it helps me with that

406 I: would you use food as way of replacing talking to
407 someone about how you are feeling?

408 P: yeah pretty much... like you feel comfortable, satisfied
409 and it covers a multitude of feelings when you have sweet
410 foods... maybe not all the time like there's only so much
411 you can bottle up... so if there's too much then there's
412 close friends you can talk to but sometimes... you know...
413 food comes into play.

414 I: what would make you choose food over speaking to
415 someone?

416 P: if its there in the house... it's quicker too... like over the
417 period of eating, the moment I have it... it temporarily
418 solves the problem but then you realize that the problem is
419 still there and you still have to do something about it...
420 uhh... it depends on the seriousness of the problem... like
421 not everything can be sorted with food but if it's just
422 something that is bothering me then food would be my first
423 choice. It was only once I started changing myself that I
424 started becoming more open about my feelings... I saw
425 myself changing more positively and so I felt more
426 comfortable talking about things... I didn't feel comfortable
427 talking to others about how I felt before... I felt that being a
428 guy it would be a big thing to do... I felt that it was
429 something that I had to sort out by myself. My rbothers
430 and I are close but we don't share our feelings... my
431 friends are sarcastic so they're not great to talk to either...
432 when I turned to youtube videos though then I felt more
433 comfortable and I saw myself changing... I thought yeah

15

434 could I'm changing now and I feel better... it was my
435 past... you don't' or shouldn't talk about those things as a
436 guy... I think it's kind of stupid now thinking about it now...
437 and family and friends are there for you but at that point in
438 time I thought men don't talk about their feelings so you
439 just need to sort it out yourself...

440 I: where does this idea of men not talking about their
441 feelings come from?

442 P: upbringing... my dad was a strong character... it was
443 an unspoken rule... my dad was very strong... very alpha
444 male... he would never talk about feelings... he was very
445 to the point and I got the idea that you never show your
446 emotions. It would show that you are weak... I think
447 there's also social pressures... society says that men
448 aren't supposed to be weak or not as sensitive as
449 women... but now it might be more acceptable.. you see
450 footballers crying and stuff like that. But at that point in
451 time, I'm one of those people that don't show my
452 weakness so I thought that's something that I have to sort
453 out myself... my upbringing also made me feel more like I
454 should do it myself. So for women its socially acceptable
455 to show weakness but not for men... I'm more open and
456 confident now... so I feel ok talking about my feelings now
457 and I have good friends that understand me now. I think
458 now... the understanding of how food affects the body is
459 becoming more and more popular... people are getting
460 more into fitness and understanding about it, there's
461 growing youtube channels and it's easier to say that I'm
462 hving this and I'm on a diet so it's more acceptable to be
463 on a diet... some people think you're being obsessive or
464 too strict... but at the end of the day, I know what my
465 cjoices will lead to and if I follow certain rules I will reach

16

466 my goals so for me that's more important so I follow that.

467 I: how would you describe men's relationship with food?

468 P: yeah... like I think it depends on the men. I think all my
469 friends think differently about food... some are all about
470 food and others about take outs... then there's others that
471 just want to eat as much as possible as the more you eat
472 the more 'man' you are. Some are about drinking and stuff
473 so that's similar... the more you can drink the more manly
474 you are and then having a greasy take out which also
475 shows how manly you are. Some people would say im too
476 strict but hey that's my choice. Meat is very masculine...
477 salad is too femine they'd be like hey you're not a dude if
478 you're eating salad but from a fitness perspective I
479 understand that's important so I'm open to anything pretty
480 much.

481 I: do you think men and women have different
482 realtionshops to food?

483 I: well you always see in the movies that women are
484 always comfort eating with chocolate and stuff so for
485 them... when you think of that then you automatically think
486 of women going for that.. whereas for men it's the meat
487 choice.. guys just thnk the more is better whereas women
488 are all about the newest diet craze.. they're more
489 conscious about food and what they eat. So men – the
490 more is better and for women the less is better pursuing
491 their beach body for the summer.

492 I: how does it feel talking to a woman about this stuff?

493 P: I don't know if I'm getting judged for it... in terms of
494 equality we are both the same but we might have different

Appendix H: Sample of Initial Coding

<p>29 ●</p> <p>30</p> <p>31</p> <p>32</p> <p>33</p> <p>34</p> <p>35</p> <p>36</p> <p>37</p> <p>38</p> <p>39</p> <p>40</p> <p>41</p> <p>42</p> <p>43</p> <p>44</p> <p>45</p> <p>46</p> <p>47</p> <p>48</p> <p>49</p> <p>50</p> <p>51</p> <p>52</p> <p>53</p> <p>54</p> <p>55</p> <p>56</p> <p>57</p> <p>58</p> <p>59</p>	<p>I: right</p> <p>P: I know I'm going to sit there for an hour and <u>wait</u> <u>something to do</u> and <u>most of the time</u> I'm <u>very tired</u> and I think even when I... my other way of doing things is where I perhaps <u>don't go into town</u> until mid-day or something like that to <u>meet somebody</u> then I will <u>normally</u> eat on the way down umm... occasionally I pick up a cup of coffee on the way - go to Farmington and walk to here... umm... and then I suppose I start to get hungry about 12 umm... and since it's <u>convention</u> here to have lunch at about one I sort of get <u>hungrier and hungrier</u> and <u>wait</u> till about quarter to one... then I'll usually go around the local shops and <u>find something</u> now... up there there is quite a lot... I... at the moment I <u>mostly</u> try to eat something that is <u>vaguely healthy</u> something like <u>a salad</u> from the <u>co-op</u>. That's partly because I noticed that after a few weeks of working here I was <u>putting on weight</u> umm because there are so many options round here. I was eating a huge amount I mean it was more than <u>enough</u> umm so I... the emotions around that are <u>trying to be good</u> if you like. Find something that is <u>pleasant</u>... that is <u>interesting</u> and pleasant but not... not... <u>fattening</u></p> <p>I: so what kind of emotions are you avoiding?</p> <p>P: yeah... I mean generally speaking I'm not unhappy about that... umm... but I'm much more likely to be in the evening... in the evening I'm much more likely to feel I <u>want a reward</u> or something of that sort so I'm looking for... I care less about what I'm getting it's more likely to be some <u>treat</u> of some sort, therefore more likely to be fatty and so on so there's a difference there in that I'm not sure if it's the way I'm feeling at lunchtime or the way I'm feeling in the evening. I suppose I'm more tired in</p>	<p>boredom, passing o-f time tired</p> <p>environment/place socialising; normal occasionally</p> <p>lunch convention; time wait - feeling hungrier choices/decisions</p> <p>mostly; vaguely healthy food type: shop "right choice" noticed weight weight options, choices, decisions/quantity/lunge more than enough trying to be good pleasant + interesting (food criticia) criteria "healthy"</p> <p>feeling about food/happy about choices evening time - dangerous! time, more likely toward looking for/rewarding/careless about choices treat fatty not sure about feelings tired</p>
<p>29 ●</p> <p>30</p> <p>31</p> <p>32</p> <p>33</p> <p>34</p> <p>35</p> <p>36</p> <p>37</p> <p>38</p> <p>39</p> <p>40</p> <p>41</p> <p>42</p> <p>43</p> <p>44</p> <p>45</p> <p>46</p> <p>47</p> <p>48</p> <p>49</p> <p>50</p> <p>51</p> <p>52</p> <p>53</p> <p>54</p> <p>55</p> <p>56</p> <p>57</p> <p>58</p> <p>59</p>	<p>I: so what kind of emotions are you avoiding?</p> <p>P: yeah... I mean generally speaking I'm not unhappy about that... umm... but I'm much more likely to be in the evening... in the evening I'm much more likely to feel I <u>want a reward</u> or something of that sort so I'm looking for... I care less about what I'm getting it's more likely to be some <u>treat</u> of some sort, therefore more likely to be fatty and so on so there's a difference there in that I'm not sure if it's the way I'm feeling at lunchtime or the way I'm feeling in the evening. I suppose I'm more tired in</p>	<p>avoidance of body needs</p> <p>planning for stress - not for self</p> <p>occasionally, sometimes... usually mostly generally</p> <p>controlling self</p> <p>idea of what's healthy + the right choice</p> <p>gaining weight because there are too many options + choices. Doesn't put it self? shame? - not feeling good about self. JUSTIFYING my presence "healthy";</p> <p>enriching that food must fulfill by whom's standards? who makes these decisions?</p> <p>was no control over it?</p> <p>evening - toward/delayed gratification for not eating before?</p> <p>social convention around idea - not being hard enough/idea that you can control your mind.</p> <p>treat = fatty</p> <p>concerned about how he feels? - putting it down to tiredness.</p>

<p>60 experiencing tiredness - was a sig. effect on food choice TIREDFNESS more time tired, less rushed, treat, reward → FOOD OPTIONS. " forbidden fruit" - guilt??"</p>	<p>the evening, fairly awake at lunchtime. Perhaps less rushed... have time to stop, feel I've had a long day and want to umm... you know, enjoy the options I have and so on. So far more likely to have something um... something fatty or sugary or whatever... now, there's a side text here, I have type two diabetes which means I shouldn't be going for the sugary things, but I do sometimes anyways. Um... I: and how long have you had... P: umm... diagnosed about nine months... about 9 months, a year ago, I've lost track actually I: So quite recent P: oh yeah yeah... I think probably I had something like that for a long while but it wasn't that... they don't really say yes or no. They score you... and you know my score was just below for a while and slowly got over it. So... yeah... that's really a lot about the emotion around it that... umm... it's a bit of a fight between um... what I know is good for me, what I know I shouldn't do and what I feel like doing and... I'm not really very good at resisting that [laughs] so... um... especially if I'm not feeling particularly bright or umm alert, I'm more likely to want to have something I can enjoy. I: D you feel like your day influences what you choose? P: Yeah.. umm.. so yes in the evening it varies a lot with time... if I'm going to meet something I'm more likely to eat with them umm I am still trying to be. Like when I first came down here I was eating things like pizza's and burgers.. always nice ones not McDonalds but still fairly fatty. I've tended to keep away from those a bit more, not</p>
<p>61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88</p>	<p>time lost track / ambivalence(?) thought something was wrong time low score not important? difficult feelings around diagnosis fight/between good + bad know I shouldn't do feel like doing / not good @ resisting counsel justifying - depending on feeling not bright or alert "bad foods" are more enjoyable evening varied time, eat w/ someone else different environment/new. unhealthy food actually - not as bad justifying fatty; keep up/staying away</p>
<p>89 90 91 92 93 94 95 96 97 98 99 100</p>	<p>fatly, I've tended to keep away from those a bit more, not 3 a fight between what is good and bad for him. Difficulty accepting the diagnosis and the decisions that follow. rebellion? - from who? society what? the say you would do or perhaps doctor? "not control and resist temptation" "forbidden fruit" "your food" = punishment "your food" = force yourself become you were to More likely?? pushing eating on had it making someone self control and ability to resist cravings? I wonder whether he feels he needs to justify the choices or perhaps my influence is more ? This interesting that I asked whether the diet influenced his words but he then goes on to justify his choices.</p>

quite often } time
 recently }

there's an interesting message here that
 actually work is more important than W
 listening to your body + responding to hunger
 because in order to do so we would have to
 put ourselves first above work. now that we have
 more time we find it diff to find food! (at least)
 self. able to get discounted food

evening meal → something w/ it or otherwise.
 contracting perhaps? initially 'nothing' else
 + then actually eat more? judgement?
 overfed - two sandwiches = little
 does a cold meal mean sm
 different to a hot meal? — social norms.

Typically vs @ the moment
 usually ... etc

light breakfast -
 coffee + fruit
 time of day changing + eating more
 fruit "good"? what is considered
 the right thing to do.

89 completely, but umm... I'm trying to think what's more
 typical. Actually quite often recently I've been getting... when
 I first started doing this I was umm... mostly staying fairly
 late mostly because I was going to meetings and things
 that were on so I had time to eat something in-between
 and so on... now it's calmed down a bit and am more
 likely to go home a bit earlier and therefore haven't really
 got time to really look around to find a good meal. So,
 quite often I go back to st pancreas and around about that
 time if I time it right at about 8-9 the marks and spencers
 there mark down the prices of their sandwiches so I can
 have a nice sandwich for a bit less than usual.

90 I: And would that replace your evening meal or would that
 be a

91 P: that would be my evening meal, I mean I might have
 something with it or I might have already had something
 else to eat. I mean I'm feeling overfed at the moment so
 I'm quite happy to have two sandwiches a day umm...
 normally I would expect to have at least one hot meal.
 Umm... but with the weather I'm quite happy not to bother.

92 I: So at the start you said it's really changed since you
 started here. What was it like before?

93 P: very different, typically I'd get up later... I'd have
 roughly the same breakfast something light with coffee
 and stuff. And around lunchtime I'd make a sandwich,
 umm... cheese or ham or something like that probably.
 And umm... probably eat more fruit during the day
 because I wanted something to eat and umm tend to think
 as fruit as not being too bad for me.

94 I: So was that a snack?

not completely but trying to think
 typical - trying to point "right" pi churc; often
 new behaviour

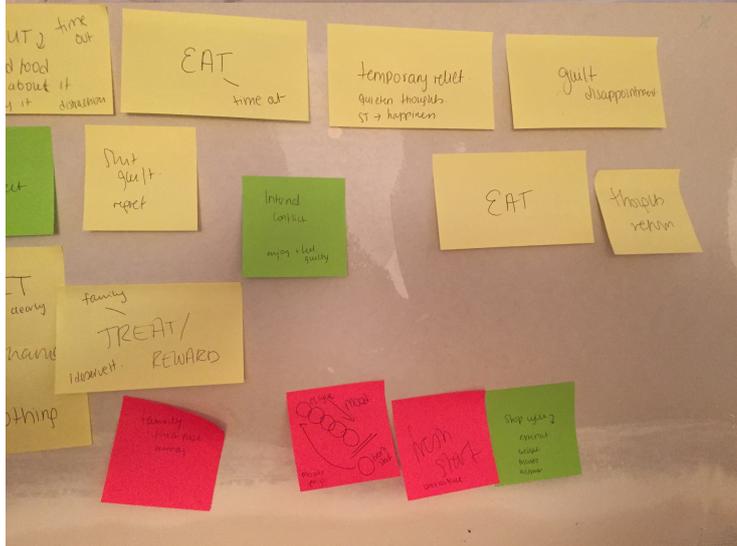
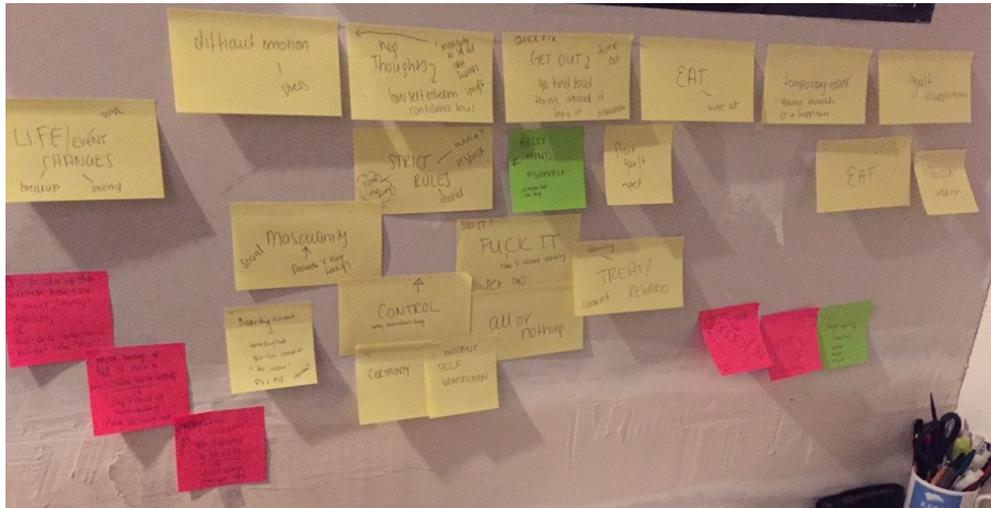
staying late; work
 other important things; meals / food 2nd
 work - calmed down
 taking care of self / more time
 contradicting self - no time to find food
 time + responsibility

price; food choice
 nice sandwich / food choice / price.

"injust name"; evening meal
 something w/ or else before
 feeling overfed; TIME
 hungry; amount of food
 expect. hot vs cold meal
 WEATHER

typically; get up earlier TIME OF DAY
 light breakfast
 machine - sandwich
 cheese or ham / food decision - choice
 probably eat more fruit TIME OF DAY
 something to eat
 fruit not bad for you
 good / might choices.

Appendix J: Development of Focused Coding Stage 1



Appendix K: Development of Focused Coding Stages 2 and 3



SECTION C: PUBLISHABLE PAPER

Title: Navigating Emotions and Masculinity Through Eating: A Grounded Theory

Formatted according to the guidelines of *Appetite*, which are included after this section.

Navigating emotions and masculinity through eating: A Grounded Theory³

Athena Foran*✉, Jessica D. Jones Nielsen
Department of Psychology, City University London, Northampton Square, London EC1V 0HB, United Kingdom

Abstract Emotional eating plays a significant role in the aetiology of eating disorders and obesity, and has been observed in healthy, non-restrained females and males. Despite this, research that examines emotional eating has mainly focused on females, obese populations and individuals who have a formal diagnosis of an eating disorder and has been mainly quantitative. Research has also found significant gender differences in emotional eating, yet there has been limited investigation into emotional eating in men. This paper presents findings from part of a larger qualitative study looking at the processes of emotional eating in men. Data were collected through a series of semi-structured interviews with thirteen male participants aged between 23-61 years of age. All participants were fluent in English, half of the participants were from the UK, four were from Europe, and the remaining three were from Mexico, Egypt and Malaysia. A constructivist grounded theory approach was applied to the research process, identifying one core category: navigating emotions and masculinity through eating and three categories: (1) negotiating masculinity (2) emotional eating serving a function (3) seeking control. The categories were complex and linked to one another, demonstrating the cyclical nature of emotional eating. An emergent theory was developed and mapped onto a conceptualisation that attempts to explain the process of emotional eating in men, demonstrating the way masculinity affects the way that these men manage their emotions through eating. Overall, the findings of this study provide an insight into working with men who struggle with managing their emotions and turn to food in attempt to cope.

Keywords Emotional Eating · Male · Masculinity · Grounded Theory · Emotions · Qualitative Research

³ To be submitted to *Appetite* (Impact Factor = 2.691)

*✉Corresponding author: Athena Foran. E-mail: athena.foran.1@city.ac.uk. Address: Department of Psychology, City University London, Northampton Square, London EC1V 0HB, United Kingdom.