Received: 9 December 2020 | Accepted: 9 August 2021

DOI: 10.1111/1467-9566.13368

ORIGINAL ARTICLE

SOCIOLOGY OF HEALTH & ILLNESS

'The Lay Gaze'—Rural Norwegian men's assessment of others' health based on pictures

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Funding information
The authors received no additional funding for this work.

Abstract

In this article, we explore lay men's understanding of the relationship between other's bodily appearance and health—'the Lay Gaze'. We applied the theoretical concepts of biopower, medical gaze, bodyism and healthism—the ideology where one feature is that a slim body is equivalent to a healthy body—and interviewed 18 adult and elderly men in rural Norway, representing a heterogeneous group regarding age, ethnicity and education. To explore the interviewees' subjective perception or 'gaze', the interviewees were presented with eight pictures of different people. Our main findings were, first, that the sample of a relatively heterogeneous group of adult and elderly lay men in rural Norway talk similarly about body appearance and health and follow the healthism discourse with an embedded association between body appearance and health assessment. Second, we found some variation regarding how interviewees define other standards for the elderly and black people.

KEYWORDS

biopower, body, health, healthism, lay perspective

INTRODUCTION

Lay people relate appearance to their own health (Hervik, 2016; Hervik & Fasting, 2016; Robertson, 2007). Health professionals also conduct a visual assessment of their patients (e.g. Lupton, 1995; Malterud et al., 2004; Murray, 2007), referred to as the 'medical gaze' (cf. Foucault,

1975). However, to our knowledge, no research has been undertaken of lay people's assessment of other's health based on their appearance in pictures. 'Health' is a controversial concept, and several definitions have been offered from a scientific point of view. Nordenfelt (2006) argues that there are two principal rival understandings of health—the biostatical theory of health and illness (as outlined by Boorse (1997)) in which absence of disease is the key aspect of good health—and holistic theories of health where the individual's wellbeing is part of the health understanding. However, neither of these two approaches to defining health, nor other well-known definitions such as the WHO definition from 1948 and 1984 (which respectively treated health as total wellbeing and health as a process and resource for everyday life; World Health Organization, 1948, 1984), seem to explicitly acknowledge 'the distinction between what health is and what health appears to be; that is, neither allows for the extent to which the lay and the professional incorporate appearance in their assessments of health' (Jutel & Buetow, 2007: 422). Thus, we aim at understanding a 'lay men gaze' of the relationship between body and health, when we scrutinize lay men's assessment of health of the depicted persons.

How lay people talk about and relate to body appearance and body practices is gendered (Monaghan & Hardey, 2009; Monaghan & Malson, 2013). Through her insight into the 'aesthetics of health', Spitzack (1990) demonstrates how women's self-surveillance in relation to body shape and body practices results in disempowerment of the subject. Dworkin and Wachs (2009) argue that this also is true for men. Existing theory and research seem to establish that 'real men' are supposed to be unconcerned with their appearance and should rather desire a well-functioning body (Jackson & Lyons, 2012). A focus on the attractiveness of the body among men is considered by men as effeminate and should, therefore, be avoided (Calasanti et al., 2013). However, even if existing research establishes that 'real men' should not be concerned about their appearance, studies have shown that males are, in fact, increasingly preoccupied with their bodily appearance (e.g. Drummond, 2002; Frost, 2003; Hervik & Fasting, 2016; Ricciardelli & White, 2011). However, little research has been carried out on how masculinity forms and how men value or assess other's bodies.

Literature review

Historically, beauty has been associated with good health; conversely, unattractive or deviant appearance has been associated with bad health. Today, in times of neoliberal healthism, the health-equals-beauty discourse pervades the media, social media and markets (Jutel & Buetow, 2007). Health has become an image (Coffey, 2016). In the popular consciousness, the division between health, fitness and beauty is unclear, and 'health ideals and beauty ideals have become congruent as health has increasingly become inscribed on body shape' (Markula & Pringle, 2006: 81). Monaghan (2001) argues that 'in the semantics of postmodernity, "looking healthy" is synonymous with "looking young" and, one may add, "looking sexy"' (334). The appearance and aesthetics of a person's body are understood as proof of the internal state of wellbeing (Jutel & Buetow, 2007); the appearance of body and face is a reflection of the person's self—the inner character and personality. At its most extreme, this assumption links 'beauty with moral goodness' (Featherstone, 2010: 195).

The perception of the relation between health and body size is the most obvious example of the 'confusion'; lay people, as do the media, businesses etc., misinterpret appearance to signify health (Jutel & Buetow, 2007). Both lay people and health professionals make judgements about people on the basis of size alone, and the anti-obesity stigma is strongly present. There seems

to be a challenge to recognize that 'appearance is not always as useful an indicator of health or character as mainstream cultural values promote it to be' (Jutel & Buetow, 2007: 432). Markula and Pringle (2006: 85) suggest that we live in a society 'of limitless dangers of the inactive, fat and unfit body'. The association between appearance and health is increasingly intertwined (Monaghan & Atkinson, 2014). For bodybuilders—who assumedly only care about voluminous and visible muscles—'the symbolism of a strong looking, fat-free body ... signifies health rather than whether a fit-looking body is healthy' (Monaghan, 2001: 338). Looking healthy equals feeling and, therefore, being healthy.

Coffey (2016) found that appearance was a significant aspect driving health-related body-work practices among Australian men. In a Norwegian study where young female athletes were asked to show pictures of what they perceived as valued bodies, participants expressed that a beautiful body is a healthy body (Walseth & Tidslevold, 2019). Thus, they argue that 'the idea that everyone can and should obtain a beautiful body has led young people to engage in self-surveillance and disciplinary techniques' (Walseth & Tidslevold, 2019: 18). Studies found that a tan makes people feel healthy (Young & Walker, 1998), and that exercise enthusiasts emphasize looking healthy over being healthy as their motive for exercising (Monaghan, 2001). For some, the latter includes the willingness to use potentially dangerous drugs and continuing smoking in order to achieve a healthy appearance (Bolding et al., 2002; Levine et al., 2001; Monaghan, 2001; Pomerleau et al., 2001). Based on the outline above, and in line with the argument of Dworkin and Wachs (2009), the preoccupation with appearance and health studied among females for decades is also relevant in studies of men.

Furthermore, Gill et al. (2005) found that men attributed other's dieting and exercising practices to be oriented primarily towards appearance while when talking about themselves, similar practices aimed at gaining good health. Even when respondents were shown pictures of faces, it was found that the respondent's assessment of symmetry (in other words pure looks) and health were strongly related (Zaidel et al., 2005). Hence, it seems as though people tend to relate other's health and health-related practices to looks and appearance.

Theory—healthism, biopower and the medical gaze

The ideology where a slim and fit body equals a healthy body, and encompasses great symbolic value, is often referred to as 'healthism'. Crawford launched the concept in 1980, referring to a dominant cultural image that individualises health and transfers it into a commodity. Crawford defined healthism as 'the preoccupation with personal health as a primary – often *the* primary – focus for the definition and achievement of wellbeing, a goal which is to be attained primarily through the modification of lifestyles' (1980: 368, italics in original). This implies that each individual is responsible for and in control of his or her health, including a personal blame for illness and bad health 'Illness becomes one's own fault not simply through a carelessly unhealthy lifestyle, but also because of character failings or weakness of will' (Blaxter, 1997: 754). In a healthism context, the self-other judgements of body appearance reflect 'a general moralization of health under the rubric of self-responsibility' (Crawford, 1984: 70). Dutton (1995: 273) describes healthism as 'a particular form of "bodyism"; in which, a hedonistic lifestyle is (paradoxically) combined with a preoccupation with ascetic practices aimed at the achievement or maintenance of appearance of health, fitness and youthfulness'. Let us elaborate and exemplify.

With the rise of concern of the obesity crisis, often related to neoliberal values (e.g. LeBesco, 2011; Monaghan et al., 2017), healthism has returned to the agenda (e.g. Rich & Evans, 2005;

Shugart, 2011; Varea & Underwood, 2016). A common denominator of neoliberalism and healthism is individual responsibility, for example success in education and work, and for health in particular (Ayo, 2012; Crawford, 2006). Consequently, overweight and obese persons are considered as unwilling, or incapable of making the effort required to control their body and health (Monaghan, 2007). Thus, obesity is considered a moral failure (Heley et al., 2019). Returning to Crawford (1980), health is a moral imperative that gives precedence over all other imperatives.

Spitzack (1990) refers to an 'aesthetic of health' when standards of appearance replace standards of health. Thus, the standards of appearance are culturally determined targets that people (somewhat unrealistically) aim at achieving. Features of slenderness in women; and—more generally—muscle conditioning, 'appropriate' skin colouring, facial structure and absence of 'defective' features together foster 'a widespread and pernicious malaise in western society, which results from meticulous self-scrutiny, itself an omnipresent preoccupation with the gaze of the other, and a continuous pursuit of the perfect body' (Jutel & Buetow, 2007: 422; see also Spitzack, 1990). The implications of an often moralist view of body size, particularly given its possible 'masking' of racism, classism or sexism, are also considered by critical obesity scholars (Bombak, 2015).

Foucault's biopower relates powerfully to Crawford's (1980) notion of healthism; the point being that appearance is assessed through gaze, as Foucault taught us in *Birth of the Clinic* (1975). Foucault describes the clinical encounter as the active eye and mute body – enclosed in a common but non-reciprocal situation. 'The truth' of the relationship between appearance and health—that a good looking body equals a healthy body—follows Foucault's logic where people 'are subjected to the production of truth through power and we cannot produce power except through the production of truth' (Foucault, 1980: 93). Thus, the body is the link between everyday practices and the large scale organization of power (Shilling, 2012). Although we do not investigate the societal organization of power producing the truth (and vice versa), we apply this logic in the analysis of lay men's talk about depicted persons—especially the idea of 'the gaze'.

Through being subjected to an inspecting gaze, under the weight of the individual will interiorise the gaze 'to the point that he is his own overseer. Each individual is thus exercising this surveillance over, and against, himself' (Foucault, 1980: 155). Regarding healthism, the gaze of others will be internalized, and the person becomes their own overseer, doctor and judge. 'A "gaze" is an act of selecting what we consider to be the relevant elements of the total data stream available to our senses. Doctors tend to select out the biomedical bits of the patients' problems and ignore the rest because it suits us best that way' (Misselbrook, 2013: 312). While Foucault's 'medical gaze' refers to 'a mode of perceiving disease, and rendering disease intelligible, according to empirically observable biological phenomena within the fleshy, concrete spaces of the body', a point for us in this study is that 'it is also normative: it is implicated in practices aimed at identifying and correcting biomedical aberrations' (Gardner, 2017: 243). Furthermore, the 'normal' have also become targets for the controlling gaze of the power that questions their normalcy (Markula & Pringle, 2006). As a consequence of this, 'individuals are produced in power relations based on what knowledge is produced about them' (Markula & Pringle, 2006: 86). We suggest that this also might be equally true in regard to health-promoting practices, that is practices that are not preventive, directed towards aberrations but designed to improve that which is already 'functional' and 'good'—which of course implies a view on functionality, wellbeing and 'good health' that is permeated by normative ideas.

According to Wiest et al. (2015), personal training is the modern 'modus operandi of biopower'; it perpetuates a moralized and moralizing clinical gaze, which 'is at the ideological core of neoliberal healthism ... surveils and disciplines bodies' (Wiest et al., 2015: 24). This can be

summed up in Foucault's notion of 'governmentality'; explaining 'the judging gaze of the general "Other" in managing the subjectivities that discipline bodies and bodily practices concerning how the healthy body looks, how the healthy body performs, and how the healthy body functions' (Wiest et al., 2015: 32). Thus, governmentality refers to an embodiment of power and knowledge/truth relations, and 'meanings associated with bodies are always constituted socially in relation to power/knowledge' (Walseth & Tidslevold, 2019: 18).

METHOD

The findings reported in this article originate from a comprehensive study of the reflections and expressions concerning health, body and physical activity by men resident in rural Norway (see Hervik, 2016; Hervik & Fasting, 2016; Hervik & Skille, 2016).

Sample

The first author conducted interviews with 18 men living in or close to a rural town in Norway. The sampling was the product of a purposive procedure aimed at selecting a heterogeneous group of adult and elderly men regarding age, ethnicity and education (see Table 1) in order to identify central themes emerging within this variation (Patton, 2002). Sexuality was not a topic in the interviews. The thirteen men who were in a relationship were in a partnership with a woman. The first author recruited the men by distributing a written inquiry through their workplace, the local adult education centre, a senior activity centre and local authority refugee services. Inquiries concerning participation were distributed in different ways, adapted to the different men approached; most often by a company or organization administration. Consequently, it is not possible to say how many received the inquiry but were unwilling to participate. Those who chose to participate in the study replied to the inquiry directly to the researcher, and arrangements were made to carry out the interviews at a mutually convenient time and place.

Data collection and analysis

The interviews were semi-structured, based on an interview guide comprising three main topics: the men's definition and understanding of health and reflections about their own health, their definition and understanding of the body, and reflections about their own body as well as their definition and understanding of physical activity and reflections about their own physical activity habits. Moreover, applying a visual method we aimed at exploring the interviewees' subjective perception of depicted persons. This rests on an overarching idea of 'seeing' as being socially constructed, which is at the core of visual sociology (Harper, 2012). More specifically, the first author (interviewer) presented eight pictures of different people to the interviewees (See Figure 1). He then asked the interviewees to comment on the pictures.

The pictures were selected in order to show a heterogeneity of bodies regarding gender, body shape, skin colour, age and accessories. No information regarding the pictured person's health status was provided. For each picture, the interviewer asked 'What do you see in this picture? What can you say about the person in the picture? How do you think he/she is doing? What do you think about the health of this person? Please explain'. Moreover, to follow up on the replies,

TABLE 1 The participants' fictitious name, age, educational background, work situation and ethnic background

Name	Age group	Highest level of completed education	Work situation	Immigrant/ non-immigrant
André	40–49	Upper secondary school	Employed	Non-immigrant
Bjørn	40–49	Higher education	Employed	Non-immigrant
Christian	70–79	Secondary school	Pensioner	Non-immigrant
David	80–89	Secondary school	Pensioner	Non-immigrant
Elias	90+	Higher education	Pensioner	Non-immigrant
Frank	40–49	Upper secondary school	Employed	Non-immigrant
George	50–59	Higher education	Student/ unemployed	Immigrant
Henry	40–49	Secondary school	Employed	Non-immigrant
John	50–59	Upper secondary school	Part time employed	Immigrant
Kevin	50–59	Higher education	Student/ unemployed	Immigrant
Leo	40–49	Upper secondary school	Student/ unemployed	Immigrant
Magnus	40–49	Secondary school	Employed	Non-immigrant
Noah	70–79	Higher education	Pensioner	Non-immigrant
Oscar	50–59	Higher education	Employed	Non-immigrant
Peter	40–49	Higher education	Employed	Non-immigrant
Richard	40–49	Higher education	Employed	Non-immigrant
Simon	50–59	Higher education	Employed	Non-immigrant
Theodor	60–69	Secondary school	Unemployed	Immigrant

we used probes such as: 'Can you elaborate on that, please?' or more specifically: 'When you use the term "the extended health concept", what do you mean by that?' Each interview lasted between 60 and 100 min and was audio-recorded and transcribed verbatim.

Although one strives to involve the informant as an equal participant as much as possible, it is always the researcher who possesses the most power in the interview situation (Kvale & Brinkmann, 2009). This difference between the informants and interviewer may be accentuated by differences in gender, age, ethnic background, religion and appearance. One possible influence on the interviewees in this study lies in the differences between them and the interviewer (at the time 35 years of age, PhD candidate, white, normal weight (according to typical BMI-scale) male). Moreover, a possible source of imprecision might be the wording in the letter of invitation. The participants were informed that the researchers were employed at a department of sports and active lifestyle at their university. Due to this, there is a possibility that the interviewees have overstated their focus on body appearance, health-related practices and health.

The analyses followed a phenomenological approach and included both authors.

Following the analysis, steps proposed by Giorgi and Giorgi (2008) and (Giorgi, 2012). We commenced with an inductive approach and ground-up descriptions of the data. In step 1, the second author familiarized himself with the data via multiple readings. In step 2, he bracketed the texts of the interviews and identified meaning units. As author 1 had conducted and transcribed the interviews and thus had an in-depth familiarity with the data, the second author alone undertook the two first steps of analysis. In step 3, both authors discussed the meaning units, translated these into English, further analysed them and organized them into categories.

FIGURE 1 Pictures presented to the interviewees. All pictures retrieved from colourbox.com

Experiencing that 'it is quite possible that terms not found in the transformed meaning units are required to describe the structure' (Giorgi & Giorgi, 2003: 253), In step 4, we combined terms from the literature and the transformed meaning-bearing expressions based on the categories identified in the previous step. More specifically, at this point we selected quotations (representing the meaning units) for this article. Step 5 is an interpretive step (Giorgi, 2012); thus, we applied theory to engage with the findings (see Section 3).

Ethics

All interviewees signed a consent to participate and had the opportunity to withdraw from the study at any time. For anonymity, interviewees were given pseudonyms, and details of age, education, work situation and ethnic background were limited. The study is approved by the Norwegian Centre for Research Data. The authors are highly educated ethnic Norwegian males in their 40s and hence typical representatives of a dominant group. Both are from rural areas, but sojourners into the specific research context. Consequently, there are both a closeness and a distance to the participants.

Findings

Broadly speaking, the findings can be categorized into two groups: one rather descriptive and one where the interviewees are more explanatory and elaborative. In the latter group, it becomes clear that the participants are easily willing to make far reaching assessments of a person's health based on one picture of the person. There seems to be a 'quasi-precision' of diagnosing; this refers to the combination of how unprofessional lay persons are employing an assumingly medical gaze and judging other people's health conditions, and even suggest specific diagnoses, on a very thin basis. The point is that the health concepts applied are omnipresent, including permeated in the

lay persons' immediate cultural surroundings and infused in their minds. It shows how fundamental these concepts are for us and in our meeting with others—even a picture of unknown persons.

Descriptive statements

The descriptive comments relate to size, shape and colour of the body, its position or posture, facial expressions and 'mood'. A considerable amount of the specific descriptions of the bodies were made in words such as normal, fat, overweight and so forth. 'His body has a normal physical appearance, I think' (George, picture 1). 'She looks like a normal person' (Bjørn, picture 7). 'He is overweight' (Richard, picture 2). 'Will guess she is overweight' (Peter, picture 5). 'He is also a bit fat' (Theodor, picture 4), 'She is way too fat' (Theodor, picture 5). Many interviewees comment on the facial expressions. 'He is happy. He is smiling' (Kevin, picture 1). 'He is not happy. He is not smiling' (Kevin, picture 2). 'She laughs and she smiles' (Leo, picture 8). 'She looks a bit worried' (Christian, picture 7). Regarding the latter, interviewees report on the mood of the persons in the pictures. 'That was indeed a very positive appearance. It looks like she is doing very well' (Peter, picture 8). 'I see it in the glimpse in his eyes, the smile and the body' (Frank, picture 1).

Other elements that the interviewees comment on are clothes: 'Well, he looks well-dressed' (Frank, picture 3), and that the persons in picture number 3 and picture number 6 use walking aids. Regarding the stick and the crutches, the interviewees immediately associate the stick and the crutches with speculation about health issues (see below). Last, at least one interviewee is very detailed: 'He has rings in his ears. I do not understand why he has to have these' (David, picture 4). Even the quotations thus far, referred to as 'descriptive', contain elements of what in Foucauldian thinking would be referred to as 'normality' and 'knowledge' or 'truth'. For example, the first part of the last quotation is relatively descriptive (that the person has earrings), and the latter is normative and judging (not understanding why he wears earrings). This point leads us to the next part of the Results section. From small facts, the interviewees draw general explanations and begin to speculate.

'Gaze statements'

An overarching finding of this study is that the interviewees quickly employed the descriptions to speculate, analyse and even to make judgements about the persons pictured. They took the (biomedical) gaze of others, and by simply observing pictures some proposed diagnoses and treatments. From our data, it is especially the body (particularly the size) and the appearance of happiness where the interviewees drew conclusions and speculations about health. We categorized the concluding processes accordingly:

1. Body size and appearance descriptions lead to general health formulations;
2. Body size and appearance descriptions lead to speculation about health issues or problems;
3. Body size and appearance descriptions lead to speculation about behaviour and lifestyle;
4. Interviewees try to explain the reasons for this behaviour by personality and social characteristics; and,
5. Interviews outline proposals for future behaviour of the persons spotted in the pictures.

Moreover, there are some important—partly causal—connections between the categories. Based on the first three categories, interviewees seem to draw conclusions and make suggestions in 4 and 5. For example, cases of health issues or lifestyle are commented upon below; the interviewees used personality or social context to explain these, and/or proposed future ('healthy') behaviour.

First, many interviewees made health assessments and used phrases such as 'good health' and 'bad health' directly after describing the appearance of the bodies in the images. In many interviews, this happened before the participants were asked about what they thought about the depicted person's health. Second, the interviewees often associated descriptions of the body directly to health problems. 'Fat (laughter). Fat. Perhaps heart problems; possibly. Perhaps lung problems. Perhaps back problems due to weight. And perhaps diabetes. Perhaps blood pressure' (Theodor, picture 2). After indicating that the depicted person is fat, Frank continues: 'Mentally, it could be that the condition leads to that she has heavier thoughts about herself' (Frank, picture 5).

Third, the interviewees express relationships between the bodies and faces they can see in the pictures, and the person's behaviour and lifestyle, hereunder considerations related to diet and exercise. 'This one is characterized by a relatively sedentary lifestyle' (Simon, picture 4). 'It looks like he has trained a lot with weights. ... He is heavy in his body. I do not know if he drank too much beer and eaten too much fat food. Something. But I also think he has undertaken weight training' (Christian, picture 2). Here, we see that the interviewees speculate about the reasons for the observed bodies and try to explain what they see with the depicted persons' behaviour (which, as previously stated, the interviewees have no information).

In a similar vein, and taking the speculations one step further, some interviewees speculate about past behaviour. As Bjørn also observes regarding picture 6: 'She might have been an active person. Perhaps that is the reason she has painful hips. And it looks like she used to be fit. Thus, she has not necessarily lived unhealthily'. This adds a new element to the story, namely and understood by people with such conditions, hereunder the elderly, and those requiring crutches. Following the considerations about behaviour, further reflections and speculations by the interviewees move in two directions. One is taking a step back and aim at explaining the behaviour by individual personality, categorization into social class (income and education), and even cultural explanations based on race since it was found that the interviewees regarded black persons differently. In another direction, the interviewees often had ideas of what the persons in the pictures should have done. Quite interesting, is that the interviewees seemed more judgemental here (cf. healthism, see Section 3) than they were when they talked in general about who is responsible for health.

Fourth, personality and group-belonging seem to explain the observed bodies in the pictures. For example, concerning picture number 1, which generally received favourable comments from the interviewees, Simon claims: '[he] apparently has rather good control of his health. He is slim and happy, and apparently positive ... both happy and positive'. Moreover, especially the black persons in the picture panel, are subjects of proposed 'explanations' by some interviewees. For example, concerning the man in picture number 4, Frank maintains:

> "He comes from an African country. ... The first thought I get is that he probably works high in the state administration of an African country. And I do not think they are very concerned with... He is probably not very concerned with his health. Probably other things mean more for him. I think that we in Norway are more concerned with measuring the value of our lives by how active we are. They have

> probably very different values, which might be equally good. Nevertheless, there are some Africans who, biologically, are rather strong and heavy. However, he is overweight, no doubt about that. ... It looks like he is happy. He probably feels very successful, given the country he comes from."

In somewhat similar vein, Bjørn expresses the following considerations about the woman in picture 8.

> "I do not think one should equate our beauty ideal and what is really healthy. Our health ideals consequently are those super-slim stereotypes. That is not necessarily very healthy; one cannot equate that and happiness, and to live long with good health. ... She is happy and glad, and simultaneously fit enough. Thus, she does not need to be such an aerobic rabbit to have good health."

Fifth, interviewees often had opinions about what the persons in the pictures ought to do. Simon, for example had opinions about several of the pictured persons. Concerning the person in picture 2, he claims: 'He would benefit from some physical activity. ... I guess it would need a combination of diet change and physical activity, thus a lifestyle change'. Regarding the older person in picture 6, he shows more understanding for the person (and his situation—of which the interviewee knows nothing), when maintaining: 'If one just made them experience the social benefit of physical activity, perhaps organized in groups, I think they would benefit strongly from that. ... It is demanding to change them at that age'. Several interviewees interpret the woman in picture 5 as trying to do something healthy, and that she needed that. Peter says it 'looks like she is a relatively young woman and has the possibility to prevent lifestyle diseases if she makes some effort'. Frank says

> "She is one who has developed interest in exercise ... She is relatively young, I guess around 30. In addition, it feels it is troublesome to be fat. The reference is probably all others around her who look very fit; those are the ones she compares herself with."

In sum, the woman on the fitness ball is seen as both 'trying to take action' (Richard) and 'as she struggles' (Oscar; John).

DISCUSSION

In general, our findings support former research claiming that people understand beauty and happiness as good health and wellbeing—and vice versa (Coffey, 2016; Jutel & Buetow, 2007). Images apparently make people interpret things at face value: If one appears slim and happy, one probably experiences wellbeing and has good health. Moreover, the interviewees use somewhat charged words to describe a person's lifestyle, based solely on a picture of the face, body size and shape. When Simon states that the man in picture 2 'would benefit' from changes in his lifestyle, and Christian speculates about the same man that perhaps he 'has drunk too much beer and eaten too much food', they morally evaluate the man's lifestyle.

Based on observations of pictures, the men interviewed expressed morally charged opinions about specific persons' health. In that respect, the lay men exercised power through an evaluating and judging gaze based on what is conceived as 'normal' (Foucault, 1977). In relation to body and health, 'normal' refers to the slim, fit and beautiful body. Although the majority of

the population fall outside the 'normal'—or rather, ideal—body (Markula & Pringle, 2006), they indeed make judgement according to an imagined normality defined by an omnipresent power. The point of omnipresence is crucial. Foucault introduced the concept of the clinical gaze as a specific feature of modern medicine to explain the increasing power of medical doctors and as an important building block of health-care systems and modern societies more generally. He also claimed that power is everywhere. In that respect, our findings combine these two Foucauldian points, as the lay men represent 'everywhere' and use a gaze of others as their approach to answer our questions in the interviews. What the interviewees share with the medical doctors is the approach of actively viewing the persons in the pictures as objects and mute bodies, and thus apparently watch them with 'the purity of an unprejudiced gaze' (Lachman, 2013: 888).

However, in some cases the men expressed understanding for the depicted person's health conditions, negative and presumed. This was especially the case for the elderly persons depicted, and those with a non-Caucasian appearance. This distinguishes the men's expressed meanings from what one would expect within a context where healthism is a dominant discourse. On the other hand, we also found many examples where the men's meanings were more in line with the healthism discourse. In addition to the morally charged language used when they speculated over the person's lifestyle, they also attributed the estimated health status of the depicted person to individual choice and personality trait. One example of this is when Simon describes the man in picture 1 as a man who seems to have 'rather good control of his health'. This fits with the healthism discourse because the individual persons are given credit for personal health. Simon's statement about person 1's appearance as a man who is in control is also one example of the praise and positive talk used about the depicted persons who have bodies closer to the ideal body (slim and fit) than the others. Foucault argues that within the twentieth century consumer culture, the modus of control over docile bodies shifted from one of repression to one of stimulation: 'Get undressed – but be slim, good looking and tanned' (Foucault, 1980: 57).

We revealed some incoherence in the men's expressed meanings. A prominent one was in the men's talk about the woman in picture 5. Most of the men viewed her as 'fat', 'struggling with being overweight' and 'in danger of developing health problems'. However, even if the men express these rather negative characteristics of the woman's body, they do praise her effort, and that she takes action. This is an illustration of a body shaming or fat shaming (Bombak et al., 2019; Cain et al., 2017; Puhl & Heuer, 2009), and Foucauldian 'governmentality'. In the modern world, the judging gaze is not monopolized by clinical physicians. While for Wiest et al. (2015: 32), 'individuals are now (self-)governed through a clinical gaze that is managed by corporate enterprise', referring to fitness centres and the fitness industry, we have shown how a similar logic applies to adult and elderly men in rural Norway. Admitting the risk of stereotyping, and acknowledging other possible interpretations—for example along lines of viewing the talk about picture 5 as an idea of 'developing one's health potential' (Pelters & Roxberg, 2018)—older rural men are far from the typical fitness-centre customer in the modern consumer culture.

A second incoherence is related to the assessment of the health of the two elderly persons depicted, respectively, with crutches and a walking stick. Some of the men viewed the elderly persons' health to be bad due to reduced mobility, while others assessed their health to be good—given their age and assumed life situation in general. In the latter assessment of their health lies an understanding that elderly people can experience good health even though their mobility is reduced. This assessment of the elderly persons' health diverges from the expected view of lay peoples' assessment of health since bodily functionality is one common important theme when lay people are asked to define health. However, findings from lay people's understanding of health and body also show that expectations regarding the level of bodily functionality

and acceptable health change with experienced health problems and/or increasing age (Hervik, 2016). Hence, this finding in our study shows that we also project the changing expectations in relation to age to others.

In the same manner, the men expressed that the depicted black persons could have good health and be happy, even if they were assessed to be overweight. In other words, in general, their health and wellbeing in relation to overweight were assessed differently than the overweight Caucasian-looking persons. In this finding, the assessment of the depicted black persons is divergent from the assessment of the other assumed overweight persons. Hence, this meaning apparently diverges from the meanings embedded in the healthism discourse in which good health is viewed as a fit and slim body. It is challenging to explain this exception. Nevertheless, we see two possible, but not necessarily mutually exclusive interpretations. This might be an illustration of a cultural sensitivity of the participants—they are open to respect others' culture instead of judging people considering the expectations and norms of their own (western healthism dominated) culture. In this explanation, the participants are credited a cultural relativism view on others' culture and situation.

By apparently expressing 'understanding of others'—defined by age or skin colour in these empirical examples—this view might be understood as a result of stereotypical understanding of people of different skin colour or ethnicity—where the participants take for granted that they are so different that they cannot be assessed in the same manner as people who are more similar to them in terms skin colour. In this explanation, the participants will be guilty of recreating a stereotype and, therefore, perhaps a mark of racism. Subsequently, the 'lay person gaze' which is explored in this study is, of course, expressed by men who themselves are conscious of the gaze of others. Therefore, the meanings they express may also reflect what they expect others to attach importance in their gaze on them.

There is acontextual divergence with the healthism discourse. 'In contemplating Foucault's governmentality, however, the notion of "docile bodies" needs to be complicated and the clinical gaze must be rearticulated to fit the current context' (Wiest et al., 2015: 34). While Wiest focused on self-surveillance as opposed to rules or recommendations imposed by the public authorities, we acknowledge how adult and older lay men are part of broader discourses and ideologies when employing their perceptions and interpretations about specific pictured persons. Moreover, they do so not only in ways that work for them within the context they operate, but also in ways that reproduce patterns in two ways. They reproduce the gaze in line with Spitzack's (1990) descriptions of 'aesthetic of health'; how appearance standards take over health standards in people's understandings and talk. Moreover, she claims that appearance standards are defined as proxy targets to which individual subjects aspire, and that the preoccupation of the gaze of others, together with self-scrutiny, leads to an everlasting pursuit of the perfect-looking body.

As outlined above, one interpretation of the men's meanings revealed a possible mark of racism. However, no marks of sexism were discovered in the men's meanings. Moreover, from the findings of this study, it is difficult to conclude how the men's meanings are formed by their 'maleness'. However, what might be argued from the findings is that the men certainly expressed meanings that illustrates the notion of 'aesthetics of health' in relation to other's appearance which Dworkin and Wachs (2009) argue that men direct towards themselves. Hence, the men in this relate body appearance to health which might be understood to relate to findings in other studies where men have been found to be increasingly preoccupied with body appearance (e.g. Drummond, 2002; Frost, 2003; Hervik & Fasting, 2016; Ricciardelli & White, 2011) and to relate body appearance to health (Hervik, 2016; Hervik & Fasting, 2016).

Implications and future research

Picking up on our aim of this article, to understand a 'lay men gaze' of the relationship between body and health, we have two overarching findings to report. First, we have shown that a relatively heterogeneous group of adult and elderly lay men in rural Norway regarding background and demography talk relatively similarly about body appearance and health. Moreover, they do so, in the western world at least, along lines of the—dominant healthism discourse (Crawford, 1980) in which a close association between body appearance and health assessment seems to be embedded. Second, we also found some variations. These variations, however, do not refer to how different men say different things (about the same topic of the depicted person). Rather, the variations also seem to follow relatively common patterns. We refer to how interviewees apparently define other standards for the elderly and the black people in the displayed pictures, a phenomenon acknowledging an unexpected version of 'cultural norms of appearance surface in insidious ways in … lay … assessments of health' (Jutel & Buetow, 2007: 422). However, there are some variations that we encountered fewer than we possibly could have expected. For one thing, we could not identify any clear patterns regarding how the interviewed men talked about the different genders in the pictures. That might well be because we identified other issues as more prevalent. For another thing, and a possible solution for the latter, is that we could have analysed the pictures more along lines of intersectionality.

In that respect, our findings generate some implications in several directions. First, our results call for caution among politicians and various practitioners—especially people like ourselves who teach at universities—regarding the use of the term 'health'. We should be cautious because lay men's understanding seems to be based on a health concept of cultural norms where body appearance is equivalent to health and where it seems legitimate and appropriate to judge what they define as 'other cultures' following the simple gaze of a picture. Consequently, we call for research into the mechanisms establishing and maintaining such norms and legitimations; and how the various forms of dissemination of understandings of health—including not only our own teaching but also the old and new media—influence lay persons.

AUTHOR CONTRIBUTION

Stein Egil Kolderup Hervik: Conceptualization (equal); Formal analysis (equal); Methodology (lead); Validation (lead); Writing-original draft (equal). **Eivind Åsrum Skille:** Conceptualization (equal); Formal analysis (equal); Methodology (supporting); Validation (supporting); Writing-original draft (equal).

DATA AVAILABILITY STATEMENT

Research data are not shared.

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How to cite this article: Hervik, S. E. K., & Skille, E. Å. 'The Lay Gaze'—Rural Norwegian men's assessment of others' health based on pictures. *Sociology of Health & Illness*. 2021;00:1–16. https://doi.org/10.1111/1467-9566.13368