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Understanding the health of lorry drivers in context: A critical discourse analysis

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Abstract

This paper moves beyond previous attempts to understand health problems in the lives of professional lorry drivers by placing the study of drivers' health in a wider social and cultural context. A combination of methods including focus groups, interviews and observations were used to collect data from a group of 24 lorry drivers working at a large transport company in the UK. Employing a critical discourse analysis, we identified the dominant discourses and subject positions shaping the formation of drivers' health and lifestyle choices. This analysis was systematically combined with an exploration of the gendered ways in which an almost exclusively male workforce talked about health. Findings revealed that drivers were constituted within a neoliberal economic discourse, which is reflective of the broader social structure, and which partly restricted drivers' opportunities for healthy living. Concurrently, drivers adopted the subject position of "average man" as a way of defending their personal and masculine status in regards to health, and to justify jettisoning approaches to healthy living that were deemed too extreme or irrational in the face of the constraints of their working lives. Suggestions for driver health promotion include refocusing on the social and cultural – rather than individual – underpinnings of driver health issues, and a move away from moralistic approaches to health promotion.

Keywords: *health, physical activity, critical discourse analysis, neoliberal, masculinities*

There are known health risks associated with being a lorry driver (or “truck driver”). These include overweight and obesity, diabetes, hypertension, heart disease, cancer, fatigue, sleep disturbance, and musculoskeletal disorders (Apostolopoulos et al., 2013; Whitelegg, 1995; Wong et al., 2012). Underscoring these risks, it has been highlighted that American lorry drivers’ life expectancy is 16 years lower than that of the general population, varying between 55.7 to 63 years depending on whether they are self-employed or belong to a union (Saltzman & Belzer, 2007). While comparable figures do not exist for European lorry drivers, UK national statistics indicate that transport workers are among the lowest in life expectancy compared to other professional groups (Office for National Statistics [ONS], 2011). To combat these morbid statistics it is necessary to understand the lifestyle factors including poor diet and sedentary behaviour which are linked to the above health risks, and which are typically exaggerated among lorry drivers (Gill & Wijk, 2004; Passey et al, 2014).

Previous research (e.g., Passey et al., 2014) has considered the barriers to healthy lifestyles as perceived by lorry drivers themselves. Such barriers include long and irregular working hours, pressurised delivery schedules, lack of healthy food at truck stops, and the compulsorily sedentary nature of driving (Apostolopoulos et al., 2013; Passey et al., 2014). Yet it is also important to consider the social, cultural, and economic circumstances in which lorry drivers’ health behaviours and lifestyle choices are enacted. Building on the crucial notion that people make health choices within the constraints of multi-layered contexts such as work, family life, and gendered expectations (Fan et al., 2015; Willig, 2000), this paper explores how wider socio-cultural and economic discourse structures the choices that lorry drivers make in regards to their health (McGannon & Spence, 2010, 2012).

Research investigating the complicated interplay of social and cultural influences in shaping health behaviours has gathered pace in recent years (e.g., McGannon & Schinke, 2013; McGannon & Spence, 2012; Smith, 2013). Such work has emphasised that culturally

available discourses which operate reflexively to shape people's home, work, and family lives exert a powerful influence over the health behaviours they adopt. Discourses – i.e., ways of constituting meaning in relation to particular groups and cultures (Weedon, 1997) – are tied to the broader cultural and economic contexts within which they operate (Fairclough, 2010), with such contexts crucial to understanding the formation of individual health choices (Willig, 2000). Yet the discursive frameworks and wider social, cultural and economic contexts within which lorry drivers act out their health choices have, to our knowledge, not been studied in detail. Proximally, such contexts include an under-staffed and under-pressure UK transport industry (Road Haulage Association, 2015). More broadly, an increasingly 'neoliberal' UK society has led to transformations in the workplace that have accentuated individual workloads and helped to normalise a long-hours culture, with ensuing impacts on workers' health (Dolan, 2007, 2011; Fairclough, 2010; Walkerdine & Bansel, 2010). Accordingly, the health behaviours of lorry drivers in relation to food choice and physical activity levels cannot be considered the sole product of rational calculation – of absorbing and acting on (or failing to act on) public health messages. Rather they need to be acknowledged as *socially sensitive* (Savage, Dumas, & Stuart, 2013).

Another body of literature relevant to understanding the health challenges faced by lorry drivers is the growing field of critical men's health studies (Gough & Robertson, 2010). According to figures from the ONS (2014), there are around 285,000 lorry drivers in the UK, of whom 99.3% are male. Yet surprisingly, attention has not been directed toward lorry drivers' health as a *men's health* issue. Critical men's health studies explores how different versions of masculinities are constructed and performed in diverse contexts, and the ensuing effects of these various masculinities on men's health (Gough & Robertson, 2010). Recent work in this area (e.g., Caddick, Smith & Phoenix, 2015; Sloan, Gough & Conner, 2010; Smith, 2013) has challenged traditional assumptions that masculinity is 'bad for your health'

and has begun to critically examine how health-promoting practices (e.g., healthy eating and physical activity) and health-defeating practices (e.g., embracing 'risky' behaviours and avoidance of help-seeking) are connected to dominant discourses of cultural masculinity among diverse groups of men. Such work also highlights the intricate complexity of masculinities in that the same men are able to draw on different constructions of masculinity at different times, shifting their performance of masculinity as the terms of social interaction vary (Wetherell & Edley, 2014). Men can thus perform complex discursive manoeuvres such as disavowing being concerned with health as 'feminine' while simultaneously acknowledging their moral responsibility as good citizens to maintain their health (Robertson, 2006). Understanding how an almost exclusively male workforce of lorry drivers constructs masculinities in relation to their health therefore warrants attention.

Against this backdrop, the purpose of this paper is to identify and critically examine the dominant discursive constructions (in relation to work, health and masculinity) which shape the formation of lorry drivers' everyday health practices. Furthermore, by identifying these dominant constructions, we aim to highlight how drivers' health practices are embedded in the broader social context comprising the wider structures of power and influence which enable drivers to be constituted as certain kinds of subjects but not others (Weedon, 1997; Willig, 2000). The specific research questions we address are: (i) What are the dominant discourses (and associated subject positions) shaping the formation of drivers' health practices? and (ii) How are these discourses embedded in wider social structures and with what implications for drivers' health?

A critical discourse analysis approach to understanding lorry driver health

While the methodology of critical discourse analysis (CDA) encompasses a variety of different approaches and theoretical perspectives (e.g., post-structuralism, social

constructionism, critical realism), with no one “correct” or “best” approach available, common to all approaches is the notion the language structures ‘reality’ – or particular versions thereof (McGannon & Spence, 2010). Our approach was aligned with the post-structuralist version of CDA outlined by Wetherell (1998) and developed in exercise psychology by McGannon and colleagues (McGannon & Mauws, 2000; McGannon & Schinke, 2013; McGannon & Spence, 2010). Within this approach, discourse is understood as a broad concept that refers to various ways of constituting meaning relative to particular groups and cultures (Weedon, 1997), and which provides meanings that constitute people’s everyday practices (McGannon & Spence, 2010). Emphasis is placed here upon the constructive nature of language use and its effects, which are systematically related to the broader social and cultural context, and on how culturally defined power relations are enacted through discourse (McGannon & Schinke, 2013). Consistent with our purpose and research questions, this version of CDA enabled us to consider how dominant discourses are imbued with power relations and embedded in social structures (Wetherell, 1998).

Relatedly, discourses also furnish individuals with *subject positions* through which they understand and interpret both themselves and the world around them (Davies & Harré, 1990; Wetherell, 1998). As with the different approaches to CDA (and other related approaches like Foucauldian discourse analysis and critical discursive psychology), there are various different ways of conceptualising the notion of a subject position. Following McGannon and Schinke (2013), we employed the definition of a subject position outlined by Davies and Harre (1990):

A subject position incorporates both a conceptual repertoire and a location for persons within the structure of rights for those that use that repertoire. Once having taken up a particular position as one’s own, a person inevitably sees the world from the vantage point of that position and in terms of the particular images, metaphors, storylines and

concepts which are made relevant within the particular discursive practice in which they are positioned. At least a possibility of notional choice is inevitably involved because there are many and contradictory discursive practices that each person could engage in. (p. 46)

As McGannon and Spence (2012) explained, subject positions enable individuals to acquire a sense of self by participating in discursive practices that allocate meaning to particular categories and images (e.g., health/illness, manly behaviours/unmanly behaviours). Furthermore, as the above definition implies, subjects have an element of *agency* in their choice of which subject position(s) to adopt, and which to resist or contest (McGannon & Schinke, 2013). Subject positions are thus *used* by individuals to inform their sense of what actions (e.g., physical activity) are seen as possible or worthwhile in light of who they are and who they understand themselves to be (McGannon & Spence, 2010). Agency is, however, never removed from the constraints imposed by discourse and by dominant institutions within the social and cultural context. Taking up or refusing a particular subject position is therefore linked to the discourses available for individuals to draw upon, and competing discourses which limit the possibilities for action. Moreover, the concept of a subject position is important because within any particular discourse, there may be various competing and (potentially) contradictory positions that individuals may take up with varying implications upon their identity and health behaviour (McGannon & Schinke, 2013).

Casting the study of drivers' health in the analytical framework of CDA allows us to consider how the physical health of individual drivers is meaningfully connected to the broader social, cultural and economic structures in which the drivers are situated. As Fairclough (2010) emphasised, personal actions and interactions in everyday life cannot be separated from the long term institutional development of society. What drivers do (or do not do) on a daily basis to look after their health therefore needs to be considered as partly a

result of the discursive practices which give meaning to the drivers' everyday lives (McGannon & Spence, 2010). CDA thus provides both a methodology and a theoretical vocabulary for examining how social forces may both enable and/or limit the possibilities for drivers to adopt healthier lifestyle practices.

Method

Study context and data collection

This study was conducted as part of a knowledge transfer partnership between Loughborough University and a large UK-based transport company. The aim of the partnership was to identify barriers to healthy lifestyles within the driver workforce, as part of the company's commitment to improving the health and well-being of its staff. The partnership also involved piloting and testing a new tailored health intervention for lorry drivers ("a structured health intervention for truckers"; SHIFT), the results of which are currently being written up for publication by the study authors. The data on which this paper is based were collected from a smaller, randomly selected sample of drivers who were involved in the larger health study. Twenty-four male lorry drivers aged 34-65 years (mean age 49) were invited to participate in either a "ride-along" interview (see below), a focus group, or in one case, both. Number of years participants had been a lorry driver ranged from 4 to 32 years with an average of 17 years, and the average years worked for the current company was 11 years. It must be noted that these 24 drivers represent a small sub-sample of the intervention participants, and of drivers in the company who number around 500 nationwide. The research protocol was approved by Loughborough University's Research Ethics Committee and all participants provided informed consent to take part in the study.

Data collection

A combination of methods were used to construct a detailed impression of the discursive worlds inhabited by the participants. First, 17 drivers were invited to take part in what we termed “ride-along” interviews. These involved the primary researcher (NC) conducting semi-structured interviews while riding along in the passenger side of the lorry cabs. This strategy combined traditional qualitative interviewing with the method of participant observation in what has also been referred to as the ‘mobile interview’ (Sparkes & Smith, 2014). The aim of this novel strategy was twofold; to enable participants to tell detailed and multi-layered stories about their experiences as a lorry driver (as in a traditional interview setting), and to allow the researcher to gain insights into the challenges and barriers to healthy living out on the road from the perspective of drivers themselves. An additional benefit was that the ride-along interviews could be conducted during the drivers’ normal working activities, allowing us to proceed unencumbered by time restrictions and providing plenty of opportunity to build rapport with participants. A semi-structured interview guide (available on request from the first author) was used flexibly during the interviews to facilitate reflection on important topics. Example questions included “What does health mean to you?”, “Do you feel your lifestyle puts your health at risk in any ways? If so how?” and “Talk me through what a typical working day is like for you?” Interviews lasted 81 minutes on average. Interviews were transcribed verbatim as soon as possible after the ride-along interviews were completed, and fieldnotes were used to record any events, experiences or interactions that occurred during the day that were considered relevant to understanding the drivers’ lifestyles.

In addition, two focus groups were conducted to generate a more dynamic discussion among participants and to examine how discourses about health and lifestyles were reproduced in an interactional context (Sparkes & Smith, 2014). These groups allowed the participants to collaboratively share their thoughts about their jobs, the company, their collective situation as drivers, and their experiences relating to health and lifestyles on the

road. Each focus group consisted of four drivers and two researchers – one male and one female (NC and VVM) – who moderated and facilitated the discussions. While this paper focuses on gender, the focus groups did not explicitly seek to evoke gendered responses through the questions asked. Rather, gendered notions of masculinity were applied during the analysis to interpret participants' responses when these appeared to be framed by particular gender ideologies. Sample questions included the following: "What does a healthy lifestyle mean to you?" and "What opportunities do drivers have for being active/eating healthy foods?" The two focus group sessions lasted for 58 and 63 minutes, and the recordings transcribed.

Data analysis

Our analytical approach aligned with Wetherell's (1998) post-structural approach to CDA, which has been previously expanded upon in exercise psychology by McGannon and colleagues (McGannon & Mauws, 2000; McGannon & Schinke, 2013; McGannon & Spence, 2010). This approach focused on identifying the discourses which constituted the meaning of drivers' everyday health practices, and relatedly, the particular subject position(s) which the drivers took up – and were positioned by – and which both enabled and constrained their actions. As a first step in the analysis, the data were read and re-read by the first author as a way of immersing himself in the participants' stories. Any and all segments of the text that appeared to speak to our research questions were then highlighted and categorised as relating to social, cultural and economic influences on health (e.g., working conditions, economic discourse, industry context), as relating to men's health and masculinity (e.g., perspectives on health, acceptability of various health practices), or to both categories. This general categorisation of the text was facilitated by linking the data with critical discursive work on social and economic structures (e.g., Fairclough, 2010; Walkerdine & Bansel, 2010) and on men's health and masculinities (e.g., Gough & Conner, 2006; Robertson, 2006; Sloan et al.,

2010). The text was then loosely coded to highlight specific words, phrases, or textual segments which indicated instances of discourse production and utilisation within the text. For example, segments were highlighted whereby participants' talk was positioned within a neoliberal economic discourse (see below). We then used these segments of the text to consider what discourses were shaping participants' experiences and how they positioned themselves within these discourses (McGannon & Spence, 2010). Consistent with our post-structural analytical approach to CDA, this step in the analysis involved a consideration of how the drivers' individual identities and subject positions were being shaped by wider structures of power and influence within which they were socially and culturally situated. Finally, categories of discourse and subject positions were further refined by integrating participants' accounts with previous theoretical and empirical work on masculinities and social/structural determinants of health (Cranshaw, 2007, 2012; Gough & Conner, 2006; Robertson, 2006; McGannon & Schinke, 2013).

Findings and discussion

In what follows, we first of all identify a neoliberal economic discourse within which the drivers were constituted, which is reflective of the broader social structure and, indeed, the transport industry as a whole. We employ the notion of 'neoliberalism' – understood broadly as a regulatory regime in which the rights, duties, obligations, and expectations of the individual converge on the advancement of personal and economic capital – as an interpretive device through which to make sense of the drivers' location within discourse. As part of this neoliberal economic discourse, the drivers were cast in the subject position of the entrepreneurial and productive worker. We highlight the implications of this dominant discourse and subject position for drivers' attempts to enact healthy lifestyle choices. We then link this discourse and subject position to other discourses regarding men's health and masculinity by describing how the drivers responded to their dominant subject position from

a masculine perspective. Finally, we discuss the consequences of these interwoven discourses and subject positions upon the drivers' health practices.

Neoliberal economic discourse: Undermining health

Our analysis revealed the dominant discourse within which the drivers were constituted as a *neoliberal economic discourse* which reflects the prevailing social organisation and meanings of work in contemporary capitalist society (Fairclough, 2010; Walkerdine & Bansel, 2010). Within this discourse, efficiency, productivity and economic growth are heralded as core values, with the activities of everyday working life structured around the demands of 'neoliberal capitalism'; a political, economic, and ideological project aimed at re-scaling and restructuring social relations in line with unrestrained growth in the global market (Bourdieu, 1998; Fairclough, 2010). Neoliberal economic discourse simultaneously represents and helps to constitute the broader social structure of neoliberal capitalism, and acts to discursively maintain this structure through language (Fairclough, 2010). In line with this discourse and the broader social structure, the drivers' everyday activities and working practices were constructed within a primarily economic rationality. The prominence of this economic rationality is evident in the way in which the drivers in this study talked about their job role and how they perceived the associated difficulties of living a healthy lifestyle:

Dave: You give your hours up because of the nature of the job – that's how it is. If you get held up, ok fair enough – so you bank in the hours. So you're supposedly supposed to be able to have a 'planned-off'. Now if I want a planned-off because something crops up, it's when it suits *them*, not when it suits *me*. I'm on a 9 hour day supposedly. They schedule for 12 sometimes. I say "Well, why? I don't want 12 hours" . . . You go and see your manager now, all you get is "Nature of the job"

or “Business needs”; that’s what you get now is “Business needs” . . . It’s all one way at the moment

Arthur: At the moment it is, yeah. It didn’t used to be

Dave: They’re all take, take, take and giving nothing back . . . There is no work/life balance when you’re working here. It affects your health and your diet, everything. I’m fine when I’m off, I eat properly . . . I’m not healthy, I know I ain’t.

(Focus group 1)

Placing Dave’s comments in the proper context, it is important to note that drivers in the company work off an annualised hours system and that their working hours are strictly regulated by laws that govern the transport sector. Nevertheless, the drivers in this study frequently reported working 12-13 hours per day, coming home and feeling tired or “knackered” (exhausted). Indeed, it was commonplace for the drivers to describe their job not as physically demanding but as long and mentally draining. As previous research has also identified, the demands of long and irregular working hours make it difficult for lorry drivers to find time or energy to enact health behaviours (Passey et al., 2014). Highlighted also in the above comments is the difficulty of achieving a healthy work-life balance in the context of working long hours and increased time-strain within contemporary neoliberal society (Bryson et al., 2007).

Within the interviews, the drivers drew attention to economic discourse within the company and called it into question by challenging its ‘inevitability’ and by asserting the impact of economic priorities upon their ability to adopt healthy lifestyle practices:

It comes back to the same old tag line, when “Its all down to economics” – we can’t do this because its not cost efficient. Like I said to you about overloading

some drivers – where they’re under pressure and they’re doing 13 hours a day and they can’t get home and they’re knackered when they get home. Because I’ve been there, I know what its like – you’re mentally gone. Not just [company], but any company will say “Well, that’s how it is.” Well, I don’t think that is – especially in transport, I think we’re still in the dark ages. (Leon)

As we argue throughout this paper, the social forces which drive the increasing time strain and pressure on drivers (and neoliberal workers in other industries, for that matter), need to be acknowledged as the contextual backdrop to the health problems facing lorry drivers. Despite efforts by the company to circumvent ‘pressure’ on the drivers (e.g., by repeatedly emphasising that delivery schedules are only achievable within the law and are secondary to safety), the demands of economic productivity were seen as always in conflict with health. Such demands are justified or reinforced through the use of phrases like “business needs” and “nature of the job”; phrases that exemplify and enact a neoliberal economic discourse (Fairclough, 2010). As illustrated in the above comments, this discourse was questioned by the drivers, but was difficult to contest because of the constraints imposed by the discourse itself, and by the structure of relations between workers and their employers. Moreover, we assert that a neoliberal economic discourses achieves and maintains its status as ‘incontestable’ through the *discursive hegemony* of neoliberal capitalism in the wider social structure, which calls for economic growth and success to be prioritised over other potentially competing goals or aspirations (Brown, 2005; Fairclough, 2010). As such, business needs come to be naturalised – that is, understood and legitimised, if not fully accepted – as the number one priority of everyday social action.

Within the dominant neoliberal economic discourse, drivers were cast in the subject position of the *entrepreneurial and productive worker* (Rose & Miller, 1992; Walkerdine &

Bansel, 2010). The entrepreneurial and productive worker is one who energetically pursues their work duties and constantly seeks to maximise their own personal efficiency and productivity in line with the needs of business. They may also be expected to absorb increasing demands and expectations if such demands are deemed to be in service of economic needs (whilst still remaining contractually legitimate), as the following quote from one of the drivers suggests:

The runs have been getting longer, the days have been getting worse; transport in general – they’ve expected us to do more even though my contract hasn’t changed. (Abe, ride-along interview)

The general concept of the entrepreneurial self has been well developed in the literature as a regulatory regime of neoliberal forms of government (Cranshaw, 2012; Fadyl, McPherson, & Nicholls, 2015; Rose & Miller, 1992; Walkerdine & Bansel, 2010). The neoliberal subject, endowed with freedom and autonomy, is expected to take responsibility for self-regulating their behaviours (e.g., in relation to work, health, and family life) in the interests not only of themselves but also those who govern (Rose & Miller, 1992; Walkerdine & Bansel, 2010), thus becoming an ‘entrepreneur of the self’ (Fadyl et al., 2015). The dual expectations of regulating one’s own lifestyle and managing one’s working obligations (as an ‘entrepreneur of the self’) are evident in the following comments from Carl:

Its finding the time to do it [gym] if you don’t know when you’re going to finish work. So then people say “Well, come in an hour earlier”. But your day – say if you start at 5 o’clock, you’re probably getting up at 3 o’clock to get into work for 3.45, go and do an hour in the gym, shower, and then start work at 5. Your day is getting longer and longer. Your work is still the same – you’re still expected to start at five o’clock and it could be potentially anything up to a 15 hour day. But

they don't take into account that you've been awake since 3 o'clock and then you do a 15 hour day which is what, 8 o'clock at night. It happens – not to a great deal – but it does happen. And you think “I'm shattered – absolutely shattered!” (Ride-along interview)

For the drivers who took part in this study, embodying this subject position and meeting the demands of the job was thus perceived to set limits on their ability to be healthy. The drivers were *positioned* as such by the dominant neoliberal discourse shaping the context of their working lives, with the associated constraints imposed on their activities through occupying this subject position. Indeed, within the interviews and focus groups, the drivers kept returning to an overriding concern shaping their reported efforts to be healthy which was working long hours in a job where opportunities for being physically active were restricted (Passey et al., 2014):

Declan: It all boils down to doing too many hours. They're [company] doing the right things, telling you what you should do, going on these health programs – and then they stick you on a 13 hour shift two or three days running. So you know, they're giving you the theory of what you should be doing but then on the other hand, they're not letting you do it. If they put you on a 13 hour shift and you've not got time to do anything except go home and eat, and then you're not gonna eat the right stuff – I suppose you do get wound up about it. Nobody's gonna go down the gym, whether it's the work's one or other if you've been at work for 13 hours. It's not a case of being too tired, it's a case of not having the sodding time because you've gotta be back in the next day.

Again, it is important to note that the number of hours which drivers are legally permitted to work is strictly regulated and must be abided by companies in the transport sector (Driver and

Vehicle Standards Agency [DVSA], 2011). For instance, drivers are permitted to be on the road (not including other working duties) for no more than 56 hours per week. Drivers must also have a minimum of 11 hours rest in between shifts, although this can be reduced to 9 hours rest on 3 days per week (DVSA, 2011). In addition, it may be argued that drivers can choose to utilise their time off work to make healthier choices such as going to the gym or preparing healthy meals. However, for many drivers, particularly those with family or caring responsibilities, there was a perceived lack of discretionary free time to pursue healthier lifestyle choices (Wolin, Bennett, McNeill, Sorensen & Emmons, 2008). Indeed, regardless of whether time pressure is an 'objective' reality or a perception, research has shown that perceived lack of time is a significant barrier to physical activity participation and healthy food consumption (Welch, McNaughton, Hunter, Hume, & Crawford, 2009).

In contrast to the problems created for the drivers by the dominant neoliberal economic discourse and associated long hours culture, some drivers appeared generally positive about their company's efforts to support their health and well-being. For instance, some drivers reported an acknowledgement of the company's own economic pressures and an appreciation of its investment and collaboration in health research (part of which included free health screenings):

NC: On the whole, do you feel as though the company support you in taking good care of your health?

Bill: Oh, 100% yeah definitely. They've obviously got the operational needs of the business to look at, which is complex to say the least. Some drivers think that it's just black and white, "I need this, so you've got to do it!", and they want it yesterday. And that's what some of them are like. But they obviously don't realise the scale of this company. And I think the company on a whole, if I was to ring

them up and say “Do you know what, I’m feeling really under the weather tonight, is there any chance I can just have a short run?”, they would be fine with it.

They’re always doing these health screenings and stuff. So the answer to that question is that I think they support you a lot, yeah definitely. (Ride-along interview)

Yet despite the positive influence of the company’s health promotion efforts, there was too an inescapable tension between wanting drivers to be healthy, and needing them to embody the subject position of the entrepreneurial and productive worker. This tension may be understood as linked to the wider societal and governmental project of neoliberalism, whereby as good neoliberal subjects, all individuals are deemed wholly and morally responsible for their own health (Brown, 2005). In addition to being entrepreneurial and productive workers, the drivers are also therefore called to become *health consumers* (Rose & Miller, 1992), striving energetically to maximise their own well-being and thus maintain their productive capacity for work (Brown, 2005; Cranshaw, 2012; Rose & Miller, 1992). There was thus a paradoxical relationship between being a productive worker and a health consumer, which was highlighted by some of the drivers:

They go on about work-life balance, but it never works at [company] – it’s always work balance over life. (Gerald, ride-along interview)

They’re in a difficult position because obviously they want people to take care of themselves and lead healthy lifestyles but at the same time, they want people to work. So they have to balance that which is not an easy thing. (Sheldon, ride-along interview)

“Stuff that!”: Complicating the men’s health discourse of balance and moderation

Other discourses and subject positions relating to men's health and masculinity shaped how the drivers responded to their dominant subject position and the problems of healthy living. Reflecting a common theme in the critical men's health literature, the drivers in this study constructed their ideas of a healthy lifestyle within a discourse of *balance and moderation* (Gough & Conner, 2006; Robertson, 2006; O'Brien, Hunt & Hart, 2009). A healthy lifestyle was one in which drivers were able to maintain a 'sensible' enough diet, moderate their smoking and alcohol intake, and pursue an active lifestyle where possible. Given the constraints of their working lives, however, the possibilities of actually achieving a healthy balance were viewed by the drivers as remote:

NC: Do you ever feel concerned about your health?

Max: Oh, constantly. I think people who don't feel concerned about their health are living in cloud-cuckoo land. But I think the trick is to have a balanced, healthy diet that's not too hefty in calories. Of course, having the knowledge and actually acting on it are worlds apart. Because I'm obviously not doing it right because I am overweight. But I think half the problem is the 50 hours a week, of which I suppose 40 of it is sat on my ass, holding the steering wheel. Its not gonna be the best exercise regime really.

NC: So how would you summarise your attitude towards health then?

Max: That's an interesting one. My attitude to health would be: I try and be as healthy as I possibly can, within the constraints that are put upon me. And I think that until the day I die, I will always be trying to be healthier than I am, and probably never succeed. (Ride-along interview)

At the beginning of the above extract, Max reveals a concern for health that positions him as a good neoliberal subject assuming responsibility for his own well-being (Brown, 2005; Rose

& Miller, 1992). Yet, the rhetoric of balance and moderation which would enable him to take up the position of ‘healthy citizen’ (Robertson, 2006) falls down when the problems of driving long hours for a living enter into his account. In response to these problems, there were certain solutions (e.g., fitting in exercise around work) which the drivers in this study tended to view as unappealing or unacceptable, as the following quote exemplifies:

NC: ok – so thinking about the idea of a healthy lifestyle then, what would that be?

Ray: realistically, exercise, eat right – but it doesn’t always happen in this job anyway. Because most of the time you’re sat down so you don’t really get a lot of exercise. So with the long hours – I mean, a lot of the lads finish work and go to the gym. Stuff that! Especially when you’re finishing at 9 or 10 o’clock at night. You don’t wanna be going in the gym for an hour. Like I said, if I get my early start, I’ll probably join the gym. If I finish at a reasonable time, I’ll go and have an hour in the gym then I can still go home and have some family time. Some of them will say “Why don’t you go in before work?” Stuff that! [laughs] I don’t wanna have a workout then go to work all day. I couldn’t be doing with that. Go and have a workout in the gym for an hour then go and do a 12 hour shift?! I’d rather do it at the end of the day. Not only that, it can help you unwind as well. Beats going home and drinking. Well, I dunno about that actually! (Ride-along interview)

Another prominent theme within the critical men’s health literature is that men often justify their health behaviours with reference to so-called masculine values of rationality and autonomy (Brenton & Elliott, 2014; Gough & Conner, 2006; Sloan et al., 2010). Men are supposed to be measured in their appropriation of media and governmental health messages, adopting a ‘rational’ approach while not making too much of a ‘fuss’ about their health

(Gough & Conner, 2006; Robertson, 2006). Therefore, whilst also upholding their neoliberal moral duty to care about health (Smith, 2013), normative ideals of masculinity suggest that men should not become overly concerned with health in a ‘feminised’ manner; a tension referred to by Robertson (2006; p. 178) as the “don’t care/should care” dichotomy. Linked to this dichotomy, ‘moderate’ attempts to enact healthy lifestyles are often viewed by men as acceptable whereas ‘extreme’ efforts to be healthy are typically constructed as irrational, unnecessary, and over-the-top (Gough & Conner, 2006). Mirroring this perspective, Ray’s comments above highlight the way in which ‘extreme’ solutions to the problems of healthy living were jettisoned by many of the drivers. Whilst gendered notions of ‘being a man’ are not referenced explicitly in the above comments, a discourse of rationality and autonomy can be detected in the structure of his argument which links it to a traditionally ‘masculine’ way of accounting for health behaviours (Gough & Conner, 2006). That is, suggestions that drivers can protect their health by performing exercise before or after work are dismissed as extreme or irrational – as measures beyond which they could reasonably be expected to undertake. As a result, the possibility of exercise is foreclosed and Ray’s discursive positioning is legitimated with a forceful “*Stuff that!*”

Similarly, the constraints of the job were utilised by Gerald to rationalise the exclusion of a physically active lifestyle within a masculine frame of reference. His comments below help to further illustrate how a discourse of rationality and autonomy is exalted above an excessive concern with healthy living:

The lifestyle of the job *dictates* that you don’t do physical activity. That’s why you see so many fat drivers. If I got to the stage of being as fat as some of the drivers at work, I’d start thinking about it. Because I don’t like looking fat. Since I’ve stopped running and cycling I’ve put a stone on. But a stone ain’t that much. Like I said before, I eat what I want. My mum moans about me drinking, but I don’t

give a shit what she thinks! I drink because I like drinking. Not just a social thing, I like the taste of it. My missus moans about fatty things on food, like we had some pork chops on Sunday – she’ll cook them with the fat off. Now I love the fat on pork chops – I’ll eat it all. Might give me a cardiac arrest – do I give a toss? No! I’m gonna die at some point, touch wood it will be when I want it to be, not when the food I eat dictates it. I eat my fruit. I’ve got tomatoes in there, banana, pear.

I’ve got two plumbs as well. (Ride-along interview)

Here, certain health practices such as moderating alcohol intake and avoiding fatty foods are overtly feminised – with two female conveyors of health messages ignored and eating reclaimed as personal choice: “I eat what I want” (Gough & Conner, 2006). In addition, whilst ‘healthy foods’ are referenced at the end of this extract almost as a health ‘disclaimer’, it is notable the bravado and fatalism with which potential health consequences are regarded and a focus on the small immediate pleasures of food and alcohol is emphasised (Savage, et al., 2013).

“Average Man”/ Doing a reasonable job

Perhaps as a way of presenting a respectable moral stance within a discourse of balance and moderation, the drivers typically constituted themselves in the subject position of “Average Man.” As Monaghan (2007) suggested, the concept of average man or “*homme moyen*” is a statistical fiction dating back to the 19th century work of Quetelet. It is also a way of positioning oneself as balanced, middle-of-the-road, and ordinary (Wetherell & Edley, 2014). For the drivers in this study, positioning themselves as average in relation to their fellow workers was a way of acknowledging their limitations while simultaneously upholding their status as good, health-conscious citizens:

There are fit drivers, and there are fat drivers. I might be in the middle, but I could do with losing a few pounds. But I'd do it gently. I'm 53 now so I'm starting to wind down where I can't do jogging, you know, you burn the same amount of calories when you're walking as when you're jogging – just jogging you get there faster. So I keep myself as physically active as I possibly can, as my lifestyle permits and my time permits. (Carl, ride-along interview)

Probably fitter than some, not as fit as others, I suppose. Maybe average, I don't know. I really have no idea how I'd fit into it. I don't think I'd be anywhere near the top, about middle I suppose. C+, haha! (Derek, ride-along interview)

Closely connected to the position of average man, the drivers also emphasised that – despite the constraints of their working lives – they were still “doing a reasonable job” of taking care of their health. This claim was often made on the basis of low level physical activity (e.g., parking ones' car the furthest away from the turnstiles at work or always taking the stairs) that some drivers routinely performed, and/or through maintaining a ‘sensible’ enough diet (Gough & Conner, 2006). The notion of doing a reasonable job is evident in the following quotes, both offered in interviews with drivers in response to the question “on the whole, do you feel as though you take good care of your health?”:

Leon: I like to think I do. You know, I don't go out of my way to run a marathon or anything like that. But yeah, I think I've got a pretty good idea of where I want to get to exercise-wise and fitness-wise and health-wise, I'm ok. I don't know what's going on inside – nobody knows that unless you know, doctors and that – got some sort of artery problems, I don't know. But as far as I know, things are ok. (Ride-along interview)

Luke: no – well, reasonable care. But with a lot of room for improvement. I eat fairly well, but there are several things like getting more exercise, cutting the smoking out, and cutting the drinking down. I think that would do me good.

(Ride-along interview)

One way of interpreting these comments is that they allow the drivers to place themselves in the category of ‘healthy’ based on a lack of visible illness symptoms while also enabling them to construct an image of reasonableness (Gough & Conner, 2006). Furthermore, by positioning themselves as average and as doing a reasonable job, the drivers managed to deflect potential moral criticism of their efforts to fulfil the neoliberal health role because any additional efforts will be deemed *unreasonable* – or even impossible – given the constraints they are under. Employing a reflexive analytical lens, this discursive positioning can also be read as part of the interactional context of the research interviews (Randall & Phoenix, 2009). For instance, the interviewer (NC) was known to the participants as a ‘health psychologist’ or as the ‘researcher from Loughborough’ (an institution locally synonymous with sport and health). As such, the drivers would have been aware of his interests in health promotion and may have been expecting him to impose upon them suggestions or recommendations for developing healthier lifestyles. By adopting the position of “average man” the drivers are therefore able to pre-empt such suggestions which they already believe will be too unrealistic for them to implement. It is perhaps likely then that drivers will draw upon this subject position of “being average” in other health-focused contexts or during interactions with other health professionals as a way of deflecting what they regard as unwelcome or unrealistic expectations regarding health promotion.

Concluding comments

In this paper, we uniquely explored the socio-cultural and discursive features underlying the known problem of lorry drivers' health. Our findings reveal how the social hegemony of neoliberal economic discourse – which emphasises a need for continual productivity and which sustains a long hours culture – acted to constrain drivers' opportunities for enacting healthy lifestyle behaviours. Furthermore, we highlighted the way in which drivers drew upon a men's health discourse of disavowing 'extreme' efforts to be healthy as irrational or unreasonable, despite their inability to adopt a 'balanced' lifestyle within the constraints of their working lives (Gough & Conner, 2006). Rather, they constructed an image of themselves as 'average' and as 'doing a reasonable job' as a way of upholding their moral status and deflecting potential moral criticism over their (unhealthy) lifestyles.

This study paints a different picture than previous work on lorry drivers' health which highlights individual barriers such as lack of knowledge (Passey et al., 2014) and promotes individual solutions such as lifestyle counselling, motivational interviewing, and behavioural self-monitoring (Puhkala et al., 2014; Wipfli, Olson, & Koren, 2013). While such approaches have achieved some moderate success in improving health outcomes for lorry drivers (e.g., Puhkala et al., 2014), our research points towards the wider social determinants of health – rather than individual action and behaviour change – as a key starting point for improving health at the population level (Cranshaw, 2012). Indeed, our findings concur with those of Apostolopoulos et al. (2013) in relation to American lorry drivers, who stated that “the extant organization of commercial vehicle driving immersed within current governmental and corporate policies, creates a work environment that is not conducive to healthful living for U.S. truck drivers” (p. 199). Furthermore, this research supports Whitelegg's (1995; p. 9) key recommendations to the transport industry as a whole which included “the design and implementation of shift patterns and working practices that maximise the time that can be

spent at home and/or the time that can be spent with co-workers” as primary means to improving the health of UK lorry drivers.

Our findings also add to a growing body of critical work highlighting the negative potential consequences for health stemming from the growing political and ideological expansion of neoliberal forms of government (Cranshaw, 2007, 2012; Fairclough, 2010; Navarro, 2007; O’Brien, 2012). Consistent with neoliberal economic policies, a neoliberal discourse constructs all aspects of individual and social life within a primarily economic rationality (Brown, 2005). As entrepreneurial selves, individuals are thus called to become energetic and tireless producers of labour while simultaneously assuming a personal responsibility for managing their health and well-being (Cranshaw, 2007, 2012). A tension therefore develops whereby individuals are held accountable for striving continually to improve their health within a system which makes taking care of their health practically difficult. As such, the problem of health is ironically individualised while the social determinants of health are obscured from view (Cranshaw, 2012).

From a men’s health perspective, our findings highlight a continuing need to steer away from moralistic approaches to health promotion (Glenn, McGannon & Spence, 2012; Gough & Conner, 2006; Monaghan, 2007). Linked to the wider governmental project of neoliberalism, the healthy male citizen is positioned as a “rational, calculating subject capable of making informed decisions and choices” (Cranshaw, 2007; p. 1614), and as morally responsible for self-health promotion (Robertson, 2006). Yet, moralistic approaches to health promotion have been linked to men’s resistance to changing lifestyle behaviours (Monaghan, 2007), with some men emphasising “alternative, rebellious positions, wherein notions of individual choice, pleasure and freedom are cherished” (Gough & Conner, 2006; p. 394). Whether a moralistic rhetoric of health promotion is explicitly intended or conveyed implicitly (e.g., through media messages, managerial discourse, or health promotion

specialists), such an approach places men on the defensive, calling on them to find ways of accounting for their health behaviours rather than supporting them in finding ways of changing their lifestyles.

As was the case in this study, companies can support the promotion of lorry drivers' health by investing in health-promotion programmes targeted toward the specific challenges which lorry drivers face (e.g., Puhkala et al., 2014). Such programmes may include efforts to support drivers in making small changes to increase their physical activity (e.g., by providing them with exercise equipment to use on their breaks and during delays) and in making dietary changes (e.g., by providing healthy packed lunches to take out on the road). Given that there will be no quick solution to the industry-wide problems embedded in drivers' work environments (Passey et al., 2014), such efforts may prove crucial in controlling the health problems associated with driving for a living. Nevertheless, this paper reinforces the need for sustained efforts at cultural change and a focus on the wider social determinants of health as a key step in tackling the known problem of lorry drivers' health (Apostolopoulos et al., 2013; Cranshaw, 2012).

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