

Copyright is owned by the Author of the thesis. Permission is given for a copy to be downloaded by an individual for the purpose of research and private study only. The thesis may not be reproduced elsewhere without the permission of the Author.

**(D)-graded female bodies and the emergence of weight-loss surgery:  
A discourse analysis of narratives relating a precarious moment in the  
medicalisation of women's weight**

**A thesis presented in fulfilment of the requirements for the degree of  
Doctor of Philosophy in Health Sciences**

**at  
Massey University  
Palmerston North  
New Zealand**

**Margret Westwater-Hobbs  
2010**



## **Abstract**

Within the last century, as large bodies came to be regarded as unattractive and deviant, the project of appearance has become entangled in projects of health. In the assumed legitimacy of discourses linking overweight with ill health, alternative understandings of large body size and the possibilities for large-body health have been effectively silenced. Within New Zealand's gendered social order, women in particular experience and enact surveillance and criticism of their bodies from an early age. Those whose bodies do not fit within prescribed norms for health and beauty become (D)-graded large bodies, especially vulnerable to discriminatory practices within consultations and legitimate objects for practice, treatment and experimentation. In the failure of diets and pharmaceuticals to produce 'normal' weight over the long term, some women considered weight-loss surgery (WLS) options.

This thesis traced the spread of WLS within New Zealand and the conspicuous creep of cultural prescription, morality and trade - including Direct-to-Consumer advertising - driving that proliferation. In this thesis, I attend to the problematics of surgeons trading in and promoting experimental and new procedures, especially where these were performed as early-on procedures in private medical arenas. A range of narratives in this account record some of the unexpected, unpredictable, and often adverse outcomes experienced by some WLS patients: Elective weight-loss surgeries were risky procedures and accompanied by significant iatrogenic injuries when surgeons had minimal experience, training and proctoring. WLS patients experienced technically induced eating disorders and multiple surgical and medical interventions, often for little or no long-term weight loss. Informed consent was a legalised ritual that did not protect patients.

In this reflexive, qualitative research project, reports, case material, emails and interviews with 14 doctors and 22 patients were analysed with respect to the power/knowledge relations implicit in them. This critical-health analysis challenges any inevitability of benefits in the wider application of WLS. WLS consultation and practice requires attention to the cultural and trade insistences that limit the parameters

of weight/health and, secondly, to the development of respectful practices of communication and consultation based within a relational ethics of care.

## Acknowledgements

This project is significant for the relationships that built for me in and around this research and I dedicate this research to these important and wonderful people who have sustained me through this long and complex project. I acknowledge the significance of Narrative Therapy to this project and within my life and work; the intellectual and emotional sustenance provided over many years by Johnella Bird, David Epston and my wonderful case consultation groups in Auckland and Wellington – they continue to warm, encourage and sustain me.

I have experienced marked periods of transition in the matter and materials of this research and running alongside these were powerful feelings of connection with, and learning through, a series of significant relationships with supervisors and academics. Professor Jenny Carryer made available her deep insights into weightfull women's experiences of health and well-being and provided overall guidance throughout this project. Doctor Mandy Morgan applied a critical psychological lens to the philosophical foundations of my work. Doctor Kevin Dew and Doctor Suzanne Phibbs contributed a strong, questioning and disciplined sociological lens - Kevin with whom I began this project and Suzanne who sustained me in its later stages. I recall the collegiality of the attendees at my first international conference, the *Talk-in-Interaction on Health*, Perth.

I am humbled by the persistence of important others. My husband updated my technology, wrote poems about my health encounters and encouraged me at breakfasts on Saturday mornings to discuss the thesis. My sister Sylvia introduced me to ABC Health Reports and conversed with me long into the night. Jennifer and George, who breakfasted with me most mornings in the beginnings of this thesis, and have continued to value my work, and encouraged me to persist. My children, Haidee and Logan, their partners, Gregor and Jo, and my grandson, Jamin, have so heartened me through this process with their enthusiasm for life, learning and relationships. I recall the support of the wise women in the Victoria University-based discourse group and some very special mates: Anne, who read and connected with this thesis or sat in my office as quiet company; Jeanie, who shared her own work and knowledge with such generosity over coffee and talk.

I also would like to thank a number of other people: Doctor Michael Humble for his chirpy chivvying and UOW who paid my fees; Sarah and Jacquie who shared the task of transcription with such generosity; and especially, the participants as I interviewed them and who continued to support the research with tidbits of information, connections, great cartoons, and prompted me on occasion to consider my own health.

To all, I say a heartfelt thank-you and go well! Kia ora. Ka kite ano.

### **Special dedication**

This thesis is dedicated to the memory of my firstborn grandson

Dann

Godspeed, little man

Sweet dreams, little man

Oh my love will fly to you each night on angels' wings

Godspeed

Sweet dreams

(Lyrics by the Dixie Chicks)

“The frontiers of a book are never clear-cut: beyond the title, the first lines, and the last full stop, beyond its internal configuration and its autonomous form, it is caught up in a system of references to other books, other texts, other sentences: it is a node within a network” (Foucault, 2002, p.25).

### **Foreword: “Warming the teapot”**

“There are times in life when the question of knowing if one can think differently than one thinks, and perceive differently than one sees, is absolutely necessary” (Foucault, 1990, p.8).

Throughout this project, I expected at least a minimum level of good enough practice both of medicine and of medical ethics and I make no apology for refusing the invitation to applaud practitioners who practised at that level. The weight-loss surgery decisions of participants were made at a time when these technologies were beginning to proliferate in New Zealand. This thesis unintentionally traced the history of these experimental procedures performed as early-on procedures by practitioners with minimal training and proctoring. WLS<sup>1</sup> procedures are radical treatment options: They require best practice in relation to surgery consultation and an assiduous commitment to ethics.

But I am getting to the end before I have begun. This thesis is a project that has taken some years, (and many warming cuppas with my generous colleagues and mates), to reach this point in its production. So much so, that Mansfield’s comment on Forster induced that dreaded second fear “What if” (to an anxiety always present in such a long-term project) “this work never gets finished?” Clearly, it will never be ‘finished’ but it is warmed enough to present without being a ‘finished off’, closed-in project with nothing more to say. As a reader, you may have much to add and I write this introduction in some anticipation of that. I also hope that in letting you know a little about me as the author/researcher, you will view my work as informed by a myriad of positionings open to me as a Foucauldian, feminist, patient, ethicist, parent, citizen... As I raise questions about some of the problematic processes and relationships, I trust

---

<sup>1</sup> Weight loss surgery.



that my account is sufficiently provoking to interest you as reader in some of the questions that surround these modern medical technologies of the self. I ask you to bear with the close attention I pay to focal case material through the data chapters: These were narratives that traced the multiple problems that occurred when radical new technologies were being introduced.

In this introduction, I hope to make you familiar with my style of writing in which my reading/speaking/reflecting are intimately connected. From years of learning and practising as a narrative therapist, I am aware that my choices in speaking and writing are intimately bound within those experiences. As female sexuality is bound with touch, so too do I seek to touch others through the medium of words (Freeman, 1988; Irigaray, 2005). I write to connect with readers; I reach out to make contact with you in ways that establish who I am and where I am from. Through my words, I bridge from what is familiar and local to position this work within its academic heritages. I gather strength through these processes and return to ground the work in ways that provide a useful basis for decision-making in WLS - and any one of the multitude of health projects being made available to patient/citizens in this twenty first century.

In the analysis stages of this thesis, I began for the first time to read material surrounding Carcinoma in situ patients at National Women's Hospital in Auckland, New Zealand. These were sobering readings. New Zealand required a new legislative framework and one eventuated. If New Zealand patients and doctors were applying the lessons from that inquiry, WLS practice would have been exemplary. This was not the case.

## TABLE OF CONTENTS

LIST OF TABLES.....	xvi
LIST OF FIGURES.....	xvii
CHAPTERS 1 TO 5: DEVELOPING A CRITICAL CONTEXT.....	1-116
<b>Chapter one - Introduction and overview: Weight-loss surgery decision-making as a modern medical dilemma</b> .....	1-12
1.1 Introduction.....	1
1.2 Thesis question.....	2
1.3 Thesis argument.....	2
1.4 Developing the thesis focus.....	3
1.5 Thesis outline.....	4
1.5.1 Introducing chapters 1 – 5: Developing a critical context.....	5
1.5.2 Introducing data chapters 6 to 7: Analysing narratives of weight and weight-loss surgery options.....	7
1.5.3 Introducing data chapters 8 to 10: Analysing practice in the wake of weight-loss surgery.....	9
1.5.4 Introducing chapter 11: In discussion and reflection.....	11
1.6 Restating the thesis argument.....	12
<b>Chapter two – The context and significance of science, medicine and law for weight-loss surgery decision-making</b> .....	13-44
2.1 Introduction.....	13
2.2 Governmentality and medicalisation.....	14
2.3 Weaving the threads of Psy through medicine and trade: Surfacing bio-politics.....	17
2.4 Medicine as commerce.....	20
2.4.1 Constructing obesity: Health, trade and governmentality.....	21
2.4.2 Marketing weight loss surgery in a DTCA environment.....	23
2.5 Moving to protect the patient.....	26

2.5.1	The science of law and the science of medicine.....	27
2.6	Coding professionalism: Ethics and consent.....	29
2.7	The autonomous patient as a limited conception.....	33
2.8	Problematizing informed consent.....	35
2.9	The provision of patient care in New Zealand: The Cartwright Enquiry.....	37
2.10	A legislative framework for medical care in New Zealand: After Cartwright.....	39
2.11	Some critical commentary on legislation for protection of patients in New Zealand.....	42
2.12	In reflection and moving on.....	43
<b>Chapter three – Weight(y) discourses.....</b>		<b>45-69</b>
3.1	Introduction.....	45
3.2	Discoursing weight for health in New Zealand.....	45
3.3	The weight loss surgery experiment: Modern miracle or incipient calamity?.....	48
3.4	Insalubrious weightfull women bodies.....	52
3.5	Women, weight and health projects.....	57
3.5.1	Women and weight loss surgery projects.....	57
3.6	Encultured medical consultations.....	59
3.6.1	The exercise of power in clinical encounters.....	62
3.6.2	Discrimination in the clinic.....	65
3.7	In reflection and moving on.....	68
<b>Chapter four – Methodology.....</b>		<b>71-88</b>
4.1	Introduction to methodology.....	71
4.2	Research orientation.....	72
4.2.1	Bricolage.....	73
4.2.2	Transdisciplinary research into weight-loss surgery (WLS) decision-making.....	76
4.3	Introducing the elements of my purposeful bricolage.....	78
4.3.1	Introducing the author in the text: An interested objectivity.....	79

4.3.2	Post-structuralist feminist research: Our bodies .....	80
4.3.3	Speaking our stories.....	83
4.3.4	A genealogy of narrative in the development of a research approach.....	84
4.4	Engaging with transitions and disconnections: Writing and research.....	88
4.5	In reflection and moving on .....	89
<b>Chapter five – Methods: Extending methodology.....</b>		<b>91-116</b>
5.1	Introduction.....	91
5.2	Ethics.....	91
5.3	Data and technologies of recording and transcribing.....	95
5.4	Who were the participants?.....	97
5.4.1	Recruiting the women participants.....	97
5.4.2	Recruiting the doctor participants.....	98
5.5	Data gathering.....	98
5.5.1	The first stage of data gathering.....	98
5.5.2	The second stage of data gathering.....	99
5.6	Conversational interviewing in the gathering of stories.....	100
5.7	Complexities in narrative tellings.....	105
5.8	The analysis.....	106
5.9	Critique and the Foucauldian analysis of discourses.....	107
5.10	Framing the analysis of the thesis argument.....	109
5.11	Reflexivity.....	110
5.12	Grappling with methodological issues.....	112
5.12.1	Naming weight without defining or stigmatising overweight.....	112
5.12.2	Relating with participants.....	112
5.12.3	Representation and the use of key participants.....	113
5.12.4	Resisting a takeover by the dominant voice.....	114
5.12.5	Focus and title for the research.....	114
5.13	Consulting the texts and writing up the thesis.....	114
5.14	In reflection and moving on.....	115

## CHAPTERS SIX AND SEVEN: NARRATIVES OF WEIGHT

### AND THE WEIGHT-LOSS SURGERY CHOICE.....117-173

#### **Chapter six – Narrating embodied weight.....117-142**

6.1	Introduction.....	117
6.2	Engendered-slender, female bodies.....	118
6.3	Mothers and daughters.....	124
6.4	Reading the population story and living the risky life.....	129
6.5	Rituals of weight loss.....	133
6.6	Weight and consultation.....	136
6.7	Discussion.....	141

#### **Chapter seven – Narratives of weight-loss surgery**

##### **decision-making.....143-173**

7.1	Introduction.....	143
7.2	Chance and variability in weight-loss surgery decisions.....	144
7.3	Surgeon traders.....	148
7.3.1	Dr M1.....	148
7.3.2	Dr M2.....	151
7.4	Agency: Responding to weight-loss surgery options.....	153
7.4.1	Forgoing WLS.....	154
7.4.2	Choosing WLS.....	156
7.4.2.1	Media presentations.....	156
7.4.2.2	Family, friends and the Internet.....	159
7.4.2.3	The “hailed” WLS patient.....	161
7.4.2.4	Framing slim as healthy.....	163
7.5	Choosing the procedure.....	165
7.5.1	Availability.....	165
7.5.2	Intrusiveness, reversibility and costs.....	166
7.6	Pre-operative consultations in decision-making.....	167
7.7	Discussion.....	171

**CHAPTERS EIGHT TO TEN: ANALYSING PRACTICE  
IN THE WAKE OF WEIGHT-LOSS SURGERY.....175-254**

**Chapter eight – Living the surgery fix.....175-204**

8.1	Introduction.....	175
8.2	The early post-surgery patient.....	176
8.2.1	Understanding the significance of weight-loss surgery.....	176
8.2.2	Focus on food and weight loss.....	177
8.2.3	Medical care in the community.....	178
8.3	Gastric laparoscopic banding.....	179
8.3.1	Gains and losses.....	179
8.3.2	Pre-surgery and early post-surgery weight loss.....	180
8.3.3	Tethered: inflating and deflating.....	180
8.3.3.1	Early inflations.....	181
8.3.3.2	Timing of inflations.....	182
8.3.3.3	Problems with the mechanism.....	183
8.3.4	Reflux and the spectre of slippage.....	185
8.3.5	The new diet imperative: Healthy options or manageability.....	188
8.3.6	Patients: Changing cognitions in adapting to disappointing outcomes.....	190
8.3.7	Surgeons: Changing cognitions in adapting to poor outcomes.....	191
8.3.8	Consulting disappointing outcomes.....	192
8.3.9	Discussion.....	193
8.4	Gastric bypass.....	195
8.4.1	Gains and losses.....	195
8.4.2	Chucking, dumping and shedding.....	196
8.4.3	The post-bypass diet.....	198
8.4.3.1	Shona: Disordered eating following gastric bypass.....	199

8.5	Discussion.....	201
<b>Chapter nine – The questioning patient.....</b>		<b>205-223</b>
9.1	Introduction.....	205
9.2	The telephone consultation and the question of recording.....	207
9.2.1	Discussion: Telephone consultations and taping consultations.....	212
9.3	The voided contract.....	213
9.3.1	Discussion: Termination of consultation relationships.....	216
9.4	The meaning of tears in the consulting room.....	217
9.4.1	Discussion: Attending to needs in consultation.....	220
9.5	Discussion.....	221
<b>Chapter ten – Weight-loss surgery consultations: The failure of informed consent.....</b>		<b>225-254</b>
10.1	Introduction.....	225
10.2	The first Australasian transected bypass: Patient B.....	227
10.3	A surgeon’s first revision, lapband to laparoscopic bypass: Rosie.....	228
10.4	Switching or cancelling procedures: SusieB.....	231
10.4.1	Changing procedures: ParticipantR.....	236
10.5	Telling stories or speaking rhetorically: Michelle.....	236
10.6	Problematising informed consent: The anaesthetised body.....	238
10.6.1	In the case of Rosie’s bypass.....	238
10.6.2	Without incident: Questioning the objectivity of theatre notes.....	239
10.6.3	Open-to-view: Performing the anaesthetised body.....	241
10.7	Surgeon agendas in weight-loss surgery.....	243
10.7.1	Fat bodies in the service of surgeon up-skilling.....	243
10.7.2	Fat bodies in the service of medical trades.....	248
10.8	Discussion.....	251
<b>CHAPTER ELEVEN: REVISITING WEIGHT-LOSS SURGERY</b>		
<b>DECISION-MAKING AS A MODERN MEDICAL DILEMMA.....</b>		<b>255-276</b>
11.1	Introduction.....	255

11.2	Researching women, weight and health.....	257
11.3	Ethical practice and the trade in weight-loss surgery.....	258
11.4	Consulting weight-loss surgery.....	261
11.5	Injury in the context of treatment.....	264
11.6	Implications for the future: Focus on weight, health and intervention.....	266
11.7	Highlighting opportunities, dilemmas and limitations in this research.....	270
11.8	Suggestions for further research.....	273
11.9	Moving on.....	274
<b>REFERENCES.....</b>		<b>277-366</b>
<b>APPENDIX 1:</b>	Weight-loss surgery procedures.....	367-369
<b>APPENDIX 2:</b>	Glossary of abbreviations.....	371
<b>APPENDIX 3:</b>	Correspondence: Ethics committee.....	373-379
<b>APPENDIX 4:</b>	Correspondence: HDC.....	381
<b>APPENDIX 5:</b>	A genealogy of the thesis through presentations.....	383-391
<b>APPENDIX 6:</b>	Invitation to participate in research: Women.....	393-394
<b>APPENDIX 7:</b>	Information sheet for participants.....	395-397
<b>APPENDIX 8:</b>	Details of data collection by participant.....	399-403
<b>APPENDIX 9:</b>	Invitation to participate in research: Doctors.....	405-406
<b>APPENDIX 10:</b>	Consent form.....	407-408
<b>APPENDIX 11:</b>	Interview schedule.....	409-411
<b>APPENDIX 12:</b>	Table 3 - Weight loss (approximate) by procedure for participants who proceeded to surgery.....	413-415
<b>APPENDIX 13:</b>	Table 4 - Reported side effects and benefits by surgeries and participants.....	417-424



## List of Tables

<b>TABLE 1</b>	Women participants, detailing data collection, Appendix 8.....	399-401
<b>TABLE 2</b>	Doctor participants, detailing data collection, Appendix 8.....	402-403
<b>TABLE 3</b>	Weight loss (approximate) by procedure for participants who proceeded to surgery, 1999-2007, Appendix 12.....	413-415
<b>TABLE 4</b>	Reported side effects and benefits by surgeries and by participants, Appendix 13.....	417-424

## LIST OF FIGURES

<b>FIGURE 1</b>	Transcript from interview with SusieB, including reflection.....	103
<b>FIGURE 2</b>	Example from analysis mapping for Michelle’s emails.....	106
<b>FIGURE 3</b>	Transected silastic ring gastric bypass (Fobi pouch).....	367
<b>FIGURE 4</b>	The gastric lapband.....	369