

Weighing in on YouTube: Two women's experiences of
Weight Loss Surgery

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ABSTRACT

Weight loss surgery (WLS) is an increasingly popular ‘choice’ and/or ‘solution’ to the avowed problem of ‘obesity’. This thesis explores two women’s encounters of WLS alongside and against a variety of theoretical resources including Foucauldian feminist accounts of ‘fat’, bodies and subjectivities, and theories of embodiment. I draw on narratives derived from Thebandinme and Divataunia’s YouTube vlogs (video blogs) to examine what WLS offers as a mode of being in the world through discourse analysis. In these vlogs, the women have kept a record of their ‘journey’ both pre and post-WLS. These testimonies afford multifaceted and rich insights into the lives and ‘selves’ of these women. I examine the meanings WLS holds for the women and the ways in which my chosen subjects take up, re-work and negotiate the operating discourses around what it means to be a subject, in ‘control’ and what is ‘normal’. The testimonies highlight the women’s nuanced negotiations of discursive formations and describe the ways in which WLS contours embodied subjectivity. The embodied, ‘new’, controlled and normal subjectivities that WLS facilitates for Thebandinme and Divataunia across their WLS journey are the focus of this thesis. I draw on the notion of embodied subjectivity to explore the way weight shapes the subject positions the women occupy across their WLS journeys. I interrogate the idea of control and healthism, and its neo-liberal roots, and examine the ways in which the women understand what it means to be in and out of control. The various ways the binary of normal and abnormal is employed by the women in their vlogs as well as by other people, medical institutions and existing norms such as clothing size are considered. These subject positions are fluid, meaningful, interwoven, multiple and contradictory. Rather than an ‘either/or’ analysis, that is either liberatory or subjugating, of WLS, the women’s narratives illuminate the complex, nuanced, contradictory responses to dominant discourses around WLS, weight and fatness. There is

also reflexivity around how and why they ‘should’ enact particular weight loss practices in the contemporary anti-fat climate. From this thesis, three conclusions can be drawn. Firstly, WLS is an ongoing project for Divataunia and Thebandinme. Secondly, dualisms seem to be rather inadequate vehicles to explain the complexity of Divataunia and Thebandinme’s experiences of WLS. And thirdly, the vlogs would appear to be useful sites through which to examine women’s construction of subjectivity.

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Chapter one: WEIGHING IN

And I know a lot of people struggle with that, even when they reach their goal when they look at themselves they still identify as a fat person. Or they still see fat and they still want to lose more. I don't want to be in that position. I really want to be happy when I'm down to like 160 or 140 [pounds], wherever I'm going to feel comfortable. I want to be ok with that. I'm having a lot of problems feeling insecure needing validation from people, way more than usual. Because normally I'm such like a 'whatever, I am who I am, deal with it' kind of person. And now it's like I'm changing so much that I'm like who am I? Am I confident being who I am now 'cause I don't even know where I stand, I'm changing, I'm feeling different, feeling more confident in a lot of ways, my ego is swelling a little bit but also at the same time I don't know who I am, I don't know if I feel good about myself but I guess that is the journey (Thebandinme, 2007, July 30).

This passage is from Thebandinme's video 'Surgery Blog Update! 14 days after surgery - PART D' and she is one of the many women and men 'vlogging' - video blogging - about their weight loss surgery (WLS) 'journeys' on the video sharing website YouTube. Bariatric surgery is the medical term used to describe a variety of surgeries including gastric banding, gastric bypass and gastric sleeve and more popularly all these techniques are referred to as WLS¹. Thebandinme is one of the two women whose vlogs I have chosen to draw on as 'data' for my research on experiences of WLS. My interest in these women's stories was sparked when I stumbled across them on YouTube one afternoon. Intrigued to understand the impetus that would motivate sharing such personal information on one of the most public spaces possible, I thought that it would make for a unique and interesting research project.

The above excerpt encapsulates some of the central themes investigated in this thesis: collective experiences and identities, embodied subjectivity, construction of self in relationship to others, norms, dualisms, control, fixed identities and the idea of a journey. The testimonies highlight the women's nuanced negotiations of discursive formations and describe the ways in which WLS contours embodied subjectivity. The vlogs are an act of self-presentation and a means to constitute the self. They illustrate the complexity, fluidity and relatedness of the aforementioned themes.

¹ Throsby (2010) notes that WLS is not necessarily inducing of weight loss.

My study aims to explore two women's encounters of WLS, through their YouTube vlogs, alongside and against a variety of theoretical resources. Divataunia and Thebandinme, whom I introduce in detail in the following chapter, are two women who have kept a consistent record of their journey both pre and post-surgery through YouTube vlogging, offering multifaceted and rich insights into their lives and 'selves'. The overarching aim of this thesis is to examine subjectivities and how these are performed and constituted in relation to others, and the contexts and wider discourses around weight and WLS. More specifically I am interested in the meanings the surgery holds for these women and the ways in which my chosen subjects take up, re-work and negotiate these discourses and what this means for the way they understand and talk about their bodies and weight. Theoretically my work is informed by Foucauldian conceptualisations of subjectivity and discourse as well as Merleau-Ponty's work on embodiment. The concept of embodiment is central to any examination of subjectivity, and especially so in this study which seeks to understand what it means to be a subject in relation to bodies and weight. This work is feminist in orientation as it focuses on women and draws on literature that is underpinned by feminist principles.

In this chapter I offer a nuanced look at the social context in which these women engage with WLS. In doing so I aim to situate my research within relevant bodies of literature and provide a rationale for my study. I conclude by outlining the research questions guiding this project and the structure of this thesis.

The context

The following section discusses the broader context shaping these women's orientations to their bodies. In addition it critically reviews literature of relevance to this thesis and identifies the gaps in research and where my work endeavours to contribute. Rather than undertaking a literature review, I intend to foreground some key scholarly work here and draw on others throughout this thesis.

Neo-liberalism and healthism

Shilling (2003) writes that in an era where our health is increasingly perceived as at ‘risk’ from global dangers, and especially those linked to excess ‘fat’, we are “exhorted ever more to take *individual* responsibility for our bodies by engaging in strict self-care regimes” (p. 5, emphasis in original). This individualist notion of health, known as healthism, developed from concerns of neo-liberal governments about population health and the economy (Leahy & Harrison, 2004). Neo-liberalism is a “form of political rationality that reactivates liberal principles” replacing welfare interventionism (Petersen, 1997, p. 194). Healthism hails the individual to self-govern in order to protect one’s self from risk thus lessening the health care burden on societies (Petersen, 1997).

Beck (1992) sees new divisions being created, linked to the choices one makes about avoiding (or not) risk. For example, risk-taking behaviours are increasingly associated with poor, ethnic and ‘deviant’ populations, namely those with excess fat (Evans, Evans & Rich, 2003). Further, to engage in risky behaviours is seen as irrational and irresponsible (McDermott, 2007), implying “that good health is something within our power to achieve if only we exercise prudence, discipline, and control of our impulses” (Benson, 1997, p. 123). Assumptions about the perceived risks attenuated to excess weight generate a moral panic which in turn drives solutions premised on surveillance and treatment and an understanding that interventions relating to body shape, size and fatness are crucial (Evans, Evans & Rich, 2003). WLS is positioned as the ultimate solution to ‘obesity’ when other interventions such as weight loss drugs have failed (Throsby, 2009a).

The emergence of the ‘new public health’ and its associated practice, health promotion, gives greater emphasis to the role of the healthy and responsible citizen in creating a healthy society (Petersen, 1997; Lupton, 1995). According to Petersen and Lupton (1996):

... everyone is being called upon to play their part in creating a ‘healthier’, more ‘ecologically sustainable’ environment through attentions to ‘lifestyle’ and involvement in various collective and collaborative endeavours. All these concerns, expectations and projects come together in, and are articulated

through, an area of expert knowledge and action that has come to be known as ‘the new public health’ (p. ix).

Contemporary forms of welfare increasingly call upon individuals to provide for their future health and safety (Nettleton, 1997). Lupton (1995) contends that:

... while the rise in public health and health promotion in western countries has been associated with improvements in health status at the population level, the discourses and practices of these institutions have also worked to produce certain limited kinds of subjects and bodies (pp. 4-5).

Thus, according to new public health discourses undergoing WLS is the ‘right’ thing to do. However there are competing interpretations of engaging with WLS that I explore later in this chapter.

Obesity epidemic thinking and practices

This research takes place at a time when the obesity problem has gained significant purchase throughout the affluent Western world. While there is much evidence pointing to the lack of veracity upon which claims of an ‘obesity epidemic’ are based (see Gard & Wright, 2005), there is still a burgeoning concern in academia – specifically within the discipline of Physical Education - and within professional, governmental and popular media, regarding the health of New Zealanders (e.g., Hancox, 2005; Hill, 2009; Ministry of Health, 2004; Stein, 2007; Tyrrell et al., 2001), particularly given our recent status as the “third-fattest nation” in the world (Eleven, July 13, 2009, p. A1). Saguy and Riley (2005) suggest the use of the term ‘obesity epidemic’ arose as a metaphor that described changes in obesity prevalence and that currently it has undergone an ontological shift from metaphor to fact.

WLS is an increasingly popular ‘choice’ and/or ‘solution’ to the avowed ‘problem’ of obesity. Indeed, in some quarters WLS is being touted as the last resort treatment and the only permanent solution to this problem (e.g. Buchwald, 2004; Throsby, 2009a). WLS aims:

... to limit the body’s ability to consume and/or absorb food through the restriction of stomach capacity and/or the shortening of the intestine. It carries risks of a panoply of chronic side-effects and complications (varying across

different surgeries), including infection, malnutrition, vomiting, diarrhoea, digestive and intestinal problems, and in a relatively few cases, death (Ackerman, 1999), and is premised on a risk calculation that relies upon the unacceptability of the fat body and the equation of fatness with mortally dangerous ill-health (Throsby, 2007, p. 1563).

While it is not the purpose of this study to examine the physical intricacies of the various types of WLS, the different types of WLS that the women in this study have experienced are discussed in chapter two.

According to Dr Richard Stubbs, a leading New Zealand bariatric surgeon, “bariatric surgery is now the most common procedure in the United States - 200,000 patients a year, and growing 20 per cent per annum” (Hill, 2009, p. D1). New Zealand figures show the number of publicly funded WLS operations completed in 2008/09 was 233, more than three times the number for 2006/07. Another 400 surgeries were paid for privately (Hill, 2009, p. D1). The Ministry of Health is considering increasing public funding to “surgically treat 0.5 per cent of the morbidly obese population annually”, translating to about 915 operations per year (Hill, 2009, p. D1). This consideration of increasing public funding is indication of WLS being recognised as a ‘cure’ to obesity in public health realms.

Obesity itself is not a diagnosable disease; its status as a disease is contingent on the correlations with various illnesses (Ross, 2005). Jutel (2006) researched the use of the noun overweight in the Pubmed database and concluded that overweight is a state which may have been seen as a cause for concern; however, the use of the term in the media, the medical establishment and among laypeople has transformed the term, constructing overweight as a disease status. While overweight is a description of someone’s weight, not of a disease entity, the disease status has important consequences for the sufferer because their daily social reality is modified (Jutel, 2006). “Body prejudice” and “widespread denigration of fat people” is still a socially acceptable form of discrimination (Samantha Murray, 2010, para. 1). Growing stigmatisation and cultural abhorrence of fat around overweight and obesity can be attributed to scientific research as it, in effect, rationalises the judgement and makes it acceptable to

stigmatise fat people because it is good ‘for their health’ (Gard & Wright, 2005; Saguy & Riley, 2005).

In Western contemporary contexts health is predominantly regarded as something that is located within the body, with weight and size functioning as visual ‘markers’ of a healthy or unhealthy ‘self’ (Kirk & Colquhoun, 1989). Thus, in order to achieve health one must work on the body to alleviate risks of becoming too ‘big’ or too ‘heavy’ (Lupton, 1995). Consequently the overweight body is seen as unhealthy as it is at greater risk of disease. Implicit in this discursive framework is the notion of an ‘ideal’ weighted and shaped body. Evans, Evans and Rich (2003) maintain that the health industry, schools and government agencies fully embrace this ideal in their acceptance and utilisation of Body Mass Index² (BMI). BMI has been said to be almost useless as a measure of fatness in individuals as well as in populations, and it is recommended that caution must be exercised regarding statistics on obesity derived from BMI (Evans, 2003; Evans, Rich & Davies, 2004; Gard & Wright, 2005; Johns, 2005; Ross, 2005; Kirk, 2006). Despite the flawed nature of BMI it is employed around WLS to determine eligibility and is embraced by patients as indicative of their weight loss.

Campos situates the growing panic around obesity socially. As he suggests, “ultimately, the current panic over increasing body mass has little to do with science, and everything to do with cultural and political factors that distort scientific enquiry” - factors such as greed and cultural anxieties about social overconsumption (Campos, 2004, p. 20). Obesity and the obesity epidemic is constructed as a tale of sloth and gluttony with moral overtones which is framed by public health discourses as people refusing to do what is good for them

² Population studies often use BMI as a measurement of obesity and/or overweight but this tool does not account for the variations in percentages of body fat for an identical BMI between different ethnic groups, between different human bodies such as amount of muscle tissue, or natural age related changes in body composition (Ross, 2005). Another problem with BMI is that the definitions of ‘overweight’ and ‘obesity’ have changed dramatically over time, highlighting the arbitrary nature of BMI. Consequently the changes have rendered many obesity tracking measures invalid and declared a large amount of people as overweight and obese (Ross, 2005). The terms ‘overweight’ and ‘obesity’ are often viewed as the same in reporting of obesity prevalence when actually they are very different things (Jutel, 2006; Ross, 2005). Ross (2005) suggests that the changed BMI ranges and the conflation of weight terminology could explain the dramatic changes in prevalence of obesity that has occurred in the last decade.

(Evans, Evans & Rich, 2003; Evans, Rich & Holroyd, 2004; Fullagar, 2002; Gard & Wright, 2005; Saguy & Riley, 2005).

Medicalisation of fat

Underpinning obesity epidemic thinking is an assumption, shared by the World Health Organisation (WHO), that obesity is a medical, financial and social problem threatening individual, national and global well-being (Throsby, 2007). Ross (2005) states that:

... modern medical discussions of obesity are not entirely based on recent evidence as claimed by the WHO but are coloured by our collective cultural prejudices that personal sinfulness and irresponsibility are responsible for obesity (p. 95).

The language of medicine turns fatness into a pathology, obesity into an epidemic, and fat people into social and moral deviants who are seen as literally embodying their failings (Samantha Murray, 2008a). Throsby (2009b) discusses how the WLS patients she interviewed sought to medicalise fat in order to justify and normalise WLS as the appropriate medical response.

Samantha Murray (2008b) problematises the popular understandings of the fat body and re-conceives it “as a site of numerous discursive intersections, the effect of normative feminine beauty, health, gendered (hetero)sexual appeal, self-authorship, moral fortitude, fears of excess, and addiction” (p. 9). Medical narratives bring these normative body discourses together under the ontological umbrella of the ‘obesity epidemic’. “It is increasingly difficult, if not impossible, to separate medical constructions of the ‘healthy’ female body from the cultural standards of the attractive one” to which I now turn (Samantha Murray, 2010, para. 1).

Beautiful bodies, healthy bodies

Healthism and escalating social and medical concern surrounding obesity inform what Petersen and Lupton (1996) term the ‘cult of the body’. Stemming from the phrase the ‘cult of

slenderness', the cult of the body is characterised by an importance on physical appearance and size as an indicator of worth (Tinning & Glasby, 2002) while obesity and healthism discourses emphasise the disease status of a body which is manifested in one's appearance. Here we can observe an intersection of a beauty imperative *and* a health imperative linked to the slender body. "The body has become a crucial means by which the individuals can express publicly such virtues as self-control, self-discipline and will-power" (Petersen & Lupton, 1996, p. 25). In failing to achieve these desirable qualities one is regarded as:

... lazy, self-indulgent and greedy. The corollary of this, of course, is that control, virtue and goodness (an anorexic mantra) are to be found in slenderness and the process of becoming thin (Evans, Evans & Rich, 2003, p. 225).

The confluence of these discourses foregrounds the self-disciplining subject as ideal and reifies the cult of the body as the only acceptable way of being in this context. From her research into cosmetic surgery, Wilson (2005a) argues that we embody beauty imperatives "via increasingly extreme forms of body upkeep and intervention, we carve cultural beauty imperatives into our flesh transforming our morphology into a cultural sign" (p. 211).

Bodies as projects

The discursive context shaping women's orientations to their bodies is one of dominant medical/public health discourses, discourses of feminine beauty and moral narratives (Samantha Murray, 2008a). There is an assumption pervasive throughout the prevailing discourses that the self/body can and should be continually worked on to achieve a state of health (read: thinness). "Bodies are a means for self-expression, for becoming who we would most like to be" (Davis, 1997, p. 2) and therefore in the affluent Western world we seemingly should always be in a process of becoming (LeBesco, 2004). Bodies are understood as "a *project* which should be worked at and accomplished as part of an *individual's* self-identity" (Shilling, 2003, p. 4, emphasis in original). Scholars argue that the body is hyper-

visible, even more so for the fat body for a number of reasons including “its mass in relation to the thinner bodies that surround it” (Samantha Murray, 2005, p. 157).

Intensifying these beliefs is the historic notion that the body - its shape, surfaces, size - is taken to be representative of inner self (Shilling, 2003). The socially ascribed meanings of fat are able to be ‘read’ from one’s body as confessing the ‘truth’ about a subject, that is, lazy, self-indulgent and greedy (Grosz, 1995). In interpreting bodies for the ways they speak:

... we rely on (and are compelled by) a liberal humanist (and necessarily, individualistic) logic that ignores the fundamental intercorporeality of our being-in-the-world, to instead insist that bodies are an external expression of an *inner-self* (Samantha Murray, 2009, p. 79, emphasis in original).

As Samantha Murray succinctly puts it, “in short, the fat body is discursively constructed as a failed body project” (2005, p. 155). Orbach (2009) notes there is a belief that we can and must work to transform our bodies as a personal project creating a site of dissatisfaction which can be overcome, particularly the fat body. Implicit in obesity discourses is a belief that the obese body not only *can* be worked on but a moral imperative is implied that such a body *should* be worked on.

Where discourses of health, obesity and the cult of the body prevail the body is construed “as an object to be healthfully improved, rather than the subject of complex self-shaping experiences” (Fullagar, 2002, p. 73). It is impossible to know one’s body outside of the context that contours the way we understand weight, bodies and health. Evans, Evans and Rich (2003) contend that discourses of slenderness become entrenched in the pedagogical field indirectly through obesity discourses as they promote a culture of perfection and an avoidance of being overweight. The pedagogies of health, professed to help with the body project, are no longer things that happen solely in schools and now saturate our environments through media and the internet (Miah & Rich, 2008).

Consequences of a failed body project

The confluence of discourses of risk, healthism, the cult of the body and the new public health influences how we come to understand our bodies and also helps to explain the alarmist responses directed towards ‘fat’ bodies. Particular attention is paid to female fat bodies as they are perceived in this climate as a threat to the moral order and to the normative female beauty aesthetic (Samantha Murray, 2008a, Wilson, 2005b). Accordingly I have shaped this project to focus on women.

“Despite growing dialogue about body diversity, overweight and obesity increasingly are interpreted as unattractive, downwardly mobile, not physically or emotionally healthy, and lacking in body and self control” (Rice, 2007 p. 158, Bordo, 1993; LeBesco, 2004). To repeat the apt quotation “in short, the fat body is discursively constructed as a failed body project” (Samantha Murray, 2005, p. 155) and accordingly something must be done. In Divataunia and Thebandinme’s cases that something is WLS. WLS is interpreted by Wilson (2005b) as a cultural phenomenon that has emerged as a result of a climate of fat abhorrence. Similarly, “WLS can, in many ways, be seen as the apotheosis of the characteristics of the ‘war on obesity’” (Throsby, 2007, p. 1563).

Fat activism and acceptance movements

As a response to the aforementioned climate of fat abhorrence and medicalisation, fat activism and acceptance movements emerged. There is not one universally shared set of values for fat acceptance movements. The dominant organisations in this movement are National Association to Advance Fat Acceptance (NAAFA), Health At Every Size movement, International Size Acceptance Association (ISSA) as well as many online groups, blogs and individuals. Each has its own beliefs about how to best achieve fat acceptance however the overall goal of the movement is one of ending size discrimination and embracing body diversity. Many fat activists posit that acceptance implies that fat is something negative that

one must come to terms with and instead argue that fat should be celebrated in its many forms and through a wide range of activisms (e.g. Cooper, 2010a, 2010b; Fat Femme Front, 2010). Samantha Murray (2008a) critiques fat acceptance politics for the reliance on “unworkable liberal politics of the individual” that do not address the intersubjective experiences of our being-in-the-world (p. 180). There is a dual humanist logic separating mind and body that is implicit in the fat pride movement’s encouragement to “just change your mind about your body” and ignore the pervasive ‘cult of slenderness’ (Samantha Murray, 2008a, p. 108). Samantha Murray rightly points out that we are unable to simply switch off from and ignore the discourses that constitute our very being.

Bolstering the activism these groups endorse is a critical body of literature that challenges obesity epidemic thinking and practices (e.g. Evans, 2003; Evans, Evans & Rich, 2003; Evans, Rich & Davies, 2004; Fullagar, 2002; Gard & Wright, 2001, 2005; Johns, 2005; Kirk, 2006; Saguy & Riley, 2005; Wright & Burrows, 2005). Intersecting with the above works is the recent but rapidly emerging field of fat studies. My research builds upon and draws on a body of critical scholarship in the sphere of fat studies (e.g. Cooper, 1998; Herndon, 2002; LeBesco, 2004; Samantha Murray 2008a, 2008b, 2010; Probyn, 2008, 2009; Rice, 2007; Throsby, 2007, 2008, 2009a, 2009b; Wilson, 2005b) to offer a unique investigation into a hitherto unexamined phenomenon of individuals vlogging about their WLS journey.

Fat acceptance groups have roundly condemned WLS (Throsby, 2007; Wann, 2005; Wilson, 2005b).

However, the categorical repudiation of WLS adopted by many size activists (see, for example, Wann, 1998) renders those who choose to engage with it as either active collaborators in anti-fat ideology, or as its victims: a model which overlooks the complexity of the embodied experience of obesity, and which equates resistance with refusal in ways which overlook the acts of resistance at the micro-level of everyday interaction. It is by looking at individual accounts that it becomes possible to observe the ways in which the participants strategically mobilise and resist the dominant discourses of the ‘war on obesity’, even while engaging with some of its most dramatic interventions (Throsby, 2007, p. 1563).

To read individual's choices to have WLS simply as a response to ideals of slenderness would be naïve. There are multiple competing body knowledges and numerous ways of being that contour any decision to undertake WLS and it is these that I explore in the ensuing analysis.

Previous research on WLS

With regard to previous research on WLS there is surprisingly little derived from a 'social' perspective. What research I have been able to unearth draws predominantly on psycho-social and/or socio-cultural theories. From a psychological perspective Ogden, Clementi and Aylwin (2006) interviewed 15 'obesity surgery patients' both male and female. They found control was a central theme as well as:

... personal weight histories; the decision-making process, which involved general motivations such as worries about health and specific triggers such as symptoms; the impact of surgery on eating behaviour and their relationship with food; the impact of weight loss on health status, self-esteem and relationships with others (Ogden et al., 2006, p. 273).

This study will be discussed in-depth in chapter four.

In a mixed media analysis of how WLS is portrayed, Wilson (2005b) concludes that the media, which exhorts us to be thin at all costs, nevertheless chastises WLS and characterises it as the easy way out, effortless and a quick fix, in harmony with the categorisation of fat people as lazy. This study informs my broader understanding of the discursive context in which the women are engaging with WLS.

Karen Throsby (2007, 2008, 2009a, 2009b) also writes in the area of WLS and draws on Foucaudian feminist accounts of fat. Throsby (2007) examines how people "who have turned to surgery in order to lose weight, account for their size" (p. 1569). Throsby (2007) concludes that:

... in order to resist the construction of their fatness as an individual moral failure they draw on the discourses of the fat prone body, childhood weight gain and life events disrupting weight management efforts (p. 1561).

The women in my study indeed offer accounts of their weight and this work will offer points for comparison as well as contrast.

In another of Throsby's articles (2008) she discusses the concepts of the "the New (real) me" or "happy re-birthday" that are employed by her interview participants and the online WLS discussion forums she reads regularly (p. 118). Throsby (2008) uses the online discussion forums as a "valuable source of background information, but these have not been the subject of systematic analysis" (p. 121). In this project, I draw on the YouTube vlogs as my principal source of data. Throsby (2008) puts forward that the 'slippery' notion of 'the new me' "can be mobilized to normalize the surgical intervention and rebut accusations of having 'cheated'" positioning themselves as subjects rather than as vilified objects of as, Throsby terms it, the 'war on obesity' (p. 130). Participants identified WLS as a tool that enabled them to "exercise the normatively prescribed vigilance over diet that had previously eluded them", normalising WLS compared to other weight loss means (Throsby, 2008, p. 120). Throsby (2008) concludes that WLS produces:

... new forms of bodily vigilance and self-surveillance that are particular to WLS, and which have to be incorporated into the disciplinary work of producing and maintaining the reborn 'new me' (p. 120).

This article informs my work as the concepts of re-birth and new beginnings resonate with the narratives of the women on YouTube. Building on Throsby's discourse analysis of experiences of WLS (2007, 2008, 2009a, 2009b), my research specifically examines women and emphasises embodiment.

Rice (2007) argues that more research is required to understand the implications of size stigma for diverse groups because:

... size has joined sex, disability and race as a powerful visual symbol of devaluated identity that positions girls as deficiently different and undermines their sense of identity and possibility as they make their way in our increasingly body-centred world (p. 170).

Despite the large amount of research being done on the body itself, the fat body is largely unexamined in scholarly literature (LeBesco, 2004), especially research that "attempts to

theorise the experience of the ‘fat’ body in terms of philosophical and feminist conceptualisations of embodiments and corporeality” (Samantha Murray, 2008a, p. 7). My research aims to contribute to addressing this gap in feminist embodied literature.

According to the individual responsibility for health and weight mantra espoused by new public health discourses (Petersen, 1997; Lupton, 1995), which impels fat bodies to be disciplined, Thebandinme and Divataunia are avowedly doing the right thing having WLS; as their bodies are defined as problematic and thus require something to be done to reshape them. Yet the choice to have WLS is condemned by fat acceptance movements and feminists alike on the basis that it is evidence of the pervasiveness of thin supremacies (Throsby, 2007; Wilson, 2005b; e.g. ISAA, 2002; NAAFA, 2010; Wann, 2005), implying that women who undergo WLS are cultural dupes. In some ways, the women at the centre of my project are in a no win position. Whichever choice they make (i.e. to stay fat, or undergo WLS) they risk marginalisation and moral sanction, complex positions to hold at the nexus of competing discourses. It is in the above outlined context that the women’s stories, as portrayed in their YouTube vlogs, become interesting.

Research questions

The main aim of this thesis is to interrogate the range of subjectivities available to these women across their WLS journeys. The research questions are informed by the aforementioned literature, as well as the context of an increasing number of women seeking and completing WLS. They also emerge from the gaps in the relevant literature as identified above.

The research questions driving this thesis are:

1. What are the discursive influences shaping these women’s experiences of WLS, i.e. imperatives around how ‘women’ should be or live that inform and influence their

decisions, body orientations and practices? Given this, how do they resist, negotiate and take-up the operating discourses?

2. What are the lived bodily experiences of WLS for these women?
3. What does WLS offer as a mode of being in the world?
4. What does YouTube offer as a mode of being in the world?

These questions are valuable in helping me to illuminate the way in which the women create and recreate their subjectivities within the aforementioned discursive framework. Each of my stated research questions informs the ensuing analysis yet they are not addressed individually as I regard each as being necessarily interrelated.

Thesis Structure

As the above discussion reveals, several theoretical resources will be useful to draw on to make sense of weight discourses and the meanings that the women in this study bring to their experiences of WLS. In chapter two I discuss these theoretical tools of discourse, subjectivity and embodiment, and their utility for the project. I explain the methodology that I adopted and relate this to my ontological and epistemological assumptions.

In chapter three I draw the notion of embodied subjectivity to explore the way weight shapes the subject positions the women occupy across their WLS journeys.

Chapter four interrogates the idea of control and the healthism and its neo-liberal roots. I examine the ways in which the women understand what it means to be in and out of control, and the paradox of control (Ogden et al., 2006) related to choice.

In chapter five I consider the various ways the binary of normal and abnormal is employed by the women in their vlogs as well as by other people, the medical institutions and existing structures such as clothing size.

Chapter six offers a summary of my key findings and suggestions for future research directions.

Chapter two: METHODOLOGY

This chapter begins with a description of the theoretical resources, namely Foucauldian conceptualisations of discourse and subjectivity and Merleau-Ponty's theory of embodiment, that I am drawing on to guide my analysis of the women's narratives. I outline my particular understanding of these concepts and the connections that are able to be drawn between two avowedly differing epistemological lenses of enquiry. The following section outlines the 'method' of discourse analysis which I employ in order to seek answers to my research questions outlined in the previous chapter. I then go on to describe YouTube and discuss my use of vlogs as data in relation to thin privilege. Summarising some of the relevant literature on internet research, I explain my position on ethics and consent for this project. I conclude by introducing Thebandinme and Divataunia.

In my research I attend particularly to questions around the circulating discourses of weight, weight loss, and WLS and the subject positions rendered available in these discourses. I am also interested in the meanings these individuals bring to the processes which structure and shape their experiences of their bodies.

Theoretical resources

The theoretical resources I use include Foucauldian conceptualisations of subjectivity and discourse, and theories of embodiment. Each of these perspectives shares a commitment to foregrounding questions around bodies and subjectivities, the driving foci of this thesis.

This study is underpinned by a post-structural orientation. In agreement with the theoretical underpinnings of post-structuralism, that knowledge is socially constructed and that researchers occupy a subjective axiological position, scholars acknowledge that they can only capture contextually specific information and do not aim to capture the truth about specific phenomena (Wright, 2004). As Morss (1996) articulates "truth is always a production, never a

discovery” (cited in Burrows, 1997, p. 137). According to Rail (1998) metanarratives are simply privileged discourses; as she asserts “the world is fragmented into many isolated worlds; a pastiche of elements randomly grouped in a plurality of local, autonomous discourses that cannot be unified by any grand theory” (p. xii). The unsuitability of overarching metanarratives such as truth is derived from the belief that there are a multitude of unique contextualised realities and for this reason poststructuralist researchers contend that measures of quality and adequacy cannot be applied similarly to all types of research (Powers, 1996). Therefore no generalisations are possible regarding an explanation for any other situations other than those that pertain to the context of my work. This is a classic critique of post-structuralism. In so saying, understanding the workings of discourse and subjectivity can shed light on other research and thus could conceivably illuminate similar situations in different contexts.

Foucault's tools

Many post-structuralist works draw upon the philosophy of Michel Foucault (e.g. 1972, 1977, 1980, 1988, 1990, 1991) and examine how texts, in all senses of the word, encompassing discourses and their comprising practices and institutions, serve to produce particular subjects, subjectivities and social relations and meaning (Wright, 2006). Foucauldian notions have been extensively utilised in the critical sphere of obesity studies (see Burrows & Wright, 2004, 2007; Evans, Evans & Rich, 2003; Evans, Rich & Holroyd, 2004; Fullagar, 2002; Gard & Wright, 2005; Leahy & Harrison, 2004; McDermott, 2007; Penney & Harris, 2004; Tinning & Glasby, 2002; Wright & Burrows, 2005) and indeed much of the literature pertaining to fat discussed in the previous chapter is informed by Foucault's work. Foucault proposed his work as a ‘tool box’ which others can delve into to find tools for use in their research in whichever manner they wish. I find Foucault's concepts of discourse and

subjectivity particularly useful. Given the relatedness of these guiding concepts, in the following description I have not addressed each singularly but as intertwining threads.

This theoretical orientation towards post-structuralism makes it possible to see the multiple discourses that we are caught up in (Davies, 1994). An analysis of the discourses that women who undertake WLS draw upon and re-work to make sense of their experiences is important because an “individual’s subjectivity is made possible through the discourses s/he has access to” (Davies, 1994, p. 3). Subjectivity integrates the ideas of being subjugated to someone else’s control and tied to one’s own identity through conscience or self-knowledge (Dreyfus & Rabinow, 1983). As opposed to identity which connotes something fixed and essential, subjectivity highlights the multiple, contradictory and fragmented experience of the postmodern world; it allows us to see how we are constituted and positioned by discourses in one context or another (Burrows, 1997; Davies, 1994). Individuals take on different characteristics according to the range of subject positions made available in a particular socio-historical context which is shaped by the discourses operating therein (Weedon, 1987). In later chapters I employ and discuss technologies of the self as a practice of constituting the self.

I adopt Weedon’s (1987) definition of discourse because it highlights the interrelatedness of power and the production of subjectivity, as well as the feminist principles that underpin her work; these also inform my research:

Discourses in Foucault’s work are ways of constituting knowledge, together with social practices, forms of subjectivity and power relations which inhere in such knowledges and the relations between them. Discourses are more than ways of thinking and producing meaning. They constitute the ‘nature’ of the body, unconscious and conscious mind and emotional life of the subjects they govern. Neither the body nor thoughts and feelings have meaning outside their discursive articulation, but the ways in which discourse constitutes the minds and bodies of individuals is always part of a wider network of power relations, often with institutional bases (p. 108).

Discourses are “practices that systematically form the objects of which they speak” (Foucault, 1972, p. 49). The way Foucault conceptualised power is central to understanding this process of constituting subjectivity, particularly his arguments that power is productive rather than

repressive and that it constitutes the individual as a subject (Foucault, 1980). Power relations simultaneously construct the subject as an object and produce him/her as a subject. LeBesco (2004) encourages future research into the fat body to question “our assumptions about the terms that discursively make or break bodies and to recognise that there is never a neat separation between the power we promote and that which we oppose” (p. 124).

As well as the discursive context contouring subjectivity, I am interested in the intersection between discourses and the body. This ‘fleshy’ experience which I am seeking to understand lends itself well to theories of embodiment which I will now examine.

Embodiment

Theories of embodiment that are of use for the current study are drawn from the work of Maurice Merleau-Ponty (e.g. 1962, 1968) and Samantha Murray (2008a). His work on perception explores how “we, as embodied beings, are projected into the world” through “an active interplay between the perceiving body and what it perceives” (Finlay, 2006, p. 21). Beginning with a fundamental rejection of the Cartesian dualism of mind and body, Merleau-Ponty instead insists on their necessary interrelatedness, that we are our bodies and that they are our “vehicle[s] for being in the world” (Merleau-Ponty, 1962, p. 82).

The body and the modes of sensual perception which take place through it are not mere physical/physiological phenomena; nor are they simply psychological results of physical causes. Rather, they affirm the necessary connectedness of consciousness as it is incarnated; mind, for [Merleau-Ponty], is always embodied, always based on corporeal and sensory relations (Grosz, 1994, p. 86).

Merleau-Ponty claims the body is not an object among other objects as empiricists posit, it is the condition and the context which enables one to experience and give meaning to the world (Samantha Murray, 2008a). To capture our being-in-the-world, namely embodied subjectivity, Merleau-Ponty (1962) uses the term ‘body-subjects’. This concept highlights the fundamental ambiguity of the body: the body is both an object for others and a lived reality for the subject (Finlay, 2006). It is never simple and always already both subject and object (Grosz, 1994).

To the extent that our bodies can never be separate from ourselves, our bodily being-in-the-world is inextricably connected to others and the world (Samantha Murray, 2008a). We are always fundamentally social beings as we come to *be* in relation to others:

What becomes clear from this is that one's being-in-the-world is an effect of a specific socio-cultural context, and is irrevocably connected to this context. Given the situatedness of the 'body-subject', then, this process of *becoming* is not only enabling and constitutive, but it also bounds the potentialities of our bodily being-in-the-world (Samantha Murray, 2008a, p. 151, emphasis in original).

Merleau-Ponty holds experience as necessarily embodied and of direct relevance to the production of knowledge. "Experience is of course implicated in and produced by various knowledges and social practices" (Grosz, 1994, p. 94). Merleau-Ponty argues that behaviour, or embodied action, is grounded in habit - acquired skills, schemas and techniques - which are drawn from the social world (Crossley, 1993). The attention to the social aspects of embodied subjectivity points to the connections with Foucault's work around subjectivity, which I shall discuss shortly.

The concept of embodied subjectivity becomes constructive for my project as I am interested in the lived experience of WLS for these women as the surgery (literally) shapes them as body-subjects and the intersubjective relations that shape their becoming in-the-world. Samantha Murray's book *The 'Fat' Female Body* (2008a), and her other works (2005, 2008b, 2009, 2010) which heavily inform my work, notes the lack of literature, yet the importance of, theorising "the 'fat' body in terms of philosophical and feminist conceptualisations of embodiment and corporeality" (2008a, p. 7). However Samantha Murray's work does not address WLS and the complex embodied experiences it inevitably entails.

Epistemological connections

The two theoretical frameworks I have described are seemingly disparate; however there are clear connections between Foucault's and Merleau-Ponty's bodies of work. Here, I briefly discuss these.

To begin Foucault and Merleau-Ponty share an opposition to humanist logic, first and foremost the mind/body dualism, which dominates academia. They also share a distrust of dualistic thinking. This is articulated in many major texts by Foucault, for example *The History of Sexuality* (1990), and is a central premise in Merleau-Ponty's work (1962, 1968).

While many scholars believe Foucault's and Merleau-Ponty's accounts of the body are irreconcilable, Crossley (1993) maintains that their approaches are "not only commensurable and compatible, they are mutually informing and complementary" (p. 99). Burns (2003) asserts that the body is "simultaneously material and textual" however the language to theorise beyond the material-discursive divide is elusive (p. 229). Crossley (1993) highlights the shared view of the body as a bearer of socio-historical conducts. Both Merleau-Ponty and Foucault accept the definition of the body as active and acted upon however each predominantly focuses on a different pole respectively (Crossley, 1993). Rather than dissolve the two concepts into one, Crossley (1993) argues for maintaining the tension for this tension "is precisely what constitutes the human body qua socio-historical being" (p. 114). Several scholars have maintained this tension in their work successfully, for example Iris Young (1990) in her work on female comportment in throwing.

Though there are definite connections as well as tensions between the variety of theoretical resources I am drawing upon to inform my analysis, the postmodern condition³ affords a multifaceted approach that embraces contradiction, complexity and partiality. This

³ Post-modernity refers to the "new social condition in which corporate capitalism and consumer lifestyles are dominant, new technological transformations become pervasive at the level of daily life, and the grand objectives of the Enlightenment (including Truth, Justice, Reason and Equality) dissolve or become irrelevant in a world shaped by mass culture" (Elliott, 2001, p. 131). A dislocated, decentred, contradictory, fluid self with no essential core emerges that is fragmented across different contexts and technologies (Elliott, 2001) such as YouTube.

gives me the impetus to select aspects of theories that I find constructive and reject those that are not.

Research logistics

This section addresses the methodology used for analysing and collecting the data. I discuss my choice to use vlogs with regards to the importance and nature of the internet, specifically YouTube, and my own relation to the research. I also briefly review the literature around ethics for internet research.

Discourse analysis

In order to answer my research questions as outlined in chapter one I have chosen Foucauldian discourse analysis because it:

... uncover[s] the social processes concealed by hegemonic essentialist discourses and [seeks] to implicate these discourses in those formative processes. Genealogies [discourse analyses] account for the social production of identities and institutional orders that are frequently assumed to be natural; they aim to free individuals from essentialist identities that constrain behaviour; they strive to unearth submerged alternative languages to describe experiences and open up new possibilities for social identification and behaviour (Siedman, 1992 cited in Powers, 1996, p. 209).

The turn in postmodern culture from truth to celebrating the impossibility of truth and uncertainty is the cultural setting for discourse analysis (Burman & Parker, 1993). Discourse analysis has been found to be a valuable method for investigating issues in Physical Education (Bercovitz, 1998, 2000; Burrows, 1997, 2005; Burrows & Wright, 2004; Gard & Wright, 2001, 2005; Garrett & Wrench, 2008; McCuaig, 2007; Wright, 2004, 2006; Wright & Burrows, 2005) and specifically for WLS (Throsby, 2007, 2008, 2009a, 2009b). Discourse analysis is:

... the process of identifying regularities of meaning (patterns in language use) as these are constitutive of discourses and to show how discourses in turn

constitute aspects of society and the people within it” (Taylor, 2001 cited in Wright, 2004, p. 61).

Foucault stipulated that analysis must never be removed from the political, social and economic environment from which specific knowledge practices are produced (Burrows, 1997).

To undertake the processes of discourse analysis the conceptual and social preconditions that permit discourses to exist and the origins of those discourses are foregrounded; the changes that occurred over time within discourses taken into account; and the effects of discourses on social structures are considered (Powers, 1996). These aspects of discourse analysis are pertinent to my topic and the climate surrounding obesity which is the context for these women’s engagement with WLS. Discourse analysis inspects more than what is explicitly said, but also the silences, contradictions and internal rules (Powers, 1996).

Foucauldian discourse analysis draws on genealogical understandings, power analytics and critical hermeneutics (Powers, 1996) and has no ‘set’ or ‘prescriptive’ method (Burrows, 1997).

Given the partiality to difference discontinuity, fragmentation, disruption and conflict that poststructuralist theory embraces, it would be somewhat antithetical to have a definitive ‘how to do discourse analysis’ text, and indeed there are no such texts available for the aspiring discourse analyser (Burrows, 1997, p. 139).

Instead, readings of the texts - in the widest sense of the word - are undertaken, asking particular questions surrounding discourses, power and knowledge, and subjectivity (Burrows, 1997). Texts are integral in post-structuralism because “a discourse is realised in texts” (Parker, 1992 cited in Burrows, 1997, p. 140). Burrows (1997) asserts that identifying contradictions and other discourses at play adds another dimension to analysis. It is also necessary to examine what is not said as it is often as crucial as what is explicitly said (Weedon, 1987). Analysing videos facilitates this as they offer deeper insights into unexpressed thoughts and emphasis through actions and inadvertent emotion that is exhibited.

Theorists I am drawing upon regard language as having discursive effects, that is to say, we speak ourselves into existence (Butler, 1997). Therefore, I consider the stories about WLS, bodies and subjectivities being told by these women through the medium of YouTube. A central argument in my thesis is that representational and discursive practices are important to interrogate in the context of an obesity epidemic because they shape our understandings of perceived health threats in ways that are not always easy to identify or change. It behoves me then to be conscientious in my own practices as a writer. By adopting a critically reflexive attitude towards my own writing, I endeavour to avoid reinforcing the truth of obesity discourses as they are regularly represented. Many scholars writing in the field of fat studies distance themselves from the biomedical model and associated terms of obese and obesity and instead “use the terms preferred by fat people themselves: fat, fatness, corpulent, corpulence” (Duncan, 2008, p. 3). Samantha Murray (2008a) uses scare quotes around her usage of the term ‘fat’ to “challenge the notion that ‘fat’ is an empirical fact that in turn reveals a universalising profile of the ‘fat’ subject” (p. 3). For the purposes of readability I have used scare quotes to note the contested nature of language and meaning for the initial time I use a term and not thereafter. At times scare quotes denote terminology. In this thesis I have used the language that is pertinent and holds meaning for the women as I feel it is important to honour their words and give (further) voice to the women.

Data Collection and Analysis

Using YouTube as a source for data meant that the videos were already recorded in one place in a chronological order for me to ‘collect’. Although these are stored on YouTube unless the YouTube user deletes them, I downloaded them to ensure I had a permanent record of them. As far as I am aware no videos were deleted from YouTube by the women thus enabling me to include all of their videos in my data analysis. I subscribed to Divataunia’s YouTube ‘channel’ so I received notifications when new videos were posted; Thebandinme

had finished vlogging when I encountered her, regardless I still subscribed. To them I was one of many ‘followers’ known to the women only as jessyoungnz.

Both Divataunia and Thebandinme began vlogging before I started this project and Divataunia continues to vlog in December 2010. However for the purposes of a timely thesis I stopped ‘collecting’ when I finished the transcribing phase which ended in May 2010. The last date of video used was 7th May 2010 allowing sufficient time for evaluation and analysis. Divataunia under the same channel posts videos of her singing which have been excluded from my analysis as the videos were not related to her experiences of WLS. However I did watch all of her videos to ensure there was nothing mentioned relating to WLS. I determined that 184 of the videos she had posted up until the date of collection were related to WLS. All of Thebandinme’s 66 videos were related to WLS. Rather than transcribing an interview, I transcribed all of Divataunia and Thebandinme’s vlogs verbatim. From the 250 videos posted by both women there were over 76,000 words of testimony. For a full chronological list of all videos analysed see appendix.

Multiple layers of analysis are possible on YouTube by examining others’ comments on videos and ‘video responses’⁴ to the women’s videos. However I have limited the scope of this project to only their vlogs and their video responses and I have excluded their other blogs that both women keep in various forms and frequencies. I restricted my data further by not utilising video comments or responses to ensure a manageable research project.

Given that there is no one set one way of ‘doing’ Foucauldian discourse analysis, I am using the theoretical resources outlined above, my research questions and what transpires from the women’s testimonies to guide my analysis. I read and re-read several times the women’s transcripts for the reoccurring themes that emerged and I then followed these lines of enquiry. In addition I made notes on the embodied aspects that are portrayed in the vlogs. For example, the changes in confidence over time as weight was lost and the changes again with the re-

⁴ YouTube users are able to reply to a video with another video commonly called a video response and is signified by ‘re’ followed by the video title.

emergence of new found body anxiety. Harrison (2002) emphasises the ability of video to capture the non-verbal behaviours and the relationship between verbal and non-verbal which are particularly important when examining bodies and how people feel and relate to them. In the following section I offer an insight into the uniqueness of vlogs as data and in relation to ‘reading’ bodies.

Ethics

The ethics around internet research are blurry “due to the loaded nature of terms such as ‘public’ and ‘private’ and the difficulty of applying them to the online world” (Berry, 2004, p. 323). I contacted the University of Otago Human Ethics Committee and informed them of my project to which they responded:

Using publicly available information such as that on video blogs for research is outside of the jurisdiction of the Human Ethics Committee. We would not expect to receive an application for ethical approval. Consequently there is no expectation that you would seek consent from those responsible for the video’s [sic] you use (G. Witte, personal communication, October 6, 2009).

According to Amy Bruckman’s (2002) work that outlines ethical guidelines for online research, a researcher may freely quote and analyse online information without consent if it is officially, publicly archived, no password is required for archive access, no site policy prohibits it and the topic is not highly sensitive. Consequently my research using YouTube vlogs corresponds to the criteria that Bruckman (2002) outlines for a category not requiring consent. The obtaining of consent would require contacting the women involved, after which they would then be considered human subjects requiring the appropriate permissions (A. Bruckman, personal communication, May 28, 2009).

Bruckman (2002) argues that “the traditional notion of a ‘human subject’ does not adequately characterize Internet users. A useful alternate mental model is proposed: Internet users are amateur artists” (p. 217). In its place Bruckman outlines a continuum between ‘no disguise’ and ‘heavy disguise’ depending on the content of the research. That is, the more

vulnerable a group is, the higher level of disguise. Miah and Rich (2008) draw on to Bruckman's guidelines to inform their study on the online pro-Anorexia movement which uses open-access websites and their blogs to utilise the public dialogue as data. They did not obtain informed consent or have any contact with the groups. They removed all URL links, names and usernames to ensure confidentiality.

On the other hand YouTube anthropologist Michael Wesch, who uses people videos in his videos, provided me with the following excerpt from an ethics committee application for an ethnographic study of YouTube culture:

Under § 46.116 D we believe that we can waive some requirements of consent. We believe that the research presents no more than minimal risk of harm to subjects and involves no procedures for which written consent is normally required outside of the research context. Because this is a public forum in which the participants are already willingly posting videos and text into the public domain, our only ethical obligation is to inform them that we are doing research on those items that they are posting.

Therefore, the following statement will be placed in the video description of each video we upload, the signature of each text message we send (with the exception of short text comments in the YouTube comment boards), and in our individual profiles.

I am part of a team of researchers doing an ethnography of YouTube culture for a class at Kansas State University taught by Dr. Michael Wesch [link to Dr. Wesch's profile]. We are creating a video documentary of YouTube that will be posted to YouTube at the conclusion of our research. We will also be writing papers and giving conference presentations on this research (M. Wesch, personal communication, May 30, 2009).

My position is that given the videos are knowingly posted on YouTube for anyone who wishes to view them, I am therefore not putting these women at anymore 'risk' than they have originally put themselves at. I am not sure that I feel absolutely comfortable 'lurking' on YouTube, nevertheless even more than feeling voyeuristic I do not wish to interfere, disrupt or influence in any way their recording and experiences. I have thus chosen to not obtain any form of consent. With regards to disguise as opposed to credit for their creativity, I will leave in the usernames and video titles to recognise their originality. The implication of this is that they are able to be searched for on YouTube by both identifying markers. They also add

another layer to understanding these women's experiences. For example the username Thebandinme points to the centrality of WLS in her embodied subjectivity. These women not only posted them on a public website implying that they wish people to watch them but they also aim to be informative in their videos. Their aim to educate others about WLS is in keeping with my own broader research aims.

Vlogs

I have chosen to draw on vlogs as data for my research on experiences of WLS because of the burgeoning significance of the internet as well as the nature of YouTube and vlogs. Miah and Rich (2008) in their study of the medicalisation of cyberspace assert that “the internet is shaping knowledge, culture and society” (p. ix). “Websites that allow users to share media online have become a phenomenon of growing social, economic and cultural importance, routinely attracting millions of users and hits” and YouTube’s sharing of video files is a prime example (Halvey & Keane, 2007, p. 1273). YouTube typifies the argument that “the recording and watching of others – and ourselves – has become a naturalised component of our everyday lives” (Susan Murray & Ouellette, 2008, p. 8). YouTube was founded in February 2005 and has since become:

... the world’s most popular online video community allowing millions of people to discover, watch and share originally-created videos. YouTube provides a forum for people to connect, inform, and inspire others across the globe and acts as a distribution platform for original content creators and advertisers large and small (YouTube, 2010, para. 1).

YouTube is the ideal venue for gathering these videos because it is undoubtedly the most popular video site on the internet receiving 2 billion views per day, (YouTube, 2010). Videos on YouTube are limited to ten minutes in length. The most commonly uploaded videos are home videos, such as vlogs, and are meant for viewing less than 100 times (Wesch, 2008). 10,000 of the 200,000 videos added daily are vlogs (Wesch, 2008).

YouTube anthropologist Michael Wesch (2008) contends that YouTube, as part of a larger mediascape, has created new forms of community and ways of communicating previously unheard of that transcend space and time. Miah and Rich (2008) investigate:

... how is digital space being used as a means towards enriching communicative opportunities about medicine and how, in turn, this contributes to the refining of health and medicine as a series of cultural practices and rituals (p. xiii).

Increasingly the internet is being used to access information about health, illness and medicine (Miah & Rich, 2008) and to provide for this market the internet, and specifically YouTube, is being utilised by medical and health practitioners to promote their messages (e.g. Barton, 2008). Miah and Rich (2008) argue that cyberspace has become another platform through which the governance of health behaviour now takes place.

YouTube, as a platform for the WLS community, has become a health pedagogy and a tool for governance of health behaviour as I explore further in chapter five. It offers less regulated space for creating new meanings and constructing health discourses that are meaningful and explain the complexity of women's experiences, making YouTube an important site of analysis. New media technologies, namely YouTube, have enabled the internet to be utilised as a form of journaling and visual documentation through vlogging. The role YouTube plays for the global WLS community is as an informative, supportive and productive tool.

The visibility of bodies is another unique aspect of vlogs. Bodies and weight are traditionally private matters, particularly so for those deemed fat (Samantha Murray, 2008b). Yet there is a blurring of public/private spheres that is occurring with this new found global sharing of intimate details. It is intriguing that the women choose to very publicly document their bodies and weight - what it is about discourses of weight that makes this 'celebration' of weight loss possible? It is possibly connected to the experience of vlogging. It has been explained as "it's as if everyone is watching yet nobody is. At once the most private space because it's your bedroom, lounge and also quite possibly the most public space on the planet"

(Wesch, 2008, 25.05 min). In Wesch's (2008) study of YouTube he found there is a lot of reflection about self on YouTube.

Burns (2003) discusses the interviewer's own embodied subjectivity, especially given the intersubjective nature of experience and construction of meanings, and what the interviewer's body unintentionally communicates or is able to be read by the respondent. Using vlogs as data rather than interviewing removes the possibility of reading my own relatively slim body by the women who have had WLS. I do not wish for them to read my body for what it avowedly represents, contradicting the intention of my research to disrupt the cultural idealisation of thin bodies. While it may not have been an issue, there is a possibility that had I interviewed these women I may not have been privy to the information that is elicited in their vlogs. Related to this, in my not interviewing them the women are able to select what is important to speak about based on their experiences rather than my personal interests and questions. In addition, the women incorporate the needs of the YouTube WLS community as they answer questions asked of them enriching the data I have to analyse. In my choice to use vlogs, I acknowledge the authority and agency in the women's voices.

Both feminist methodology and phenomenological research involves reflexively locating the self in one's research.

Because subjectivities are neither disembodied nor detached, researchers' personal histories, physicalities and positionalities necessarily inform the theoretical stories they tell. When emotion, perception, imagination and other dimensions of the bodily self are the main instruments of data creation, dilemmas of researchers' embodied subjectivities are not resolved but become central ethical considerations in research (Rice, 2009, p. 246).

Adding another layer for both analysis and methodological practice (Burns, 2003, Finlay, 2006, Rice, 2009), I documented in a diary and a blog my reflections on my own negotiations and engagements with weight discourses and the women's narratives throughout the research process. As Throsby and Gimlin (2010) appositely express, researchers' bodies and practices are:

... profoundly difficult to write into publications – despite a feminist commitment to reflexivity – in part as a result of the desire not to engage in self-revelation on a personal issue, and in part because it is not always clear what the utility of that revelation would be (p. 114).

As with Throsby and Gimlin (2010), I too did not include my reflections because I was “unsure as to *how* to write [my] own [body] in” (p. 114, emphasis in original). I also felt my reflections did not add to the research presented in this thesis.

I would like to make it known that I am well aware that I come from a position of thin privilege. The concept of thin privilege is adapted from Peggy McIntosh’s *White Privilege: Unpacking the Invisible Knapsack* (1990). Thin privilege:

... is about receiving unjust advantages at the expense of other... Thin privilege is not a binary phenomenon that you either have or not, but expresses itself differently across the weight spectrum... Thin privilege exists only, of course, because fat oppression exists (Bacon, 2009, p. 2).

Thin privilege is rooted in the assumption that one’s weight is a choice, it is apparently visible to others that fat people are choosing not to take action about their weight problem and are therefore lazy and greedy. Privilege is not easily identifiable; it is taken for granted advantages that are insidious in their nature (McIntosh, 1990). For example, my size communicates very little to most people and as a result, people do not assume anything about my morals and values based on my size as greed and laziness are often read from a fat body (Mendoza, 2008).

Linda Bacon (2009), an advocate for fat rights, writes about being a relatively thin woman researching and advocating fat rights, concluding that “when we [people with thin privilege] make a decision to resist a system that bestows privilege on us, we discover that even in our resistance we have power” (p. 10). For example, her words perceived by most audiences as more credible than those of a fat person.

Identifying the experiences of fat people due to the privileging of thin bodies while fruitful, has the potential to create a thin versus fat dichotomy. This deems the thin person’s experience of weight as less valid. Bacon (2009) also notes “inequity hurts the oppressor as well as the victim. As long as it is more difficult to live in a fat body, I have to fear becoming

fat” (p. 4). I agree with Bacon, this fear of fat has certainly contoured my relationship with my body. But I would also add that while thin ideals hurt all people, this does not mean I have the same experiences as a fat person.

Originally I did not feel entitled to write about fat and especially people’s personal stories as I myself have never had the lived experiences of fat embodiment. Nevertheless, I believe the different experiences and perspective I bring to this work are valid, important and insightful. As Bacon (2009) pertinently writes:

Even though I am not responsible for this unfair system, I live with its consequences. It’s easy to feel guilty, to beat myself up over a system that supports me and excludes and harms my fat friends (pp. 11-12).

For myself possibly more than for others, I wish to say that I approach this topic with respect and admiration for these women and their stories.

Divataunia and Thebandinme

Divataunia and Thebandinme, whose vlogs I have chosen, are the ones I found to be most interesting, reflexive and insightful. Of the many men and women vlogging about WLS on YouTube, these two women are the ones I encountered the most often, which is attributable to their high number of times their videos have been viewed and commented on, pointing to their standing in the YouTube WLS community. Not all surgeries are ‘successful’ in achieving weight loss due to complications however the women I have chosen to look at consider their surgeries to have been successful.

Divataunia began vlogging on 27th December 2007 from the outset of the process of evaluation and approval and still continues to this day to document what the maintenance phase of WLS is like for her. She had Gastric Bypass Surgery covered by her insurance policy due to her health problems of high blood pressure, polycystic ovary disease, gout and acid reflux (2008, May 13). Divataunia cites her health as the main impetus for her undergoing WLS and later also admits to “vanity” reasons (2008, December 22). My first notes about

Divataunia say Divataunia is animated, quirky from the start. She likes to make viewers laugh. Divataunia appears to be a white, straight, able-bodied, middle class American woman aged 35 at the beginning of vlogging. Divataunia was a contractor and is later a self-employed aspiring singer, partially sustained by selling WLS supplements for a period of time and by product promotion through her WLS radio show.

Thebandinme also appears to be a white, straight, able-bodied, middle class American who describes herself as 20-something. She was unemployed and then becomes a psychology major. Thebandinme has an adjustable laparoscopic gastric band procedure that is paid for by her parents. She starts her vlog on 23rd June 2007 two weeks before her surgery and continues till 14th November 2008. Thebandinme does not say she is going to stop vlogging which is upsetting to her followers that she has not continued vlogging. Thebandinme does not discuss any specific health problems except for later in her vlogs she asserts that surgery “makes you much healthier” and that the “health detriments” of being overweight outweigh the low risks of the lapband surgery (2007c, December 18). She places great emphasis on feeling comfortable in her body and controlling her eating. The lapband, as it is commonly referred to, requires regular adjustments every one to two months known as ‘fills’ to produce weight loss (Samantha Murray, 2010).

As to why they vlog, the women answer the question/state as follows:

Why did you begin to YouTube and how long do you plan to participate? I think I was doing a search for GB and I found somebody’s video, it was Lacy-Anna that’s who I found, and I watched hers and I just thought it was such a great way to document the journey and I’m so glad that I did because now I can look back on that and just see how far I’ve come. And yea I plan to participate. I love YouTube! Are you kidding me, I’m addicted! I’m completely addicted! I can’t imagine a time that I won’t be (Divataunia, 2008, May 27).

I’m making my first video blog for YouTube because I’ve been watching everybody else’s video blogs and I really have enjoyed them and I wish that there were more and so I was like well I’ll make my own because I really don’t know that many 20 something people with video blogs about WLS (Thebandinme, 2007, June 23).

Throsby (2007) conveys that her WLS patients did not have many safe opportunities to voice their narratives of how they became fat, rendering them silenced. This marginalisation begins to explain some of the underlying motivations for vlogging. Even while the women do not mention feeling this way, it is implicitly part of their accounts of being fat and undergoing WLS, so that having a forum for explaining why you have chosen to have WLS would be appealing to the women.

In Throsby's reporting of her findings she chose to not include any weight details of her participants so not to:

... add to the 'enfreakment' of those who have become extremely large that is prevalent in contemporary culture. Instead, I consider specific weights to be less important than the way in which body size is experienced and made sense of by individuals (Throsby, 2008, p. 121).

I did not exclude weight information from their testimony excerpts because it was so central to their experiences of vlogging with the weekly weigh-ins as alluded to in the title of this thesis. Divataunia and Thebandinme felt it was important to include so therefore I did too. I do not believe it adds to any enfreakment as the women did not see themselves in that light to begin with.

Conclusion

In summary, my study aims to explore Divataunia and Thebandinme's encounters of WLS utilising discourse analysis. Vlogging is a unique medium through which to investigate the experiences that the women share on their YouTube vlogs. I am not interested in 'discovering' a singular truth in their stories. Rather, in keeping with the post-structural inclinations of this thesis, I am seeking to unearth the multiplicity of experiences and selves present in their narratives. The following chapter delves into embodied subjectivity that is described above and examines the other selves evident in Thebandinme and Divataunia's testimonies.

Chapter three: EMBODIED, NEW AND OLD SELVES

In this chapter I aim to explore the multiple selves expressed in Divataunia and Thebandinme's vlogs and begin to make sense of them in light of notions of embodiment and post-structuralist conceptualisations of subjectivity as described in chapter two. The inherent contradictions and shifting experiences of what it means to be a (WLS) subject/self are central to this thesis. I am interested in the work that subjectivity 'does', in how each woman enacts her 'identity', in what they 'choose' to express and in how their choices are related to their perceptions and lived experiences of their bodies.

I begin with an exploration of how Divataunia and Thebandinme's subjectivities are embodied in various ways and argue, as many others have done, for a fluid conceptualisation of subjectivity. I then discuss one subject position that the women both take up – that is, a 'fat identity' - and discuss how they relate to this subject position as their bodies change. The loss of this collective fat identity is part of a wider 'identity crisis' that both women speak of. The next section examines the WLS journey from an old self to a new version. However I argue that even while framed this way, the journey is not quite this straight forward. While these topics are addressed separately in this chapter, I nevertheless recognise the interwoven and messy nature of subjectivity and the perils of separating out these aspects of their construction of self in this way.

The politics of terminology are central to the post-structural social theory that grounds this project. At times I use the term identity instead of subjectivity throughout this chapter because this is the language Thebandinme and Divataunia use and I feel it is important to honour their voices. Nevertheless, in so doing I recognise the problematic inferences of the term identity as something that is fixed and essential. Post-structuralist scholars employ the term subjectivity to denote a more fluid, context specific conceptualisation of identity (e.g. Davies, 1994; Foucault, 1983; Wright, 2006). Subjectivity is a conceptualisation I see to be of

use, so throughout this chapter, even when I use the descriptor identity, I am not referring to a linear or fixed notion, but rather to the ambiguity and multiplicity that is implied with usage of the term subjectivity.

Embodied Subjectivity

The concept of embodiment is central to any examination of subjectivity, and especially so when exploring, as this project seeks to, what it means to be a subject in relation to experiences of weightedness. Merleau-Ponty insists on the mind and body's necessary interrelatedness, that we *are* our bodies and that they are our "vehicle[s] for being in the world" (Merleau-Ponty, 1962, p. 82); that is to say we are embodied. As Samantha Murray (2008a) suggests, "[w]e cannot separate our subjectivity *from* our embodiment, precisely because our subjectivity is always already *embodied*" (Samantha Murray, 2008a, p. 6, emphasis in original). Embodiment is useful as a theoretical concept for understanding subjectivity *and* it also emerges as a regularly recurring theme in the women's testimonies.

When using the term embodied subjectivity, I am referring to the ways in which one's perception of self are tied up in and with one's body. Following Samantha Murray (2008a), whose work I draw heavily on, I refer to embodiment and subjectivity separately at times; nonetheless I appreciate the inextricable interrelatedness of these two terms.

The creation of self and one's physicality are fundamentally entangled. For Thebandinme and Divataunia their changing weight in turn shapes their sense of a shift in their identity or sense of themselves in the world. This link is particularly clear in the following excerpts:

... but tonight I just feel a new sense of confidence about myself and I walked around with my head held high. And I'm still a big girl. I just felt different and I felt like I belonged so not only is it physical things that have changed for me but emotional things too (Divataunia, 2008, June 28).

I'm still trying to be comfortable with my body the way that is now. I was uncomfortable with it before, I was uncomfortable being fat but that doesn't

mean that once you're not fat you're comfortable being skinny, it's a totally different thing.... I guess I didn't anticipate that. I always thought that as soon as I'm skinny I'll feel exactly how I always wanted to feel and I'll feel beautiful and confident and I won't have to worry about people looking at me or me looking at myself in the mirror and feeling shitty or whatever, some of that's true, I feel good when I look in the mirror I'm like hey, yea, alright (Thebandinme, 2008a, April 21).

The women's testimonies illuminate the embodied nature of their subjectivities, pointing to the effects and affects of weight on Thebandinme and Divataunia's sense of who they are and who they can be. These apparent effects and affects arising, as a result of their changing body shapes, are not necessarily surprising. As Merleau-Ponty (1962) contends, our bodies give us our worlds and make meaning possible.

The relational nature of subjectivity not only with reference to one's own body but also in and through encounters with others is clearly foregrounded in the women's vlogs. As Thebandinme puts it, "I'm having a lot of problems feeling unsure needing validation from people, way more than usual" (2007, July 30). This need for validation, feeling unsure of who she is in this 'new' body, illustrates the way in which subjectivity is created, lived and experienced *in relation* to others. In other words, the self only becomes a self in relation to others through interactions with others, whether these are in a bar as Divataunia discusses above or via an online community such as YouTube.

However as Samantha Murray (2008a) asserts, "subjectivity is always already unfixed, unstable, multiple and contradictory. In this way, ambiguity is the very state of our lived existence" (p. 177). We are each embodied in multiple and contradictory ways. This is especially so for these two women over the course of their journey and within the context of the vlogs. Over and above the already fluid nature of subjectivity, with their weight and bodies changing, Thebandinme and Divataunia's subjectivities are twofold in a constant state of flux. Highlighting the connection of the physical to subjectivity, their changing bodies create additional uncertainty and instability:

And every day and every week and every month is different and the more weight you lose, like every time you lose a pound it's different, you feel different and

there are lots of pounds to lose.... I must've looked horrible, I must've been disgusting. But then I look back at videos of me, I was totally cute and great, I feel like I was a lot more humble and reserved back then. When I was 240 I was a lot more demure I think. I was a lot more self-conscious so I was a lot more, I don't know, reserved is a good word. I was holding back so much. But anyway what I meant to say was I was totally cute at 240 pounds. I was big, biggish, I wasn't monstrously huge. To me, I was big but I was cute and funny. And now 70 pounds later, I'm still feeling like I'm overweight. It's like, all in your head really.... It's all there and you can see it in my face, you can see it changing too as the weight comes off. I'm more confident, but I'm also more critical, that's a good way to put it. It's not that I'm more comfortable, I feel just as insecure but for different reasons (Thebandinme, 2008a, September 6).

The diverse experiences of her size and losing weight, feeling that she was both disgusting and cute, point to the fluidity of Thebandinme's embodied subjectivity. Samantha Murray (2010) describes her own embodiment as "eliciting contradictory and multiple responses" (para. 1) which corresponds with the descriptions that are shared throughout the women's vlogs. The 'dramatic' weight loss occurring for Thebandinme affected her subjectivity, yet not in predictable ways. Disgusting vs cute, confident vs critical, insecure 'but for different reasons' – as Thebandinme's testimony illustrates, subjectivity is always a shifting and an ongoing project, replete with contradictions, multiplicity and ambiguity.

Orbach (2009) emphasises that our bodies are increasingly being experienced as objects to be honed and worked on, that is to say, disembodied. Additionally Wilson (2005a) posits that the trend towards surgery "to 're-sculpt' the body is profoundly disembodifying, turning the body into an object that requires constant surveillance, alteration and intervention" (p. 207). Does this account of WLS have purchase in relation to these women's stories? If this disembodied experience of their bodies prior to surgery is accurate then perhaps WLS facilitates a relationship with their body, regardless of it being avowedly based on surveillance, alteration and intervention⁵.

I concur with Samantha Murray (2008a, 2010), among others, who suggests that it is impossible to be disembodied because we are always already embodied. It is challenging to

⁵ The women do not appear to have a problem with self-surveillance required by the surgery and the surveillance of others watching their vlogs. If anything they welcome the YouTube visibility and the surveillance of their food intake seems to help them with their self-described eating difficulties (see Divataunia, 2008, May 27).

speak of, as well as interpret Thebandinme's narratives, outside of dualistic thinking around mind and body, though the notion of embodied subjectivity arguably overcomes this binary. Rather than describing the women's current state as disembodied, the term disassociation seems a more apt descriptor. It is possible that Divataunia and Thebandinme feel disassociated from their bodies prior to surgery as they discuss regularly feeling uncomfortable in their bodies and being disgusted by them. As Thebandinme declares:

You want to throw yourself in the dryer and shrink yourself and be done with it. I had dreams of cutting my fat off with a knife, just to get it off me, you know you just want it off (2008d, September 6).

Fat is disassociated from who she 'is', which could be regarded as a self-preservation technique, given the social stigma and moral prescriptions attached to fat and her desire that fat should not define her. Her relationship with fat is a strategic engagement to possibly cope with the reviled status of fat. While not every woman feels this way about fat and, indeed, many actively embrace their fat (e.g. Cooper, 2010b; Fat Femme Front, 2010; Pausé, 2010), Thebandinme and Divataunia see their fat as a problem. In so saying, this disassociated feeling is not constantly experienced. Although fat, as the above extract reveals, is something that Thebandinme loathes – and wishes to cut off – it is *also* central to her understanding of who she is, as the next section explores.

This ambiguous disassociated relationship appears to be underpinned by a Cartesian mind/body dualism. Rather than disembodied, comments such as "I cannot wrap my head around it" (Divataunia, 2008, September 14) and "it's like, all in your head really" (Thebandinme, 2008a, September 6) point to the 'head work' going on and the inability to 'rationally' recognise the new 'physical self'. Merleau-Ponty (1968) does not deny or ignore the 'psychological' aspect, instead he argues that the use of the 'mind' is not separate from our physical nature. The mind/body split is not found in immediate experience but is a product of reflection on an experience (Merleau-Ponty, 1968).

Divataunia and Thebandinme's sense of who they are as people and their experiences of WLS – inherently involving their bodies - are inevitably bound up together. As Samantha Murray (2010) argues we are embodied in multiple and contradictory ways; as their bodies change, so too do their identities, as exemplified in these two women's texts.

Fat Identity

Davies (1994) emphasises the multi-faceted, contradictory and shifting nature of subjectivity, and illustrates the ways in which discourses, power relations and context shape the multiple subject positions one simultaneously occupies. One such subject position, that highlights the ways weight shapes subjectivity for both women, is a fat identity that both women connect with prior to surgery. A fat identity is in no way a fixed subject position but nevertheless it holds an important place in the narratives of both women. In conceptualising fat identity as something one can lose, I acknowledge that I (re)construct it as if it is a fixed 'thing' that can be gained and lost – an analysis antithetical to the fluid nature of subjectivity I avowedly embrace. Nevertheless, as stated earlier, identity is the language that Divataunia and Thebandinme use. Given that it is through their understanding of their experiences that I am exploring WLS and subjectivity, I continue to use this descriptor. As well, (my thinking and) the language available to me is shaped by the socio-historical context within which this research takes place – one where clearly, the language of identity is foregrounded.

Understandably, this ascription to a fat identity must shift over time once 'significant' weight is lost. The distinguishing characteristics of a fat identity are readily displayed in the following quotes. Both Thebandinme and Divutania are clearly willing and able to describe the constituents of a fat identity *and* reflect on its imminent, potential, or actual loss. Despite the desire to lose the fat and the fat identity that accompanied it, its loss does not necessarily immediately, or inevitably, easily produce a fresh or less complicated sense of who they are

nor what they may desire to become. For Thebandinme, the physical fat loss doesn't necessarily remove the vision of the fat person she has always regarded herself as:

But you look at yourself after losing 20 pounds and you're like god I'm still fat, I still look at myself and see myself fat. And I can see the difference, I can see 20 pounds off of me but I still see a fat person (2007, July 30).

For Thebandinme, being fat is pivotal to her sense of who she is as a person. The anticipated boost in confidence and exhilaration at losing the fat, initially results in increased, rather than diminished anxiety:

I feel a lot more sensitive about everything than I was when I was 240 pounds. I just had this sort of wall that was all 'fuck you I'm fat and that's the way it is and if you don't pay attention to me because I'm this way fuck you, you don't deserve to talk to me'. I just had this sort of wall up and it was really protective, that layer of fat protective and now its melting away its making me feel really scared, like vulnerable and sensitive and so I'm trying to deal with that. So I go to therapy every week and I talk about it and that's really good (Thebandinme, 2007b, December 18).

For Thebandinme, fatness is an approach to life, a style of self presentation and an aesthetic of existence. The changes are far from liberatory in the first instance. Rather, they are scary, producing a sense of vulnerability and sensitivity not present prior to surgery. Letting go of her fat identity is no simple matter. There is a certain expertise about fat that comes with a fat identity, a particular license to speak about and on behalf of other fat people, an assurance that as a fat girl, one knows the codes, dispositions, behaviours and culture of that collective fat identity.

Fat identity is performed in relation to others who are not fat, as well as in relation to other 'fat girls'. Exemplifying this is Thebandinme's declaration, "you know all of us fat girls that love food" (2008, April 10). While it would be inappropriate to speak of all fat girls loving food, being a member of the fat girls' group being discussed here affords Thebandinme license to speak of what it means to be a fat girl. Here we can see Thebandinme's commitment to the collective, the comfort and ease with which she locates herself within the community of fat girls. The dissonance for both women lies in their sense of having betrayed this collective fat identity, something powerfully illustrated in the excerpts below:

Like when I see fat girls I'm like what's up 'cause you're my people. Like there's this really fat girl in my maths class and I just want to hang out with her and talk like fat girl stuff! But then I feel like a fucking traitor because I was able to have surgery and lose a bunch of weight and now I'm not like obese anymore. I just feel like I betrayed them kind of, you know. I still feel like one of them but I like shunned their club-house something, or I [toilet papered] their clubhouse and now I'm the jerk or something (Thebandinme, 2008a, April 21).

I realised next year I'm going to look and maybe sound like a completely different person and I started to get a little teary about that.... Part of me is sad, especially as I had younger teenagers coming up to me telling me that I was a role model, which was amazing, you know part of me felt a responsibility to that, to be somebody who was strong. Because not everybody's a size 2, granted I'm on the opposite side of the spectrum but part of me is sad that I'm letting go of that but I'm embracing a healthier lifestyle and that's what I need (Divataunia, 2008, March 12).

The responsibility and belonging that both women feel towards other fat women, their desire to support, to be a role model for others, and to stand up for their own and others' right to be fat, points to the sense of community that their fat bodies facilitated. As their bodies change, so does their membership in this 'community'. However, as Thebandinme's comments attest, new feelings of belonging emerge such as being a "slightly overweight girl" "like anyone else" (2008a, April 21). A feeling of 'belonging' within the YouTube WLS community also emerges, as something each of the women appreciates. While this does not necessarily replace the profound sense of community secured as a fat person, both clearly glean some measure of kudos, sense of a shared 'mission' and an opportunity to commune with others facing similar challenges, through their engagement with the YouTube WLS community.

When trying to understand the importance of a fat identity to each woman, a consideration of the wider movements that support fat women is important. Losing weight translates to a loss of such networks. For example, both the fat acceptance movement and the big beautiful women movement (BBW) afford significant resource, support and sense of community to women. However, as Probyn (2009) points out:

... in a paradoxical manner, the focus on image and fat acceptance reduces women's being to that of 'fat woman'. Whether she is a proud fat woman or not, this is a limited way to understand human subjectivity (p. 118).

This explanation of fat identity meets and gives meaning to Divataunia's qualms with the BBW fat acceptance movement:

The other thing is this term BBW. I hate it, ugh god I hate it so much. I feel like its spurned this whole fetish community of men who just you know want to sleep with heavy women or just have this fetish sexual relationship with them.... And I just you know, I don't want to be objectified for being thin or heavy. I want to be objectified because I'm a diva and I'm awesome!.... I'm still fat obviously but I'm not going to be for long. And my head hasn't caught up with my body. And how do I, how do I identify myself now? I don't think I can be classified as a BBW anymore but I'm also not thin. I wish I didn't have to have a label. But when you do personals online you have to say what your body type is. Uhh I hate it, I hate that you have to give a description. I hate it that we have to qualify it (2008, August 5).

Without the label of fat or BBW, the women find it challenging to locate and/or describe themselves to others. Thebandinme finds it 'weird' to no longer be physically identified as a fat girl:

And I think about that going to school all these people see me and I'm sure they just look at me like anybody else, you know like that's just whatever like another slightly overweight girl and that's really weird to me to just be another one of those girls. I don't feel like another one of those girls, I still feel like a fat girl (2008a, April 21).

Being betwixt and between the fat and 'thin' categories does not help. Physical identification is one specific aspect of a larger 'identity crisis' that Divataunia and Thebandinme encounter.

Identity crisis

With the changes in their bodies Thebandinme and Divataunia's embodied subjectivities alter. As Divataunia succinctly states, "my identity is changing" (2008, August 5). Thebandinme describes:

... the lapband and the way that it's affecting my life changing me as a person. And I don't think that every day I realise how much it's changing me (2007a, December, 18).

WLS creates for Divataunia and Thebandinme an "identity crisis" (Thebandinme, 2008b, April 21) of sorts:

Just try to keep that in mind when you're watching my journey, or anybody else's journey that's going through the same stuff as I'm going through now, little

changes everyday are happening, they add up, they're overwhelming, they're wonderful, sorry I'm going to start to cry again, but it's tricky. It's tricky to figure out who you are, not just physically but emotionally and personality wise. Your whole life changes (Divataunia, 2008, November 7).

What does it mean to you that's like eating food, losing weight, being thin or being fat. How do you relate those things to who you are as a person, who you think that you are, and what you think you're worth, and where you're going. It's weird, like before I was like oh I'm fat, lazy, that's pretty much all I'll ever be and so hmm I'm no prize, you know I don't deserve a lot. And now it's like wow I don't have to be like that. I can go to school, and get a really good job, and have a stable relationship with someone I'm really crazy about and really attracted to, and have a cute little life and money, and self-confidence, and look cute and be attractive. Like holy shit that's a lot of stuff to all of a sudden have to think about. Where before it was so easy to be like meh I'll never get there. So I think that's why I react so emotionally to these little things because it's like before I didn't have to deal with them, I could just be like I'm fat, I need to diet and let that rule my life and my thoughts, like my thought process never got passed that. It was like oh if I could only lose weight. Well now I have and now what? So it's the now what stage I'm in.... I like taking time like this for myself to think about what's going on, and where I'm at and who I am (Thebandinme, 2008b, April 21 - 2008c, April 21).

Thebandinme and Divataunia recount how they feel as if the weight loss changed them as a person. The changes that each of the women discuss are around confidence, "cockiness" (Thebandinme, 2008c, September 6), feelings of self-worth and how these fluctuate over time. Their relationships with others, food and themselves are transformed producing both new ways of being and doing as well as new found anxieties such as feeling more insecure and vulnerable.

Fundamental to this idea of the changing self, and the reflexivity around these changes, is a concept of the self as a rational autonomous being. Heir to the Enlightenment and liberal humanism, this is an agentic version of self that develops over time and assumes self is multi-layered, possessing a core essence (Elliott, 2001). Post-structuralism rejects the idea of a fixed core self that is associated with identity because it obscures cultural and historical specificity and rather maintains that discourses:

... constitute the 'nature' of the body, unconscious and conscious mind and emotional life of the subjects they govern. Neither the body nor thoughts and feelings have meaning outside their discursive articulation (Davies, 1994, p. 108).

The identity crisis that Thebandinme and Divataunia discuss is conceivable within this liberal humanist understanding of the self. Without holding onto the idea of an essential self, the anxiety produced by an identity crisis would be far less significant as this post-structuralist view relishes the shifting, multiple and contradictory nature of subjectivity. If subjectivity is constantly in flux and there is no core essence, then there is no fixed identity to be lost. That is not to say that the sense of loss experienced by the women is in any way less real or that it can be ‘theorised away’.

New, old and the journey of selves

An outcome of this identity crisis is the creation of a new self. Divataunia and Thebandinme regularly refer to and reflect on their new and ‘old’ selves:

... mentally having a really hard time balancing my new life and my new struggles but with my old bad habits and demons (Divataunia, 2010, January 30).

... who we become after the surgery (Divatuaunia, 2009, May 29).

... I’m a totally different person now than I was a year ago (Thebandinme, 2008a, September 6).

Us bandsters have a wonderful new life to enjoy (Thebandinme, 2007b, December 12 [Video description]).

The notion of a re-born ‘new me’ is frequently employed in bodily transformation narratives, (e.g. in cosmetic surgery and dieting rhetoric) and WLS accounts are no different (Throsby, 2008). Moreover, “the ‘new me’ is also the ‘real me’” implying that the fat body is incongruous with the true self (Throsby, 2008, p. 119). In her analysis of WLS online discussion forums Throsby (2008) found the idea of a ‘happy re-birthday’ is utilised to refer to women’s surgery date and this is also something seized upon in WLS marketing (Ogden et al., 2006; Salant & Santry, 2006). Similar to this rhetoric is Divataunia’s talk of her surgery date as a ‘surgiversary’, signifying a date to be celebrated as a re-birth. The surgery marks a new

beginning in life and a new sense of who they are as a person. One of Divataunia's earliest vlogs is a slideshow of pictures of herself with the following dialogue:

So this is sort of a goodbye to my overweight self. And a year from now I can look back and see what a transformation it's been.... I just want to try and document everything I can for my view back on this journey (2008, March 12).

Even before having WLS, Divataunia is demarcating the old and new versions of herself. WLS becomes heavily incorporated into Divataunia's new life, beginning with selling WLS supplements, starting a WLS radio show and becoming a board member of the Weight Loss Surgery Foundation of America⁶ (WLSFA). For Thebandinme, this disjuncture occurs soon after WLS.

Thebandinme and Divataunia frame their WLS as a journey from their old selves to new and improved versions. This idea of a WLS as a journey is entrenched in the women's understanding of their experiences:

I just want to try and document everything I can for my view back on this journey (Divataunia, 2008, March 12).

... feeling more confident in a lot of ways, my ego is swelling a little bit but also at the same time I don't know who I am, I don't know if I feel good about myself but I guess that is the journey and I know a lot of people consider lapband surgery as a journey and an emotional and personality type journey where it really changes you and it's hard to anticipate how it's gonna change you and who you're gonna end up being (Thebandinme, 2007, July 30).

The emergence of this new self is about creating the life they had always wanted. While not specifically referring to this, the image that emerges from their texts is a life where they are in control, confident, slimmer as well as healthier. For example:

It's about me and making myself better (Thebandinme, 2007, July 7).

... the more I think about it the prouder I am of my decision to be proactive in my health and to really take charge of it and change my life for the better (Divataunia, 2008, January 3).

⁶ The WLSFA's mission statement is "Ending Obesity by empowering people to move from surviving to thriving through weight loss surgery, education and support. Performing charitable services and supporting research to find solutions to enhance the quality of life of the morbidly obese community. Raising awareness and funds for surgery" (WLSFA, 2010).

This new life and self is centred on being ‘better’ which is entrenched in neo-liberal discourses of self-realisation that impel people to be the best they can be. “Being better” means being able to do a multitude of things they did not feel able to do previously, such as feeling confident in a bar, walking comfortably, running, and rock-climbing. Foregrounded in these new self discourses is the belief that there is a deep essential self that evolves over time, and a commitment to the notion that women have the capacity to rationally shape who they are and who they become after WLS. Implicit is the belief of a final destination for the journey, ‘who you’re gonna end up being’ indicates a core essential self to uncover, potentially to be found under the fat.

However the journey is never over as Divataunia discovers. The ‘outcome’ is unknown for Thebandinme as she ceases vlogging without notice. Divataunia till this day is still vlogging about her journey almost three years on from her surgery which from my observation is quite rare in the WLS YouTube community. Throsby (2008) notes that paradoxically “claims to the authentic ‘new me’ are predicated on the acknowledgement of the self as an ongoing project that is never ‘finished’” (p. 126). The ongoing nature of WLS is revealed in the women’s vlogs:

Yes I think I have already succeeded, I think the question is, can I maintain it? And that is where the struggle comes in. At this point now I'm able to eat more food and I don't have any food intolerances at all, I can eat sugar, I can eat fats, I can eat everything. There's not anything that makes me sick. And that is good, but it's also bad because it could lead me back to old behaviours of my past. So I'm working really hard on that (Divataunia, 2008, November 14).

It's not easy, it's not pretty, there's lots of struggles, people still with the issues that are up here [points to head] even after they've lost weight. And then there's, like how do I feel about my body now that I'm skinny, am I ok with it now? And relationships, and anxiety, and emotional eating (Thebandinme, 2007a, December 18).

Pointing to the inherently related nature of weight and identity, Thebandinme reflects on the ongoing physical and head work that is required of WLS patients and the new self. There is no actual end to the journey due to the ongoing maintenance that is required to sustain the weight loss and to maintain the size that they have reached.

Simultaneously, whilst splitting herself – her post-WLS new self from her old self - there is recognition that Thebandinme is also the same person as before. Perhaps rather than new and old, there is a re-making of self occurring:

I want to date and be this new person. I think that's the struggle in maintaining a relationship, you feel like you got a second chance on life. You just reinvented yourself and you reinvented what you want, what you want out of life, what you expect from other people, what you expect from yourself. I think all of that stuff is different for me than a year ago (Thebandinme, 2008, July 8).

I'm missing the person that I was before surgery. I know I'm still that person in a lot of ways but losing all that weight throws you for a loop you know (Thebandinme, 2008b, April 21).

There is still a sense of old self in Thebandinme's new self, an essence that endures throughout this life changing journey. The new self perhaps represents a new approach to life that WLS has made possible through the changes in weight and head work. While life changes the self is re-invented maintaining both old and new versions of self concurrently.

Paradoxically Thebandinme begins to miss her old self:

So I was watching my surgery videos and just how goofy, and sort of funny I was being. And I was like, I kind of miss fat Ashley.... But watching me before surgery I seemed a lot more jolly. I know that was kind of facade because really I was really fucking depressed and just like I was excited to be having surgery but in a lot of ways too when you're fat you don't have to worry about all the people looking at you and holding you to certain standards, or like getting attention from certain people you might not want. I think I've always had a problem like being in the spotlight.... Before I could just be loud and boisterous when I want to be because otherwise I just kind of.... fade into the background and people don't bother me if I don't want them to. So I got to like be assertive when I wanted to be assertive, I didn't have to care about being some pretty um super feminine girl, I just worry about being funny and cool and fun (2008a, April 21 – 2008b, April 21).

... I really need to ditch the cockiness ASAP. I want that humble, chubby, goofy girl back. I want to be her (Thebandinme, 2008c, September 6).

As her old fat self, Thebandinme is able to choose her persona as she wishes, whereas after the weight loss she feels an increased pressure to conform to typical standards of female beauty and behaviour. Being fat is understood by Thebandinme as a 'resistant' position alongside dominant social expectations for women. She wants to defy the passive, super feminine girl archetype who is not concerned with being funny, fun and cool. It is possibly the freedom to

choose the self she wants to be that Thebandinme misses rather than being limited by ‘certain people’ who expect her to behave according to what her new body shape dictates.

Missing one’s old self is just one of the various unintended and unexpected results of the WLS journey. In the following examples both Divataunia and Thebandinme and her partner discuss what happens after surgery:

When I was 300 pounds my skin fit me, and it wasn’t like I fooling anybody, I was fat, that’s just the way it was. Not that I’m fooling people now. But I was comfortable with my body because I knew whoever was going to be with me or whoever saw me knew my body was big and there was just no way to get around that. But now that I’ve lost 110 pounds I’m starting to see the effects of that in my body and I’m not liking it at all. And I’m having a lot of insecurity issues which are driving me crazy because I’m turning into someone I don’t like. I’ve always been very confident and I’ve always been completely in control of my feelings about myself and I’m not now. I’m insecure about a lot of things, most importantly the way I look and the way people respond to the way I look (Divataunia, 2008, September 21).

John: I think that your upcoming changes will only have a positive effect on your view of yourself, your confidence and everything. Thebandinme: You think that but a lot of people get really freaked out by it. Like people that were fat that had lapband surgery and like noticed that while they’re losing weight and after they’ve lost weight people are like way nicer to them and like treated them totally differently, and give them more opportunities and stuff like that and they’re just really disturbed by the sort of prejudices that fat people are faced with everyday. And it’s true, there’s like so many pre-conceived notions and just the way that people approach fat people, it’s weird. Sometimes it can be really traumatising to get skinny. A lot of times people that are fat for a really long time that get skinny will also think they’re fat, no matter how skinny they are. They’ll always think that they need to be thinner, they’re still fat, blah blah, it’s Body Dysmorphic Disorder (Thebandinme, 2007, August 15).

For each woman, these newly found issues they come up against, and others not mentioned here, are physically grounded and expressed in relation to others. Accompanying the new self are unexpected concerns connected to the new lives, bodies and positions they have come to occupy. Whether as part of an old, a new or a re-invented self, subjectivity is not a static thing. It must constantly be created and recreated, produced and reproduced, as it is ongoing and dynamic.

Conclusion

This chapter has explored the versions of embodied subjectivity that Thebandinme and Divataunia occupy over the journey that is WLS. Illustrated are the multiple selves, both old/fat and new/skinny, that are expressed throughout their testimonies. Interpreting these selves through the lenses of embodied subjectivity highlights the intricacies of relationships between so-called mind and body. The women perceive their bodies to be separate from their minds, namely disassociated, regardless of the enmeshed nature of mind and body that theorists like Merleau-Ponty (1962, 1968) assert.

WLS allows the women to re-create themselves as the self they have always longed to be. This is caught up in having the body they had always wanted to have, informed by neo-liberal discourses of being the best you can be. The WLS journey is one that is oriented towards becoming a new version of oneself that is controlled, healthier, slimmer and more confident. Yet the WLS journey is not a simple linear one that has a finite ending which solves the 'problems' it set out to ameliorate.

With the ongoing work that subjectivity requires, amidst constantly shifting contexts, embracing ambiguity (Samantha Murray, 2008a) may offer a way forward through the mind/body, old/new selves, fat/thin dualisms through which we can explain ourselves. The uncertainty and fluidity that characterise post-modernity creates the conditions in which we can occupy multiple positions that constitute our subjectivity. Continuing the theme of reworking dualisms the next chapter explores the notion of being in and out of control.

Chapter four: CONTROLLED SELVES

The notion of ‘control’ is fundamental to Thebandinme and Divataunia’s experiences of weight, weight loss/gain and WLS. Contemporary discourses tend to represent bodies, weight and appetite as ‘things’ that *are* controllable and *should* be controlled. Further, weight is construed as something that is explicitly within the control of the individual. For Divataunia and Thebandinme, feeling in control of their bodies primarily involves having a choice about what and how they eat:

What thing do you love most about [WLS]?.... Besides the weight loss which is clearly awesome, I've lost 40 pounds in a month, I love that I feel in control. I was so out of control before.... I was ruled by food and by eating. And I am so not at that place any more, it's so wonderful. I feel in control and I feel like I'm making healthy and positive choices. So I'm really really thankful for that. I have moments where I miss gorging on food, I don't know why, it was comforting to me for some reason and I do have moments where I miss that, I'm not going to lie. They're very few but overall, even when those happen, I feel completely in control. I don't feel like I'm going to give into that and that's because I can't, I could get sick. So I have control over what goes in my mouth and what happens with my body now and that's the best thing that's happened from this surgery besides the weight loss (Divataunia, 2008b, April 27).

... and a lot of it is control for me. That's the hugest part of lapband that was attractive to me. I get to control how much I eat, I get to control my appetite, I get to control my weight, I get to control my body, in a way that I've never been able to (2008b, September 6).

As the above passages signal, WLS appears to afford an opportunity to control appetite in ways not previously possible, yet there are complexities expressed in Divataunia’s narrative – indications that WLS does not necessarily afford total control over how she feels or what she does in relation to eating. It is Divataunia and Thebandinme’s understandings and experiences of control that drive this chapter. Throughout, I endeavour to interrogate the range of ways the two women position themselves, and are positioned, in relation to notions of control, examining the contexts within which particular ideas about control can circulate and be rendered meaningful to the two women.

This chapter begins by interrogating discourses of control. In particular, I focus on the implications for female subjects. The various ways in which Divataunia and Thebandinme engage with discourses of control are then examined. The following section investigates how the feelings of control fluctuate across the WLS journey. Next is a consideration of the practices that get employed when enacting control. I then argue that WLS offers up a sense of control through enabling the women to make choices relating to food. However having chosen to undergo WLS, these choices come with added moral responsibility. Drawing on Ogden et al.'s work on the 'paradox of control' (2006) that is central to WLS, I explore how the women's experiences are mired in paradox. Inherent in the concept of controlling one's body is the mind/body dualism. The last section of this chapter investigates the way this dualism plays out in Thebandinme and Divataunia's testimonies.

Discursive context of control

To understand the important role control plays in the women's WLS experiences, it is crucial to first examine the broader discursive context, within which notions of control can arise. Neo-liberal health politics, for example, foregrounds the capacity and willingness to make wise choices as pivotal for the healthful subject and population. Obesity, in a neo-liberal health-scape is framed as a condition arising because people are refusing to make the right life choices and do what is good for them (Evans, Evans & Rich, 2003; Evans, Rich & Holroyd, 2004; Fullagar, 2002; Gard & Wright, 2005; Saguy & Riley, 2005). This concept of society 'letting itself go' has arisen many times throughout history, particularly in the 1950's. In other words, efforts to govern bodies, to control what goes in and out of them and to make moral judgements about bodies are not a new phenomena. As Campos (2004) points out, it may well be that panics over obesity are fuelled by public anxieties about overconsumption, rather than premised on any neutral scientific 'fact'. The conditions where the option to have WLS becomes at all thinkable in the first place are created by a medical definition that excess body

fat is problematic. The language of medicine, together with large doses of social prejudice, turns fatness into pathology, obesity into an epidemic, and fat people into social and moral deviants who are seen as literally embodying their failings (Samantha Murray, 2008a).

As “the body has become a crucial means by which the individuals can express publicly such virtues as self-control, self-discipline and will-power” (Petersen & Lupton, 1996, p. 25), fat is increasingly regarded as an outward sign of being ‘out of control’. The outer surfaces of the body are read to evaluate one’s inner goodness (Shilling, 2003). Discourses of control produce choices of how to work on oneself, including resistance, compliance, ignorance and various combinations of these, illustrating control over one’s body. Samantha Murray (2008a) draws attention to the gendered formations of fatness arguing that females face increased scrutiny of their bodies. It is this context within which Divataunia and Thebandinme take up, negotiate and/or resist particular notions of control. Feminist authors interpret the heightened attention to female bodies – namely what they do and how they look – as patriarchal efforts to restrain females’ power. The differing amounts of space women take up in the world when throwing a ball compared to males (Young, 1990) and curbing your desires and appetite through dieting are evidence of patriarchal conditioning (Bartky, 1990; Bordo, 1993). In addition to this, the beauty imperative (Bordo, 1993; Lupton, 1995), as discussed in chapter one, is also part of the broader discursive web that permits women to want to ‘take control’ of their bodies and selves.

Shilling (2003) suggests that modernity⁷ has “facilitated an increased degree of control that nation states in general, and medical professions in particular, have been able to exert over the bodies of its citizens” (p. 2). That is not to say that the body is necessarily a passive target of social control. Rather, as Foucault (1980) would have it, the body is produced by the very discourses which constitute it. Discourses, such as those employed in WLS advertising (see

⁷ “Modernity can be understood roughly as the ‘industrialised world’.... Among its many effects, modernity has facilitated an increase in the degree of control that nation states in general, and medical practitioners in particular, have been able to exert over the bodies of its citizens” (Shilling, 2003, p. 2).

Salant & Santry, 2006), produce specific understandings that are privileged over others, shutting down the range of possible ways women could engage with body practices and understandings.

It is within this neo-liberal context where displaying control on the surfaces of one's body is a normative female expectation and a moral virtue. The following section aims to interpret how Thebandinme and Divataunia make sense of this context that shapes and constitutes these women's orientations to their bodies, weight and hunger in relation to control.

Making sense of the context

Within this aforementioned context surrounding control, the power that medical professionals hold, as vehicles for the new public health discourses, can be seen in the following excerpts of Divataunia's testimony. In Divataunia's first spoken vlog⁸ she introduces herself and begins to discuss her initial attitude to WLS. From the outset her doctor is embedded in her engagement with WLS and vlogging:

For those of you who don't know me my name is Taunia and I'm 35 years old, I live in Lowell, Massachusetts, and Gastric Bypass Surgery is something I was very much against for many years and then my doctor suggested it to me and I had to really give it some serious thought. So I did about six months worth of research and I started the process back in August. (Divataunia, 2008, January 3).

Divataunia's doctor is integral in bringing about her decision to have WLS highlighting the productive aspects of power (Foucault, 1980). 32 weeks after her surgery, in response to a contest run within the YouTube WLS community Divataunia answered:

What made you decide to change your life or go on a diet or have WLS? What was your catalyst?... So the thing that.... made me really consider it.... was my doctor. My doctor was fantastic. She never bought up my weight unless I did and we'd discuss it and she was very calm and rational and never made me feel bad about being overweight. But one time, she knew I did *Weight Watchers* like one million times, and she asked me when I went in for a check up, she asked me how I was doing and I said 'I'm really frustrated, I just keep going back and forth with the same 10 pounds' and she paused for a second and she said 'you

⁸ Divataunia's first vlog is a photo slideshow.

know Taunia, I really think you should consider the WLS'. That was the first time she ever said it to me and I was really taken aback when she said it to me and of course immediately I was like 'no'. But then I went home and I started thinking I'm like 'if my doctor, someone who's known me for over ten years and is paying attention to my health and is trying to keep me healthy, said to me that I really should consider it, I really should consider it'. And then I started doing research and a lot of reading, I did about six months worth of research and reading but she was really the one who helped me make this great decision (2008, November 14).

Divataunia's answer points to the authority that her doctor holds concerning her decision to engage with WLS. Her doctor was the 'catalyst' to begin to consider it as an option and eventually 'helped' her make 'this great decision'. While Divataunia goes on to do her own research and make her decision, that is to say the final control was with Divataunia, her doctor is highly influential given her longstanding care and attention to Divataunia's health. The doctor represents the voice of the medical institution, reinforcing Divataunia's conception of her weight as problematic and her body as out of control. Divataunia's doctor does not push WLS or bring up the topic of her weight as is often the reported occurrence in fat women's experiences in the doctor's office (Westwater, 2010). The doctor ostensibly offers liberatory advice by not mentioning her weight. Ironically, in so doing, she permits Divataunia to consider a previously unimaginable option.

The discursive effects of medical discourses, specifically information gleaned about genetics, can be seen in Divataunia's explanation of how she became overweight. In the final analysis, however it is personal choice that clinched the deal, according to Divataunia:

So the thing is there's lots of reasons people could be fat. It could be genetics which plays a role in my weight and just environment, emotional issues, you know crappy things happened to them when they were younger. And while I'm not going to go into that is one of the reasons why I have a problem with food, I've been self-medicating with food since I was a kid (2008, January 3).

... but I do think that there's a genetic predisposition, especially in my case.... I'm built like my dad and clearly I was set up genetically to be heavy, you know I had to fight against my body's tendency to be overweight. But the last thing is personal choice, I absolutely take responsibility for the things that I did to become overweight. I lived a very sedentary lifestyle, I still do except for the gym, I mean I'm on my butt 12 hours a day. But also the things I put in my mouth - that was my choice not anybody else's. It wasn't a disease, it wasn't an addiction, well it was an addiction but I still had a choice in the matter and I

chose to eat those things and to put my body through what I put it through (Divataunia, 2008c, April 27).

Divataunia takes full responsibility for her being fat as well as acknowledging the potential for other factors such as genetic disposition and lifestyle to influence weight. Divataunia draws on all three of the discourses Throsby (2007) identified from her patients' testimonies. Throsby (2007) concludes that:

... in order to resist the construction of their fatness as an individual moral failure they draw on the discourses of the fat prone body, childhood weight gain and life events disrupting weight management efforts (p. 1561).

Ogden et al. (2006) suggest that:

Patients conceptualized weight gain as a result of uncontrollable factors and chose to have surgery through a belief that they were out of control of their weight and eating and through a desire to hand over control to an external force (p. 290).

Divataunia, however, does not conceptualise her weight gain as solely the result of uncontrollable factors. Although Divataunia believes it was a matter of addiction – a medical label - she does not choose to employ this as an explanation of her weight gain. As she puts it, she “still had a choice in the matter” (Divataunia, 2008c, April 27). Mobilising medical and biological explanations for obesity locates obesity as a medical problem requiring the medical solution of surgery rather than as a lifestyle problem needing lifestyle intervention (Throsby, 2009b). Divataunia accepts her fatness predominately as an individual failure and chooses to have WLS regardless of the potential implications accepting personal responsibility for her weight may yield.

Thebandinme recognised the need for an external source of control in order for her to gain control over her eating:

Lapband is a tool for control because if I didn't have it, it would be food who owns me. I am food's bitch (2008c, March 9).

She acknowledges that her physical hunger and emotional issues have contributed to her out of control and 'compulsive' relationship with food. Thebandinme employs the life events disrupting weight loss discourse that Throsby (2007) found in her study of WLS patients:

It's that you're fighting your own body, appetite, emotional issues which can make you compulsively eat. Which I know, I'm such an emotional eater. I was always fighting my emotions towards my father abandoning me or not giving a shit about me with food. I was like 'well food, you're my friend, you'll always be there for me, you won't leave me, you make me feel good. You're the dad I never had that cares about me'. And that's some heavy shit man, that doesn't go away. And it takes a lot of food to muffle those feelings, you know it's like never enough (2008c, September 6).

Taking up dominant medical and social accounts of fat, Thebandinme and Divataunia frame their eating and bodies as out of control. Alleviating this feeling of being out of control is one of the driving forces for engaging with WLS for each woman. The need to feel in control of their bodies, hunger and weight is paramount.

Stages of control

At each 'stage' of the WLS journey, control is conceptualised in various ways. Before WLS, Divataunia and Thebandinme experienced their bodies as out of control. Within previous literature it is noted that women frequently experience their bodies as being beyond control in a variety of ways (Martin, 1989 cited in Shilling, 2003). In one of her final vlogs Thebandinme discusses how her decision to have WLS was driven by feelings of lacking control over her body:

I always felt my appetite was out of my control, it was my greatest enemy, it was insatiable, I was never not hungry. I was a victim of my stomach. You know like 'whatever you want, I have to give it to you because you're just fucking like screaming in my ear all day for food'. So I'm just like my stomach's slave. And it made me feel really out of control, really insecure and made me really depressed like I would never be able to be normal, in this way, think about something else or be free of this obligation to my appetite. And then when I got lapband it's suddenly like 'oh well I'll just go and get a fill⁹ if I'm too hungry or if I'm eating too much. I just go in, get a fill and I eat less'. The end. That's how that works. It suddenly became a problem that was so easily controlled and solvable and that was amazing to me. The control that that gave me, I totally like get off on that. I think I have a lot of control issues (2008b, September 6).

⁹ "Patients require frequent band 'adjustments' (known as 'fills') every one to two months to ensure ongoing weight loss. As the band is tightened, the stomach stoma reduces in diameter, making the range of foods one can eat increasingly limited" (Murray, 2010, para. 19).

In examining notions of control, the question must be asked, why are these women understood as out of control to begin with? Whose interests are served by being in control? Halse (2009) maintains that a 'virtue discourse' is operating in that a "failure to control one's weight makes one a 'bad' citizen by ignoring the interests of the common good needed for a well-ordered society" (p. 51). The economic burden of obesity on the nation state is another argument regularly drawn on to justify the need to control citizens' behaviours¹⁰.

After undergoing WLS Thebandinme and Divataunia suggest that they have increased feelings of control. WLS offers up a sense of control over their lives which they felt they did not have prior to the WLS. Specifically, WLS has enabled these women to feel in control to make the decisions they wish to make:

... I really do, I get really excited about my fills because that feeling that you had before surgery, you know all of us fat girls that love food, sometimes you feel like you're a prisoner of food or like your eating's really out of control and you can't get a hold of it. You know like you're eating everything that's in front of you and you feel really out of control and you feel really depressed and um ashamed of yourself. Well that feeling, you never going to have to deal with it anymore after you're getting the lapband because you can just schedule a fill. That's all you have to do. You go in, get a full if you're eating too much and all of a sudden you have more restriction. You're eating less. And it's this like, so invigorating and like powerful feeling of control that you have with the lapband, that I could never have had before. I mean I would have to make a pact with myself to like start doing a diet and then I'd feel miserable that I had to do this diet, and I wouldn't be eating what I wanted to eat. I would just be really sad, feel like a failure you know. And then I'd have to challenge myself with something like a diet that's really hard to stick to and if you don't stick to it, you feel like a piece of shit. It was awful. And what I realise now is that when I schedule a fill I know that I have that control. Like I can just make that adjustment and my eating changes. What I can eat changes, how much I can eat changes and um I just love that. I think you have to have lapband to feel that sort of control but that control is really intoxicating to me. And it's a great feeling to know I'm in control of my body, how much I eats (Thebandinme, 2008, April 10).

... and I just make good choices all around now and I feel really positive about that yea (Divataunia, 2008b, April 27).

¹⁰ There is also the commonly held argument that the cost of publically subsidising WLS would be outweighed by the future savings for the healthcare system by avoiding the healthcare needs and complications that are seen as inevitable for an 'obese' person.

WLS coupled with fills present the option to gain control over the body through being able to manipulate it. At the level of the individual where the discursive context is experienced and made sense of, being in control engenders positive feelings. The sense of virtue that accompanies making 'good' choices is instilled from the moral facets of the health discourses. On the other hand, perhaps it does just feel good for Divataunia to be taking care of herself, albeit within prescribed means (see Heyes, 2006). Shilling (2003) asserts that in the contemporary period that is increasingly complex, "investing in the body provides people with a means of self-expression and a way of potentially feeling good and increasing the control they have over their bodies" (p. 6).

For Divataunia and Thebandinme WLS is about controlling the body. The metaphor of the body as a machine is evoked due to the nature of WLS and the capacity to manipulate and control the body with WLS fills. Shilling (2003) points out that this metaphor:

... might suggest the body as radically 'other' to the self. However there is nothing to stop individuals feeling that the body is *their* machine which can be maintained and fine-tuned through diet, regular exercise and health check-ups (p. 33, emphasis in original).

As well as positive feelings about taking control, guilt is also experienced by Thebandinme for requiring to have this surgery to gain control of her body and her eating:

Not all good feelings, some of them are like - guilt how did I end up here, how do I have to have surgery to get control of my body (2007, July 30).

Thebandinme goes on to emphasise that regardless of how hard she tried to stick to the 'lifestyle' recommendations of diet and exercise, they did not work for her. From my reading, her guilt is perhaps experienced because diet and exercise, which rely on self-control, did not have the desired effect of weight loss pointing to her lack of control which she consequently feels guilty about.

The control that WLS provides is not infinite however. This varies with the type of procedure. Thebandinme, who has the lapband in place, is able to get a fill or unfill and adjust her control in this way, which she does regularly. With regards to the longer term outcomes of

gastric bypass, the procedure is less effective over time and thus for Divataunia control becomes precarious. Divataunia must keep a constant vigilance so as not to lose control:

I know for me, I had, and probably still do have, it's just under control, a food addiction (2009, May 29).

The capacity to control her eating seems uncertain at times, the requirement to continue to do so, especially two years out when the procedure is less effective, is potentially overwhelming for Divataunia:

As a GBS post-op patient who's almost two years out I'm now at a place where I am struggling with food again. I can eat normal amounts, I can eat pretty much anything and I'm having a lot of issues with control and I'm reaching for food out of, I have a lot of stress in my life right now and I've always coped with things with food. And so it's very difficult for me to, for the first two or one and a half or now I had this tool that controlled it for me, I didn't have to think about it.... You know, I have an addictive personality and I can very easily see my life spiralling out of control without help (2010, February 16).

Once control is gained, it is something that must be maintained. Divataunia continues to vlog about her maintenance two years after her surgery. The commitment to monitor, control and self-surveillance is a life time commitment if the weight loss is to be preserved. It is these practices undertaken to maintain control that I examine in the next section.

Practices of control

This section examines food journaling and vlogging as forms of confession and as practices undertaken to ensure control remains in place around eating. Technologies of the self, namely confession and self-surveillance, are evident in the following two extracts as well as throughout the entirety of their vlogs. Technologies of the self are sets of techniques and practices that:

... permit individuals to effect by their own means or with the help of others a certain number of operations on their own bodies and souls, thoughts, conduct, and way of being, so as to transform themselves in order to attain a certain state of happiness, purity, wisdom, perfection, or immortality (Foucault, 1988, p. 18).

They are historically situated within larger power relations (Foucault, 1988). Ultimately this self critique is seen as being beneficial to the community as the achievement of a full and complete life contributes to the improvement of society (Danaher et al., 2000). While confession originated from Christianity it is now a secular commonplace cultural practice that is widely dispersed throughout Western society where there is a strong compulsion to tell the truth about ourselves (Besley, 2005). Confessing is about the disclosure of self more than the act itself (Foucault, 1990). Through communicating and interpreting one's thoughts and actions, which can be done publicly or alone, the act of confessing constitutes the truth about a subject (Foucault, 1988).

Confession then is both a communicative and an expressive act, a narrative in which we (re)create ourselves by creating our own narrative, reworking the past, in public, or at least in dialogue with another (Besley, 2005, p. 370).

The unidentified audience on YouTube hears and potentially judges or forgives, based on the truths that are offered up by the women. Besley (2005) writes that within this judgement a reflection back of who we are is occurring, constituting the confessor's identity.

'Food journaling' as it is commonly referred to by the WLS YouTube community is a practice that enables one to monitor food intake. It is popular among WLS patients to keep track of their unique nutritional requirements. Divataunia specifically records her protein intake and total calories whereas Thebandinme does not mention that she keeps such detailed records.

I keep a food journal and if you're interested in seeing that, I can't imagine why anyone would be, it's pretty boring, but just case you're kind of curious about what you can eat under the different stages. I'm on stage 4 right now which is soft foods and you can see my food journal there's a link to it, it's a spread sheet, there's a link to it on my actual journal which is divatauniabackstagepass.blogspot.com and I'm sure you've seen the URL posted all over my page (Divataunia, 2008, April 20).

... my food journal, which I've started again because I realised I really do need to keep track of that (Divataunia, 2008, September 22).

As they keep these publicly on auxiliary websites, they are a means for other and/or new WLS patients to learn about WLS eating habits. The journal serves as a written confession and as a

public monitoring technique which, as Divataunia discusses, keeps her accountable for her actions. The surveillance works to place external restraint on Divataunia through internalising the permanent visibility. Nevertheless this surveillance is self-imposed and through the medium of vlogging a blurring of ideas around internal and external surveillance is apparent. The act of vlogging is discretionary. A unique aspect of vlogging is that they are able to construct the narratives they wish to portray by choosing what is disclosed.

An exemplar par excellence of the vlog as a confessional practice is Divataunia's Chinese food incident where she tests the limits of her gastric bypass and talks about her experience of what it is like to lose control. According to Divataunia, Chinese food is regarded as inappropriate for WLS patients because of its high fat and salt content (2008, June 22). Conceivably Divataunia submits herself to public surveillance via her YouTube vlog because self-surveillance has not worked:

Ok here's my confession, I was always like my worst, my crutch, my Achilles heel, my crack was Chinese food. Oh! And not the good stuff, you know what I'm talking about, the fried rice, the chicken fingers all that stuff. Loved it! Loved it. And could eat it in mass quantities. And since the surgery I've been really really good, I haven't really cheated at all and I've really stuck to the plan. And I haven't had any cravings for it except for this week when I also had PMS¹¹. I just could not stop thinking about Chinese food, I was dreaming about it. So, um, I got some. I ordered Chinese food two days ago.... I'm so embarrassed that I'm even admitting this but I just think it's so important to be real.... Part of the reason I got the surgery was so I wouldn't eat that stuff anymore. So I had two bites of beef teriyaki and two bites of fried rice then I waited it out and then all of a sudden I was like 'holy god I feel sick' and of course I went to the bathroom and I threw it all up. And then for about four hours after that my stomach was just basically flipping me off, it was just so angry with me. And the bad thing is that I actually caved and did it, the good thing is that I never want Chinese food again because ugh I was so sick for those four hours it was just torture.... but this, this I can't eat anymore, there's just no way. It's the one thing my stomach is just like 'hell no'. I guess I'm confessing 1. Because I feel really guilty around it but 2. Because it doesn't make all your cravings go away. You know still have to work on the head stuff, it's hard. For the most part I don't even think about food, I have to remember to eat for the most part. But every once in a while the cravings sneak in and you get sort of consumed by it. And you have to work around it, I'm so glad that happened because now I'm never going to want that again because I got so sick from it. I'm upset with myself that I didn't have the willpower to resist it but I think that's just part of the growing process through this. So I admit it I did it.... so I'm

¹¹ Pre-menstrual syndrome

going to forgive myself this and just move on and know that I'm not going to do that again (2008, June 22).

Divataunia emphasises that her loss of control is still somewhat mediated by eating only a few mouthfuls of Chinese food. This confession (Foucault, 1990) functions to highlight Divataunia's commitment to the project of weight loss, regardless of her transgression. Divataunia represents and constitutes herself as an imperfect but honest member of the YouTube WLS community through her confession of giving in to her cravings. She uses the opportunity to offer advice to other members that the consequences are not worth it, repositioning herself as a legitimate member again. Noting that she has learnt her lesson is important to the admission because it forms "part of a broader narrative of her restoration to responsible and deserving patienthood" (Throsby, 2009a, p. 211).

In losing control and succumbing to her cravings, Divataunia feels guilty, upset, and that she must confess in her vlog. As Evans (2003) succinctly states, failing to fully embrace the health imperatives advised can be regarded as:

... an outward sign of neglect of one's corporeal self; a condition considered either as shameful as being dirty or irresponsibly ill, in effect, reproducing and institutionalizing moral value beliefs about the body and citizens. At the extreme, it exhorts people to develop embodied relationships based on fear, anxiety, guilt and regulation (Evans, 2003, p. 96).

The guilt, among other negative emotions, Divataunia feels about not staying with the prescribed diet is visible in the video. Perhaps she feels that she will be expunged of this guilt if she confesses her deviance. Divataunia forgives herself for her transgression because she has acknowledged that she will maintain control and will not do it again, making the pardon acceptable. By confessing, Divataunia seeks to regain some of the control she has lost and recommits herself to her weight loss goals.

Although Divataunia recognises that according to prescribed WLS eating practices she is breaking the rules, is it possible that in times of being 'out of control' she is resisting? Knowing that she is doing the wrong thing according to WLS guidelines and doing it anyway can be interpreted as defying and thus resisting WLS guidelines, norms and practices. In

choosing otherwise Divataunia can be regarded as asserting her control and losing it simultaneously. The complexities of control are demonstrated in this example which is beyond what any dualist rendering of in and out of control can capture.

Choice

In the women's vlogs control is inherently connected to choice. As argued above, WLS facilitates a sense of control and by being in control Thebandinme and Divataunia feel they are able to make better choices. The first decision is to undergo WLS and to determine which type of procedure to undergo. This requires research and consultation with a variety of doctors. The choice to have WLS is normalised by medical institutions as well as by statistics showing that increasing numbers of women and men are undergoing WLS (Hill, 2009). The choice to have WLS was well considered by Thebandinme and Divataunia:

I have felt very proud of myself for making this decision, doing all the research, being really open with people, starting the video blog which I know a lot of people enjoy which is awesome because that's totally why I made it. I'm really proud of myself for doing that and being really open, and just um confident in my decision, that this is right for me (Thebandinme, 2007, July 30).

First off all let me say this, I tried everything.... Losing weight, well some weight, was never the problem, it was keeping it off that was always the problem.... so it wasn't for lack of trying I just couldn't do it.... I started doing the research and I realised that this was the most pro-active and responsible thing I could do for my health. And it was scary of course and I didn't want to do it but I felt like it was the only way for me to take control of my life (Divataunia, 2008, June 28).

As in the case with Divataunia, one must have exhausted all options for weight loss before WLS is approved by an insurance company. So while the choice to engage with WLS resides with Divataunia, ultimately the doctors and insurance company make the decision whether or not she has WLS.

Now that the women have made a commitment to WLS and 'bettering their health', there is an added layer of responsibility to make the right choices in order to avoid accusations of WLS being the easy way out and cheating:

I'm gonna keep an eye on just when I'm eating keep focused on protein first and stuff like that and try and do better. I haven't been drinking as much the last few days so that's good, I'm trying to keep the drinking at a minimum because that really slows my weight loss when I drink. So I'm doing that and trying to drink a lot of water. I thought I was doing pretty well, I mean it's hard to eat high quality foods on the road but I haven't been eating as much like ice-cream and stuff which is really good (Thebandinme, 2007, November 7).

I'm sabotaging myself and I'm making bad choices, although I've been working really hard at that this week to get back on track (Divataunia, 2010, January 8).

I'm going to have a salad, because I'm still going to make good choices even though I'm a crazy person with PMS (Divataunia, 2008, September 28).

There is judgement from both within and outside of the YouTube WLS community if the regimented WLS diet is not adhered to, as seen in the Chinese food example. The notions of control, choice and responsibility that the women draw on are entrenched in public health discourses. Evidently the responsibility lies with them to make the 'correct' choices but whom the responsibility is to is not always clear. When taking into account the context in which the WLS procedure is taking place, the individual responsibility that Divataunia feels for her health and weight can be seen to be linked to healthism and discourses of risk (see chapter one). The risk to be avoided here is obesity by making the correct choices around food consumption and physical activity.

Gard (2009) sheds light on "an enduring and probably unavoidable tension between consumption and restraint" that western capitalisms produce (p. 41). This tension is also apparent in the following passage where Divataunia and her niece are having a conversation:

Divataunia: I did not have a good week this week. Leila: It was bad. Divataunia: It was a bad week. This week I weigh 181.6 so I gained 2 pounds.... Leila's going to tell you the real reason why I gained this week. Leila: Well you had too many carbs and you ate bad foods. Divataunia: I did eat bad foods.... I had one cheeseburger slider thing but I was eating it thinking I shouldn't be eating this, and the scale told me that too. So I had too many carbs, and too many bad foods, and what else did I not do? Leila: You didn't exercise enough. Divataunia: Right, how many times did I go to the gym this week? Leila: You went to the gym only like, only once. Divataunia: I went to the gym only once this week. So who's fault is it that I gained weight? Leila: Yours. Divataunia: Mine, yup. I'm taking responsibility for my actions.... I'm 7 and half months out and the honeymoon period is over. Weight is not just going to fall off of me anymore, I am going to have to work at it. And this week I didn't work at it, it didn't exercise enough, I had too many carbs, I wasn't really paying attention and I ate

bad foods. I haven't been journaling my food or anything so I need to get back to that right? Leila: Yes. Divataunia: Yea, but the good news is I'm still down 121.8 pounds. So what I need to do is just take responsibility for my actions and just make sure I have a good week this week (2008, November 9).

Also complicating their ability to make the correct choices is the changing effectiveness of WLS. As the restrictive effects of WLS lessen over time, choice creeps back in:

But I'm really really struggling with something right now. I'm just not sure how to deal with it. I'm over two years out and I can eat a small normal meal and I am struggling with some personal issues and I'm coping with it with food, again.... And I don't know which one it is but all I know is that rationally, logically, intellectually, I know what the right choices are and yet I still have been stuffing my face (Divataunia, 2010, May 7).

... 'cause if you don't feel the threat that something might get stuck, you're not as hesitant about eating. You're like oh I'm gonna fucking try and see what I can get down then. I've talked to other people that are banded and every time you get a fill you're just like, let's try it out, see how it goes you know. But once you feel the threat there, that something might get stuck, you don't try to push it as much (Thebandinme, 2008a, March 9).

Paradoxically, while WLS restricts choices of what Divataunia and Thebandinme are able to digest, and, most importantly how much they can eat, this gives them a sense of increased control. Ogden et al. (2006) term this the paradox of control which the following section will explore further shortly. Earlier on in their WLS journey, the newly gained sense of control offers positive feelings for both women; although Thebandinme finds that control is not always beneficial as the following extract illustrates:

You have the choice of what you want to eat because you're not that hungry, you can't eat that much so what do you want to put in there? You start getting really critical of your calories, maybe I don't need these calories or maybe I shouldn't eat at all. And you know I had to kind of deal that I was having these feelings and make sure that I was eating. I think there was a day there where I only had like 400 calories and it was like a 14 hour day or something. And I almost passed out, it was really bad. And I couldn't believe myself, I was like why am I not eating proper calories? And it's because I've never had that option. I've never had the option to not eat if I don't want to and feel not hungry and just be really picky about my food. So I was abusing it, kind of. Seeing if I could and then I became more aware of that and I started staying more on top of my protein shakes and my vitamins and I feel so much better now. But that's something to be aware of, where you have that control all of a sudden, it's easy to misuse it (2007, July 24).

WLS produces a new found control that enables Thebandinme to choose how to control her body. However the questions of what do you do with that control, how far do you go are raised for Thebandinme:

Once you have the control of the lapband and the option to lose more weight.... do you need to lose another 5 pounds, when are you gonna be happy? Are you gonna be able to stop when you feel good about yourself? I try and keep myself in check but I have this problem just as much as anybody else (2008c, February 18).

There is a tension between the socially defined meanings of what it means to be in and out of control. At what point are you in control of your body? It is not straight forward nor is there one answer. Rather, it is an uncertain experience that is multiple and fluid as Thebandinme's narrative suggests.

The paradox of control (Ogden, Clementi, & Aylwin, 2006)

Psychological research into the experiences of 'obesity surgery' has foregrounded control as a central theme (Bocchieri, Meana & Fisher, 2002; Glinski, Wetzler & Goodman, 2001; Ogden et al., 2006). Ogden et al. (2006) put forward that:

... the majority of patients described how they adjusted to the physical limitations imposed by the operation and developed a new sense of control over both their weight and eating. This new sense of control appears to take two forms. For some, it took the form of an externally imposed control that was welcomed as a release from their previous sense of responsibility and ongoing battle with themselves. For many however, this reflected an internalization of control resulting in a new psychological state. In addition, this new state of mind appeared to generalize to other areas of life with many reporting not only feeling more in control over what they ate but also over their lives in the broadest sense (p. 290).

Building on the previous section regarding control being related to choice, the paradox of control is that "imposed control and limited choice can sometimes paradoxically result in a renewed sense of control" (Ogden et al., 2006, p. 273). Both formations of the paradox of control resonate with the women's experiences as illustrated in this section beginning with Divataunia and then turning to Thebandinme.

Is it freeing to be able to make good choices? Well for me I think I've done this mental thing to myself where I think 'don't eat that, you can't eat that because you could die' which is so melodramatic I know! But for me I'm only a little over a month out so I do have to be careful about what I put in my stomach because I could damage my stomach or the operation or whatever so I have to be really cautious of that. Now I'm getting to the point where I'm almost ready to move into the next stage and I'm starting to experiment just a little bit but overall I make, I mean I haven't made any bad choices. Everything that I've eaten has been approved by my dietician and it is freeing because I feel like I'm in control of my food intake and my desire for food where as I wasn't before. I was completely ruled by it, I just always wanted junk. I just wanted junk. I didn't want vegetables, I didn't want salad I wanted crappy greasy food all the time. And now every once in a while if I'm hungry and I smell it or if I see on TV I might get a little craving for it but it passes immediately. I don't think about it for a long time like I did before. And I just make good choices all around now and I feel really positive about that yea (Divataunia, 2008b, April 27).

But overall it's so much easier now, because I don't have, it's not even a choice, like I don't look at a buffet and think 'well I'll take a big plate of food and see if I can do it'. No, immediately I'm like no way, I will get sick and once you get sick and you feel that pain, that's enough to make you say never again (Divataunia, 2009, May 26).

Divataunia has relinquished her choice of foods to her dietician and yet feels more in control than before the surgery. Her choices are influenced by the risk of getting sick, creating a control that is somewhat external to her. The control that WLS offers induces increased feelings of control, demonstrating Ogden et al.'s paradox (2006). The good choices that Divataunia makes present her as a model patient and demonstrate her commitment to WLS.

The paradox of control also rings true for Thebandinme's experiences. Thebandinme discusses her relationship with her surgeon:

I can't emphasise enough how important it is to look into you're surgeon's office and how they regulate their fills. Is it going to be a huge pain in the ass for you to make an appointment with them and get to them so you can get a fill? Because it takes a lot of fine tuning to get to the right spot in terms of your fill and I'm really lucky that my office at North West WLS in Everett, Washington, they're really great about fills, you can call them and they will book you a fill no matter what. Like as long as they have a time slot available, they'll book you. And they say two weeks and you're not losing weight, you should be in for a fill or at least check in with them and see what's going on. They're really supportive, they're really available and your surgeon's office should be like that. They shouldn't put you through hell and high water to get a fill because if you're not at the proper fill you can be too tight and throwing up which is a risk to you and your surgery, your life having the band. Or you can be not tight enough and you're not losing and you feel guilty and maybe you're gaining some of the weight back that you've lost. And it's a spiral where you feel bad and you don't

want to call them or you think it's your fault, it's not your fault. You're with the lapband now, it should be the proper restriction to work properly and it's their responsibility to get you there with the fills (2008b, February 18 – 2008c, February 18).

The control initially appears to be located with the doctors in their ability to give fills. Thebandinme believes it is the surgery/surgeon's responsibility rather than her own to get her to the correct fill. However Thebandinme's strategic choice of her surgeon's office according to the doctor's ability to meet her needs attests otherwise to control being located wholly with the doctor.

Another exemplar of the complexity of control with respect to the psychological concept of internal and external locus of control is as follows:

Lapband is a really hopeful thing you know? It is a symbol of hope. All of your hopelessness and problems you thought were not solvable because you tried a million different thing to try and lose weight, control yourself and your mind and your body in order to eat what you need to eat and exercise all you need to exercise to lose the weight that you need to lose in maddening. For me, it was sacrificing my positive disposition to constantly have to think about all that stuff and now it just kind of happens (Thebandinme, 2008c, April 21).

Hopefully I'll reach my goal of Memorial Day down 100 pounds, let's hope! (Divataunia, 2008, June 29).

One reading of Divataunia and Thebandinme's feelings of hope is that they do not believe they have control over their weight loss. Hope is understood as something that is external to them and is not certain. The belief that weight loss is something they cannot wholly control is perhaps due to the WLS band being 'external', promoting the idea that the gastric band does the work for them and thus their weight is out of their own control. Handing over control to the lapband or to the doctor responsible for inserting the band helps the women to feel more in control and optimistic as well as signalling that they feel they cannot lose weight without external help. This highlights the paradoxical nature of WLS and control.

Mind/body dualism

Similar to Thebandinme, the participants in Ogden et al.'s study (2006), described a separation of mind and body in their altered relationship to controlling food intake post-WLS. Based on the work of philosopher Renes Descartes, the core of the Cartesian Dualism is that the mind and body are distinct and separate. Descartes' mistrust for the body and seeing it as disobedient has been inherited by Western society. Within this notion of controlling your body, the mind and body are split. The concept of one's body and hunger being out of control is rooted in the classic mind/body dualism where the rational, thinking self can control the potentially errant body and its hunger. The split between mind and body is pervasive in these two women's experiences of WLS with regards to control.

Some participants felt that after WLS the stomach was now controlling the mind whereas others felt that the imposed physical control had shifted their psychological state. Divataunia and Thebandinme discuss both aspects at different times that Ogden et al. (2006) note as illustrated in the ensuing passages respectively:

It's my body telling me I need some more fuel which is good because otherwise I'd probably forget (Divataunia, 2008b, April 27).

I was missing food because I was kind of being deprived with how tight my fill was (Thebandinme, 2008, September 24).

Everything that I've eaten has been approved by my dietician and it is freeing because I feel like I'm in control of my food intake and my desire for food where as I wasn't before. I was completely ruled by it, I just always wanted junk. I just wanted junk. I didn't want vegetables, I didn't want salad I wanted crappy greasy food all the time. And now every once in a while if I'm hungry and I smell it or if I see on tv I might get a little craving for it but it passes immediately. I don't think about it for a long time like I did before (Divataunia, 2008b, April 27).

... before I was guilty and terrible about the food I ate and I was eating so much that I was making myself sick every time I would eat and I was constantly hungry and constantly thinking about food, obsessing. I don't do that anymore (Thebandinme, 2007b, December 7)

Within the same video Divataunia draws on both explanations of control which points to the relatedness of mind and body that the ensuing section addresses. For Thebandinme both of

Ogden et al.'s (2006) accounts illuminate how she makes sense of the relationship between mind, body and control.

As well as the above two versions of control that Ogden et al. (2006) outline, at times making good choices is seen as a rational decision by Divataunia, not taking into account the cues her body is giving her:

... all I know is that rationally, logically, intellectually, I know what the right choices are and yet I still have been stuffing my face. (2010, May 7).

In addition to emotional influences on food choices, there are physical aspects to control and choice. Hunger and a physically larger (relative to immediately after the surgery) stomach influence their decision making as the effects of the surgery begin to lessen for Divataunia and Thebandinme:

But I'm struggling, I'm struggling with eating now because.... I'm hungry, I eat a lot more often like every two hours because my metabolism is a lot faster but I'm also not making super great choices all the time (Divataunia, 2010, January 8).

The first 5 months or 4 months after surgery I was really like focused and I did protein first with lots of vegetables and now I'm just trying to push it. You know, I'm eating brownies and washing it down with milk because I know I'll probably be able to eat more if I do that. I'm only cheating myself when I do that, so I don't know why I do it. Well I know why I do it, it's delicious. But that's not a good reason. So anyway I gotta keep myself in check (Thebandinme, 2007c, December 18).

Thebandinme indicates the mismatch between her experienced physical hunger and her mental expectation of what her hunger should be. She also discusses the psychological affects this mismatch yields for her:

I always felt my appetite was out of my control, it was my greatest enemy, it was insatiable, I was never not hungry. I was a victim of my stomach. You know like 'whatever you want, I have to give it to you because you're just fucking like screaming in my ear all day for food'. So I'm just like my stomach's slave. And it made me feel really out of control, really insecure and made me really depressed like I would never be able to be normal, in this way, think about something else or be free of this obligation to my appetite (Thebandinme, 2008b, September 6).

Rather than this pervasive dualism, I contend that both the mind and the body are integral to control. As Merleau-Ponty's work indicates we are always already embodied. Post-

structuralism and feminist theories reject the distinction between mind and body, and instead propose an embodied subjectivity, or as Samantha Murray (2008a) terms it, a being-in-the-world.

Conclusion

WLS for Divataunia and Thebandinme is very much about gaining a sense of control. The feelings of being out of control prior to surgery, as illustrated in this chapter, are central to their engagements with WLS. WLS represents a way to become a controlled subject. It offers a mode of control over themselves that is shaped by discourses such as the new public health (Lupton, 1995) incorporating neo-liberal and medical discourses. Control is embodied in their actions and choices, as communicated through their vlogs, expressing their commitment to the project of being a virtuous citizen (Halse, 2009).

The relinquishing of choices and control paradoxically serves to increase their feelings of control exemplifying Ogden et al.'s thesis (2006). With control comes great promise; however WLS does not necessarily yield the desired outcomes. Particularly in Divataunia's testimonies it is evident that the control that WLS facilitates is precarious so that vigilance must be maintained through ongoing work in the form of vlogging and food journaling. The language of hope that both women employ represents the uncertainty that accompanies WLS.

The notion of control is not as simple as it is frequently framed. Although control is constructed as a dichotomy in the women's stories as well as in Ogden et al.'s (2006) work, being in and out of control are far from separate states. Divataunia's loss of control with Chinese food illustrates that being in and out of control may be experienced concurrently and also points to the fluidity of the notion of control. From this chapter it can be construed that both in and out of control constitute each other simultaneously; they bring each other into being and give each other meaning. It is therefore impossible to separate the two as they are mutually dependent by definition.

There is a normative expectation that women will exhibit control over their bodies. The next chapter explores such norms and the ways in which ideas of normal and abnormal operate in Divataunia and Thebandinme's narratives.

Chapter five: NORMAL SELVES

The previous chapter highlighted the importance of appearing in control of one's body and weight and the normalising project is an extension of this. As Kathleen LeBesco writes, "the politics of the normalisation project remain largely invisible" (2009, p. 146). It is therefore the aim of this chapter to explore the politics of WLS as a normalising project as experienced and reported on by Divataunia and Thebandinme.

The binary of what is regarded as 'normal' and 'abnormal' is regularly reproduced throughout Divataunia and Thebandinme's testimonies. Often what counts as abnormal is constructed in opposition to its counterpart, that is to say they are mutually constitutive. Without norms the construction of the abnormal is a fruitless quest. That is, the very presence of a norm constructs the possibility of an 'Other' – an abnormal (Gore, 1995). Despite the women's attachment to notions of normal and abnormal, however, in this chapter I argue that these concepts are not as discrete and rigid as they may seem.

Drawing on the women's testimonies and scholarship drawn from critical and feminist accounts of the body in this chapter I endeavour to explore what normal means for each woman. This is an important facet of their testimonies to examine because of the effects and affects that discourses of normal have for the women. In what follows I interrogate the various ways discourses of normalcy play out in the women's lives. I examine the discursive context that constitutes their ideas of what it means to be normal and map out how the women define, think about and embody normal. There are a myriad of practices that work to construct, maintain and disrupt norms around (WLS) bodies, particularly pertaining to diet and exercise as well as BMI. More specifically, for the YouTube WLS community, as understood through two members' accounts, to be normal means fitting within existing configurations of normal. There is however reflexivity around and challenges to what normal might mean evidenced in the women's testimonies. I conclude by highlighting the fluid nature of norms in the vlogs and

argue that it is apparent Thebandinme and Divataunia mess up the binary of normal and abnormal.

Feeling abnormal for needing and wanting WLS

From my readings of the women's vlog testimonies it becomes apparent that Divataunia and Thebandinme are considered abnormal by many groups for wanting surgery in the first place. As Thebandinme asserts, the responses from others when disclosing they have had WLS are mixed:

You never know how people are going to react when you tell them that you've had the surgery. Some people are really weirded out, some people get mad, resentful – you got the surgery and maybe they didn't or they don't think you deserve it for whatever reason. People get weird (2007, July 24).

There is a notable evocation of strong emotions from others regarding the decision to have WLS. Thebandinme's choice has given rise to anger and resentment within others' readings of her particular engagement with the surgery. Closer to home Thebandinme discusses her father's reaction. He feels that she is abnormal for wanting and needing the surgery:

Like why can't I just go on a diet and lose the weight? That's what my dad said. Why don't you just go on a diet? Why don't you take your iPod and walk around the field everyday 20 times? And I was like, that's kind of insulting when people say that because I've tried that my whole life. Like I've been overweight my whole life so obviously I've tried that. A lot of people just never feel full... there's a huge stigma related to people that have WLS. For example the way my dad reacted to it, was just like I'm weak, or someone that seeks WLS is weak, they don't have self-control, they don't have will power. And a lot of this isn't true. There's a lot of people that go through every diet in the book and just cannot lose weight (Thebandinme, 2008a, November 14 – 2008b, November 14).

Within the above passage, we can see that Thebandinme draws on varied discourses to justify her decision. The 'we're not all the same' sentiment, and the 'assault' on her sense of herself as a person who has tried to lose weight her whole life are particularly evident. According to Thebandinme, she is someone who has tried every normal thing to ameliorate her 'condition' yet each and every one has failed her thus far. Throsby (2007) discusses the pertinence of

“acts of resistance at the micro-level of everyday interaction” (p. 1563). Thebandinme’s sustained efforts work to resist negative views about WLS and those who have it afford an example of this mobilisation of micro-level resistance. Public opinion, as illustrated in media articles surveyed by Wilson (2005b), is that WLS is the ‘easy way out’. This sentiment is closely aligned to a view of fat people as lazy. In order to disrupt this view, both Thebandinme and Divataunia work hard in their accounts of their experiences to emphasise the effort required following the surgery. Thebandinme and Divataunia frame WLS as a tool that enables them to diet and exercise as normal people do, something which is also congruent with Throsby’s (2008) findings of WLS being framed as a tool that enables “dieting like a normal person” (p. 123).

However LeBesco (2004) argues that this explanation of fat employs ‘the will to innocence’¹² which is “futile as political strategy” (p. 116). Explaining away fatness by asserting for example that fit and fat are not mutually exclusive or that fat people eat no more than others communicates that:

“I will allow my right to exist as a subject (reflexive, reasonable, with power to act) to be predicated upon how much I eat or don’t eat” – and this is ultimately a self-defeating move (LeBesco, 2004, p. 114).

It is remarkable how easily, even avowedly resistant, strategies/tactics of certain fat activists can be reinterpreted as ones that ultimately buy into the initial assessment. LeBesco (2004) also reminds us that “there is never a neat separation between the power we promote and that which we oppose” (p. 124). Given this, it is important to examine the discourses constituting how we understand fat, bodies and the meanings they hold, particularly with regards to the women’s perceptions of normal. Below I illustrate how Thebandinme and Divataunia make sense of their position with respect to constructs of abnormal and normal.

¹² Deemed a futile political strategy framing fat people as incompetent and powerless, the “will to innocence manifests itself in a variety of ways in the rhetoric of the size acceptance movement. Frequently advanced are links between fatness and low socio-economic status that result in the inability to afford healthy food. Also popular is patronizing portraiture of fat people (especially racial/ethnic minority members) as ignorant of proper nutrition and thus potentially salvageable should they become enlightened” (LeBesco, 2004, p. 122).

Divataunia and Thebandinme discuss how they feel about their choice to have WLS and the emotions it evokes for them, particularly around feeling abnormal for ‘needing’ the surgery:

At first I was really embarrassed of my decision because I feel a little bit like a failure, that I wasn’t able to do it on my own. It’s the one thing that I’ve never really been able to accomplish. It’s frustrating and it’s embarrassing (Divataunia, 2008, January 3).

I don’t feel like normal people should need surgery like this (Thebandinme, 2007, July 30).

... thinking you’re a huge failure for getting the surgery (Thebandinme, 2008b, March 9).

Thebandinme’s identification of WLS as an operation not needed by normal people points to the ways in which normative practices of diet and exercise have become the standard route to weight loss. The women’s failures are understood in this way because of the normative expectation that most people are able to and will control their weight. Influencing this view of WLS as an abnormal intervention are contemporary beliefs about the nature and role of diet and exercise. Both dieting and exercising are already normalised as behaviours deemed appropriate for women’s bodies and, consequently, WLS becomes positioned as an abnormal intervention on bodies.

Surgery is considered an abnormal undertaking alongside the normal route of prescribed diet and exercise and, accordingly, those people who do engage with WLS are relegated to the realm of the extraordinary. Considering the moral overtones and vitriolic portrayal of WLS in the media (Wilson, 2005b), it is not unexpected that Divataunia and Thebandinme express feelings of failure for turning to “drastic” WLS (Divataunia, 2009, October 13). Divataunia’s commitment to health and improving her life perhaps justifies her admission that she has failed to lose weight in the normal way and needs surgery. Her narrative also works to normalise WLS as an appropriate intervention. That she has tried on her own and not did succeed, concedes that she needs external help, but does not give up altogether, which would indicate individual failure (Throsby, 2008).

Paradoxically, the women engage in something seen as abnormal to become/appear more normal. WLS is currently understood as an abnormal option to take to lose weight. As well, the physical procedure alters one's anatomy quite dramatically.

I do understand that people are weirded out by the fact that people are rearranging your insides, I'm weirded out by it (Divataunia, 2008, December 22).

However, en route to becoming or desiring to be normal, these 'abnormalities' begin to make sense as a pragmatic response. Weight norms have a productive function, offering ideals to work towards and weight loss goals to achieve. Highlighting the strength of normalising ideals, they contribute to producing behaviours such as dieting and exercising for weight loss purposes as well as undergoing WLS itself. Nevertheless WLS and the people who get the procedure become vilified when they do take actions to work towards becoming more normal (Wilson, 2005b). While still not widely accepted, with rising numbers of surgeries taking place (Hill, 2009) WLS is increasingly becoming a more normalised response to obesity in working towards a more normal, and thus accepted, body.

In the systematic analysis that Salant and Santry (2006) conducted on bariatric surgery centres' online advertising, there is an emphasis placed on the normalising effects of WLS. "Our data suggest that [Bariatric surgery centre] websites are currently contributing to the reconfiguration of the 'normal' by substituting a normal BMI for a normal or unaltered anatomy" (p. 2453). The websites place importance on social acceptance, psychological suffering and on creating normalcy through surgery, thus diverting attention away from the social, political and economic conditions that maintain weight based discrimination in the US (Salant & Santry, 2006). The techniques used to advertise bariatric surgery such as focusing on emotional well-being over anatomical modifications "appear to nudge the boundary between what is regarded as 'normal' and therefore healthy, and what is not" (p. 2452). The websites also rely on BMI as a statistical indicator of health, something I attend to in the following section.

Body Mass Index

Thebandinme and Divataunia rely on BMI as a meaningful category. The concept of normal appears to be very much rooted in BMI for Divataunia and also for Thebandinme. The use of medical discourses is one of the ways that the meaning of what it is to be normal in the WLS community is constructed and reconstructed:

... I feel ok where I am too but I'm still technically overweight, I looked my BMI up and I'm technically overweight (Thebandinme, 2008c, March 9).

Hello lovelies, I thought that I would sign on tonight and do a video about being normal. And I've been thinking about this a lot. Last night um Rob and I were talking and you know usual me just not being able to grasp the concept that I'm thinner now and uh I weigh 188 right now and just feeling like I'm still huge.... And so you know he said to me 'you're normal, you're a normal size now' and I just couldn't believe I like 'really?' and I still can't believe it but he was like 'yea you're a normal size girl'. I mean I'm not skinny, that's clear and I still have weight to lose but um it's more just like overweight now rather than obese.... I've actually moved into a different category for the BMI weight index chart thing. I started out at 303.4 and I was morbidly obese and then I was all excited when I moved out of morbidly obese and I was just in the obese category. And now at 188 and 5 ft 7, I am overweight. I am just overweight, not obese, I am overweight and I cannot wrap my head around it. Not that that's normal, I mean obviously it's overweight but I think comparatively I'm starting to look normal and I'm in normal size clothing (Divataunia, 2008, October 10).

The use of scare quotes possibly suggests that Divataunia is aware of the contested nature of the idea of normal. On the other hand it is also possible she is referring to the official terminology.

BMI categories hold an important position in the narratives employed because of the dominance of the medicalised view of the body and weight from the outset of their engagement with WLS. In order to be considered as a candidate for WLS one must be classified as abnormal, that is with a BMI over 40 kg/m² or 35 kg/m² with co-morbidities (Buchwald et al., 2004). BMI categories classify the subject as either normal, as the category is literally named, or pathological if in the overweight, obese or morbidly obese categories. The delineation of normal and abnormal is entrenched through medical discourses. By way of BMI categories, medical discourses communicate narrow ideas about both what constitutes an ideal or normal body. At the highest level of health governance, overweight and obesity are

defined by the World Health Organisation (WHO) as “abnormal or excessive fat accumulation that may impair health” (WHO, 2006, para. 1). The expert position held by the WHO allows its officials to situate themselves as arbitrators of legitimacy of what is normal/abnormal and thus they are able to impose their perception of normal and reinforce it as hegemonic (Bunton & Peterson, 1997).

The three main technologies of disciplinary power, surveillance, examination and normalisation (Foucault, 1977) are enacted through the measuring of BMI. Building on earlier disciplinary technologies of the religious confession, medical examination and military exercise, Foucault espoused that modern society coerces individuals into behaviour designated as normal for a given society through disciplinary technologies (Duncan, 2001). While Foucault looked at prisons, he argued that the techniques used in prisons are commonly applied in our other institutions to normalise individuals, that is, to encourage them to conform to society’s norms. “The success of disciplinary power derives no doubt from the use of simple instruments; hierarchical observation, normalizing judgement and their combination in a procedure that is specific to it, the examination” (Foucault, 1977, p. 170). The simplicity of BMI calculations facilitates use of the categories by lay people and medical experts alike and extends the calculative gaze.

“Foucault highlighted the importance of the ‘normalising judgement’ or normalisation in the functioning of modern disciplinary power” (Gore, 1995, p. 171). The judgement of normal or abnormal is made through comparison to an established norm which requires surveillance and classification from the written exam, or in this instance weighing and measurement. “Surveillance enables comparisons to be made, comparisons which are important in establishing or challenging norms” (Gore, 1995, p. 170). In addition, through classifying subjects, standards of normalcy are established (Danaher et al., 2000). This process depends on naming, an important condition of being truly human because it enables us to distinguish us from what we are not (Danaher et al., 2000). The processes of normalisation

“do not necessarily manufacture conformity or the monotonous regularities of identities” (McHoul & Grace, 1998, p. 72); instead abnormalities are emphasised in the systems of power concerned with seeking them out and the subject becomes more individualised. Heyes (2006) discusses how “every individual bears some relationship” to the normative weight measures of height-weight charts (p. 133) which thus enables individuals’ deviations from these norms to be pathologised. Occupying a pathologised position as a WLS patient requires the women to be seen to be working towards normal, perhaps explaining their use of BMI categories as a delineated benchmark of what constitutes normal. The following section aims to make sense of the women’s engagement with notions of normal.

What is normal?

As well as BMI defining normalcy, the meaning that normal holds for these women is intimately connected to body size. This section addresses what normal and abnormal means throughout the WLS journey. What follows is an examination of the ways that ideas of normalcy operate in Thebandinme and Divataunia’s life. Beginning with body size, I then explore the physical realities that the women encounter in ‘fitting in’, being able to do normal things and wearing normal sized clothing. I also explore the women’s experiences and perspectives on eating normally and having a normal relationship with food. Each of these matters is discussed at length in the women’s vlogs.

For Divataunia and Thebandinme, being normal manifests itself as a state of being utterly connected to matters of size and shape. For both women, their large size has previously hindered their capacity to complete physical tasks and to participate in social spaces and practices. At varying times, normal equates to skinny as well as less fat, for both Thebandinme and Divataunia.

I’m here getting surgery to get skinny (Thebandinme, 2007a, December 12).

I'm a size 14 but to me that's like perfect.... I'm not like skinny but I never wanted to be skinny (Thebandinme, 2008c, February 18).

... so I was like “ok see you when I'm skinny!” (Divataunia, 2008, May 9).

I mean I'm not skinny, that's clear and I still have weight to lose (Divataunia, 2008, October 10).

I'm way past where I wanted to be, in fact I'm actually too skinny right now. If I can actually say that. Not skinny, I've lost too much weight, I need to put more weight back on (Divataunia, 2009, April 4).

US size 14 is a perfect size for Thebandinme but it is not skinny; Divataunia weighs 142 pounds when she believes she is too skinny although in a later vlog she later is upset when she weighs 148 pounds. It is clear that for both women, their understanding of what constitutes normal is variably expressed and fluctuates over time. Sometimes these two women consider ‘skinny’ to be the normal body that they are aiming to achieve and at other times they signal that they don't want to be skinny at all. Throsby (2007) asserts that many WLS patients desire to be normal rather than emulate a model-like slimness and this is inferred in Thebandinme and Divataunia's vlogs.

Fitting in

Fitting into existing popular constructions of normalcy is one of the ways the women learn that they occupy a position as normal and no longer qualify as abnormal. Normal clothing sizes plays a major role in this:

We were at the mall and we were about to leave and Cynthia said ‘let's go into New York & Co’, I'm like ‘uhh that's the normal people sizes’ but we went in.... and I tried some clothes on and I ended up leaving with three dresses size XL, normal sizes.... I just cannot believe it, I shopped in a normal clothes size.... So I'm in some normal sizes now, it's crazy (Divataunia, 2008, September 22).

My body feels light and free and good, and I can wear clothes that fit me and that are comfortable and that I want to wear instead just what they have in XL. Something to drape over me so that it doesn't show my actual figure you know like I hated that. I hated always hiding everything, and looking frumpy and like. I like dressing kind of cute you know (Thebandinme, 2008b, April 21).

To be able to choose what to wear, how you want to dress and represent yourself, rather than what fits, is important for Thebandinme. While there is nonetheless the conformity to certain standards of beauty in her not wanting to appear frumpy and desire to look cute; recognising the potential political aspects of fashion, Lamm (1999 cited in LeBesco, 2004) asserts that fashion can be used to resist, as a self-defining tool and to make a scene. LeBesco (2004) points out that:

... the objectification against which feminists have been fighting for decades becomes the new dream state of the fat woman consumer.... but should fat people be so quick to measure success by being made into a commercial market? Isn't that what they're mad at the diet industry for doing to them? (p. 68).

Both accounts of the women's discussions of their dealings with clothes help to make sense of their experiences. At the same time as they are being rendered consumers, they are fashioning their subjectivity and gaining pleasure from doing so.

As well as fashion delineating normal sizing standards, other structures are in place to help construct and maintain what it means to be normal. An example of this is hospital gowns as Divataunia asserts:

... when I was brought into the hospital, they always put you in a room and give you the regular jonny size. As we know it's been many times that I've been in the hospital and I've always had to ask for a plus size jonny. So I went in and I was like ugh and I looked at it and I was like I'll just put it on and see and it fit. It actually had room to spare I could not believe it. The normal jonny fit me. Unbelievable, unbelievable.... so I've just been tossing this normal concept around in my head (2008, October 10).

It would be fair to assume that in a hospital, especially given that WLS takes place there, there would be more sensitivity to the requirements of fat people. This is just one example of the discrimination that fat people face. Another structural factor that the women must negotiate is public spaces. Fitting in to spaces without feeling awkward is an achievement that helps the women feel more normal:

I had trouble fitting places, I was always scared of small areas because my butt and my boobs would always knock stuff over or I had to squeeze past someone on the bus and my boobs would rub on them. I was scared presenting myself all the time. I don't feel like that anymore all the time, I'm starting to get used to it (Thebandinme, 2008c, February 18).

I can go into any restaurant and fit into any booth. I don't have to worry about it. That used to be my biggest fear when I would go out to eat with my friends and family, 'oh god I'm not going to fit into the booth' and I'd have to eye it and see which side was bigger. No. I can fit anywhere now and comfortably (Divataunia, 2009, January 13).

The reality of her size causes Thebandinme to have a heightened awareness of her body and the space she takes up in public places. This is produced as a consequence of the idea of maintaining personal space boundaries. Being able to function in social spaces is an important facet to feeling normal as Divataunia discusses in her personal goals:

Number 4 to go to a bar. Right now I hate going to bars, I feel like a freak of nature. I feel like when I walk in that everybody's looking at me, like 'what are you doing here fat girl?' you know? And I'm sure that's just my own insecurity but still I don't feel comfortable in a bar, I don't feel comfortable in a dance club. I feel like I stick out and I feel like nobody wants to talk to me because I'm fat which is so ridiculous I know but when I'm in my comfort zone, you know the piano bars, the karaoke bars, parties where I know people I'm totally fine. It's just in those very small instances, in a bar or in a dance club – a hip-hop dance club not a swing club because I love those, I just don't feel comfortable. And I would love to be able to own the room, walk in and feel 100% confident and feel like I can talk to anybody and not have any self-consciousness about it. So that's a big one. (2008, January 24).

Over time as the women lose weight they feel less out of place and more comfortable. Analogous to normal being defined as not abnormal, Divataunia's comprehension of normal is to not feel abnormal in a club or bar. The anxiety over public spaces is also expressed in relation to the responses of others. What both women want is to feel like they fit in both literally and figuratively in the social sense.

Being able to do normal things/things normally

Apparent in the women's narratives is the importance of being able to do normal things, particularly for Divataunia:

Ok so my physical list, number 5: tie my shoes without pulling my leg up on my knee. I can't tie my shoes like a normal person. You know I don't even know if I have feet anymore, I haven't seen them, I sure as hell can't reach them and I just want to be able to tie my shoes like a normal person. Number 4 is one I'm sure a lot of people can relate to, I would love to be able to climb a flight of stairs or

walk up a hill without gasping for breath and feeling like I'm going to have to be transported to the emergency room. It's just, you should be able to do that without feeling like you're going to die! Number 3: to bend with my knees. My god, every time I bend over to pick something up my knees lock because I'm so terrified that my body's going to topple over, which I'm top heavy, it very well could. I'd love to be able to bend from the knees and take the weight off my back and just feel comfortable. Number 2: go for a walk. I mean clearly I can walk now but the problem is I can't enjoy it, I'm in pain, my back hurts, my knees hurt, I'm out of breath, it's not enjoyable. I would just really love to go out on a nice day and really enjoy nature while I'm walking. And my number 1 physical goal is to ride a bike (2008, January 24).

While not all fat people have the same experience of their size, for Divataunia her corporeal reality has created difficulties in her life. The regaining of a capacity to perform basic physical tasks has made her "so happy" (Divataunia, 2009, January 13), which begs the question, how can one categorise her as a cultural dupe for having WLS when her personal goals are to be able to do these things that are taken for granted by others.

Another everyday activity that the women wish to do is 'eat normally'. Being able to eat normally means not obsessing about food nor being enslaved to their hunger. 'Normal eating' for Thebandinme and Divataunia changes as they journey pre and post-WLS. Both discuss their relationship with food prior to their WLS as compulsive and obsessive, describing multiple instances where food was used to self-medicate for various reasons (e.g. Divataunia, 2009, May 26; Thebandinme, 2007a, December 7). It is unclear whether Thebandinme and Divataunia have self-diagnosed as compulsive eaters or have been diagnosed by a health professional and it is not of great importance. What *is* of importance is the constitutive nature of the medical sanctioning of a division between the normal and 'compulsive' eater (Samantha Murray, 2008b):

For the fat woman, this preoccupation is not always with eating food itself but the belief that one's ingestion of any food must somehow be pathological, given the easy conflation (both medically and in lay society) of addictive overeating and 'fatness'.... Beginning a diet requires an admission that one's eating, and thus one's self, is out of control.... when a woman, perceived by herself and others as 'fat', embarks on a diet, this is never the result of a simple acknowledgement of an objective fact ('I am an overeater', 'I am overweight'): rather, the 'diet' is the discursive construction of a practice and a self that is pathological (p. 222).

Although Samantha Murray (2008b) specifically discusses dieting, which the women both have lifelong engagements with, the post-WLS eating regime that must be adhered to for a certain period of time to minimise stomach damage is arguably a diet. Both Divataunia and Thebandinme are positioned by others and indeed position themselves as pathological eaters. This positioning as different constitutes their subjectivities as pathological and has effects on their relationships with food (Samantha Murray, 2008b).

Desiring to eat normally, Thebandinme communicates her jealousy of how she perceives normal people eat:

I remember being obese and looking at average sized people and skinny people and just resenting them and not even wanting to talk to them because I'm like they're lives are so easy. They're just at an average weight, they go out to a meal, they just eat an average size plate of food, they're full, they go home, they go to bed, they don't even have to fucking think about it. And I was like fuck those people. That's so easy for them. They don't appreciate it, they don't deserve it (2008b, September 6).

Thebandinme wishes for a relationship with food that is as simple as that which she perceives in people of normal weight. There is much scholarship that documents women's relationships with food and inherently their relationship with their bodies. Linda Bacon's work is especially pertinent. "First, as long as it is more difficult to live in a fat body, I have to fear becoming fat.... with accompanying difficulties with food, body image and self-esteem" (Bacon, 2009, p. 4). The normal relationship with food that Thebandinme imagines others to have is perhaps not as uncomplicated as she appears to perceive it. As Bacon's testimony reveals, issues around food, body image and self-esteem can and do arise regardless of one's body size.

Further complicating this belief of a straightforward relationship with food is the fact that both women's post-WLS version of eating normally differs substantially from popular understandings of what this might entail. They are able to consume very little food and do not have a regular appetite. This then becomes their new norm. Subsequently, when the effects of surgery wear off and Divataunia is able to eat normally, actually having an appetite and being able to eat normal amounts of food becomes problematic for her:

I'm over two years out and I can eat a small normal meal and I am struggling with some personal issues and I'm coping with it with food, again.... I'm thinking to myself, what the hell is wrong with me? Why am I still reaching for food? Why am I still coping with this? And why can't I stop this? And is there something wrong with me? Because either there's something seriously wrong with me or everyone else is not telling the complete truth. And I don't know which one it is but all I know is that rationally, logically, intellectually, I know what the right choices are and yet I still have been stuffing my face. I've been dealing with some pretty serious stuff and I'm really emotional and I've been just eating so much food and just jamming it in, medicating with food. And I'm aware of what I'm doing and I can't stop it, it's compulsive and I'm really scared. I'm very scared because I don't want to go back to where I was. And I just don't I don't know what to do, I'm in therapy and I feel like maybe just by talking about it and being honest about it, I'll be a little more accountable and maybe more apt to make better decisions. I feel like for the first year or so you're in that honeymoon phase and so you don't even want to eat food and that was so great and I can't even believe I'm going to say this because this is so messed up but when I was sick, I just could not stand food, I couldn't keep it down and I almost wish I was sick again because I felt in control and right now I don't feel in control (2010, May 7).

WLS temporarily fixed Divataunia's eating problems and allowed her to eat what she considered a normal amount. As for Thebandinme, the nature of the gastric band allows for her to alter the amount of fill she has and thus her appetite and stomach's capacity.

I started testing it out 'cause you always do that when you get a fill, ooh you're like what can I eat, what can't I eat? I'm going to try push it as far as it goes. Well that's what I do ha. So I was ooh what can I eat now? And I went and had a burger for the first time in like six months and it was the best thing I've ever tasted in my life! And eating that burger was really like orgasmic in a lot of ways but then after that I just started pushing it more. I was like oh I can eat all this stuff now, it's really awesome, so I ate as much as I could every day. And I kind of knew I had to go in for another fill 'cause I was eating too much but at the same time I was really enjoying it because I had not been able to eat as much (2008a, February 18).

This fluctuation of Thebandinme's stomach capacity influences what she understands is a normal amount of food to eat post-WLS:

My standards just keep dropping and dropping and dropping (2007a, December 7).

A new set of eating norms accompany WLS. Abnormal behaviours such as throwing up become a normal part of Thebandinme's life:

I don't think it as a crisis thing or something that's bad when it's happening, I just have kind of accepted it as part of my life (with WLS) that you know if I go too fast or if I take too big of a bite or it's a food that just my body is not

accepting, that I'm going to be in the bathroom throwing up there for a while until things settle down (2007a, December 7).

Thebandinme and Divataunia's shifting understandings of what comprises normal and their complex eating requirements complicate what it might mean to eat normally despite the fact that the capacity to eat normally was one of their WLS goals.

The aforementioned aspects of normal that Divataunia and Thebandinme draw on to make sense of what is normal and abnormal in their lives emerge from the socio-cultural and physical contexts in which the women exist. Architectural structures such as restaurant booths, together with fashion trends and regular clothing sizes shape what counts as normal for the women, and so too, do the people around them.

Normal in relation to others

Thebandinme and Divataunia do not only define for themselves their normality and/or abnormality, but the views and practices of others also position them as normal and abnormal. That is, being normal is something constituted in relation to the generalised other and more significant figures such as partners and doctors. Divataunia's partner Rob labels her as 'a normal sized girl' as we read in her video 'ON BEING 'NORMAL'' (2009, October 10) in the previous section on BMI. The positioning by significant others as normal, notably for Divataunia, by her doctor and partner, functions as a mode of normalisation, signalling that one is not abnormal and different (Samantha Murray, 2008b). The below excerpts serve to illustrate this process:

... and I am exactly 2 pounds away from being normal weight. Like I could go into a doctor's office and nobody will say 'you need to lose some weight', I'll be normal weight. Normal weight! (Divataunia, 2009, January 13).

I don't even really look fat that much anymore, I look pretty much just like anybody else. And I think about that going to school all these people see me and I'm sure they just look at me like anybody else, you know like that's just whatever like another slightly overweight girl and that's really weird to me to just be another one of those girls (Thebandinme, 2008a, April 21).

At this point in time Thebandinme finds it ‘weird’ to not be in the fat girl category, that is, Thebandinme finds it weird to be categorised as normal/not abnormal. Occupying the position of being a ‘slightly overweight girl’ is a demonised identity for most young women, let alone the pathologised position of being a member of that category of Other – which varies by definition but is generally associated with fat for many young women. After so long being in an Othered position, Thebandinme finds it weird to be part of a group that most women work hard to escape from.

Thebandinme feels under surveillance from a generalised Other. She is acutely aware that ‘people’ will be reading her body for what it now communicates about who she is. Fat is taken to represent excess and immorality in a person, yet her body no longer displays these markers to the same degree. As Samantha Murray (2009) suggests, bodies make an already ‘virtual confession’ conveying normalcy or pathology to those who are deciphering what kind of subject they might be. Thebandinme enacts and embodies normal in relation to this other.

Another group that each woman performs normal in relation to is the YouTube WLS community. The next section examines the norms specific to the YouTube WLS community as interpreted through Thebandinme and Divataunia’s discussions.

YouTube WLS Community norms

Within the YouTube WLS community, as with any community, there are multiple examples of practices that constitute norms specific to that community. In turn, these work to produce particular subjectivities, so that positions such as normal and deviant are reproduced and taken up by its members. In this section, I examine the norms produced and maintained within the YouTube WLS community, exploring both the productive and pedagogical aspects of these.

The most obvious norm of this particular YouTube community is a shared commitment to and interest in WLS. The choice to have WLS is normalised within this

community unlike the other realms of the women's lives (e.g. Divataunia, 2008, June 25). The bodily effects of WLS are regularly expressed as key WLS community norms. Practices like remembering to eat protein first, lamenting hair loss and throwing up are just a few of the activities normalised within this community. Thebandinme is so committed to documenting her journey, she includes a posting clip of her very close to throwing up. She describes the video:

Us bandsters have a wonderful new life to enjoy. A life of eating small quantities, losing weight and being the size we've always wanted to be! We also have to deal with a new, slower way of eating - that can sometimes be unpleasant. Here, in a clip from my trip across the US, I have eaten thick tortilla chips too quickly and too early in the day. They are stuck and a thick mucus is rising up in my throat which I have no choice but to spit into the street. If I were to have access to a bathroom I could make myself throw up the actual food and the saliva/mucus would more quickly subside. But on a road trip you don't always have access to a private bathroom, so this is what ends up happening! This is real life for bandsters, people! Sorry! (Thebandinme, 2007b, December 12 [Video description]).

The adjustment to post-WLS eating, particularly in social situations, is something that is discussed regularly. Advice given in the vlogs teaches others about what to expect, ways of making sense of their experiences and ways to cope with altered eating patterns. Other norms that exist within the community include those geared around expectations of weight loss.

Within the community there is a narrative of 'us as the same'. Not only are there normative ways of telling stories about themselves, to whom, when, for what purpose and how but also what gets told has a collective feel about it. Many vloggers comment on others' videos and engage in other forms of participation such as competitions and tagging games. 'Weighing-in' is a ritual performed in each vlog that details one's start weight, current weight and total loss. This information is also detailed on Divataunia's profile page. These practices work to create normative ways of participating in the YouTube WLS community.

Throsby's (2008) research into a popular WLS forum notes that it is characterized by an optimistic spirit and that "those having negative experiences of surgery (including both serious complications and weight regain) tend to drop out of the discussion forums" (p. 121).

There is no reason given for why Thebandinme ceases vlogging whereas Divataunia continues to document and share her experiences of life after WLS to this day. Nevertheless, in the YouTube WLS community, as is evident in Thebandinme's description of 'when things don't go down', there are many very up-front and honest representations of experience. Perhaps the less structured nature of YouTube in comparison to an on-line forum contributes to the telling of other experiences that are not wholly positive. There is a tendency to divulge information of all sorts while stating that this might be 'too much information'. This might be because the experience of vlogging is likened to talking to no one and everyone at the same time (Wesch, 2008, 25.05 min).

One very clear norm within the community is that the members of the community see it as their role to educate others and advocate for WLS:

I did what I needed to do to save my life as I'm sure many people here in our community have done. I think that the only thing that we can do is to continue to try and educate people on what the surgery is, why people make the choice, what it does to help people with their lives. And we just have to continue to be proactive about that because education is the key and I think that the more people know and understand what it is, the more understanding there will be about the decision to go there (Divataunia, 2008, December 22).

You shouldn't be throwing up, you should not be so tight, pushing yourself so hard that you're throwing up all the time. And I'll tell you why, because it's not just the throwing up part which can make band slip and then you might have to go back and have surgery. It's because the only things that are going to go down without having hassle and fuss, throwing up and all that bullshit and more swelling, is like chips and liquids (Thebandinme, 2008, September 24).

Divataunia and Thebandinme take up educator roles in the WLS community offering their personal experiences, that of the community's experiences, sharing advice and comfort to others.

The WLS vlogs serve as a pedagogy of health for others who are experiencing or contemplating WLS. The insights into experience, tips and advice for newbies and opportunities to share and discuss WLS in general, are in an important sense, body pedagogies. Lessons in body care, body projects and body 'work' are gifted to consumers in the YouTube WLS community. The vlogs are just one mode of coming to know and

understand the self work necessary to achieve a lighter body. It is potentially a very poignant and compelling pedagogy in its capacity to shape women's subjectivities.

These pedagogical aspects of the vlogs are implicated in the processes of normalisation:

One of the questions that I had was about the losing weight and the stalls. A lot of people go through this their first month or two, they feel like their weight loss is not up to par, they're not keeping up with the Jones in a sense. Everybody loses weight at a different rate.... Don't get worried about it. The first month everybody's different, as long as you're losing that's the key right.... It's normal, it will pass and you will lose more weight.... So don't worry about it, it does happen to everyone (Divataunia, 2009, October 13).

Divataunia became an 'expert' within the WLS YouTube community and has gone on to host a weekly WLS radio programme. Experts' positions allow them to situate themselves as arbiters of legitimacy, of what is deemed normal/abnormal and they are thus able to impose their perception of normal and reinforce it as hegemonic (Bunton & Peterson, 1997). For example:

I can assure you, what you are feeling is very normal. It's very very normal. I think almost everyone who gets the surgery, myself included, goes through that 'oh my god what did I do stage' right afterwards. And there's like a mourning period of, I mean it's such a dramatic dramatic huge change so.... just know it's normal and it will pass (Divataunia, 2009, June 26).

The women are not consciously working to create another hegemony, if anything they aim to counteract hegemonic understandings of WLS by drawing on their personal experiences. It is perhaps a consequence of railing against another hegemony that unwittingly another new one is created, having varying effects.

One such effect is the creation of a YouTube WLS community and its accompanying norms. The local practices of this community create a climate in which some behaviours and practices are accepted as 'what it means to be a WLS community member' and other practices are deemed unacceptable. An example of this is after Divataunia admitted to 'falling off the wagon' and eating Chinese food. Within the community there is an impetus to always tell the truth even when it is not favourable and may yield negative outcomes:

I do find people that have had GB are a little more judgemental. My last video on the Chinese food, I got some comments that I was really kind of surprised about, you some people saying 'well I thought that rice wasn't good for you' and 'Chinese food is bad for you' and then I got some private messages saying 'Chinese food is bad for you it's loaded with salt'. And I was like, I said it was a mistake and I knew that it was wrong, I know that Chinese food is horrible for me. I didn't understand why people felt the need to, lecture isn't the right word, but point it out to me like I didn't know. I made a mistake and I defy anyone to say that they haven't haha you know I'm human I make mistakes (Divataunia, 2008, June 25).

The community let Divataunia know through comments on the video and email that her behaviour is undesirable. In doing so, normative ways of being a WLS community member are created and Divataunia is perhaps positioned as temporarily deviant, over and above her disclosure of a mistake.

The normalising gaze of the community teaches Divataunia that she has transgressed YouTube community norms and produces, in a sense, what it means to be a member. On the one hand, YouTube is a new site for 'free' expression of honest truths, and a comfortable space for exhibiting difference as YouTube is associated with being relatively anonymous and gives off the illusion that one can say or do whatever without 'real' consequences. On the other hand, in conjunction with a new 'neutral' site comes the creation of new norms that are produced and reproduced within the WLS community. These work to create new meanings, subject positions and ways of being and doing that in turn work to marginalise, alienate and so forth, just as the old ones do.

Practices to become normal

Practices normalised within the YouTube WLS community, medical institution and public health imperatives, position diet and exercise as appropriate interventions for fat bodies. Instantiated in various accounts of weight and weight loss, markedly so in Divataunia and Thebandinme's narratives, are assumptions that an obese or overweight body can (and should) be subjected, classified and altered to meet normative standards with sufficient work.

“By engaging in body work, women are able to negotiate normative identities by diminishing their personal responsibility for a body that fails to meet cultural mandates” (Gimlin, 2002, p. 6). WLS is a pragmatic response to the commonsense view that certain bodies are problematic. Given the pressures to conform to normative female body ideals, it makes sense to turn to WLS and demonstrate one’s commitment to the endeavour of becoming more normal on a public vlog. As Bordo (1993) states, “ultimately, the body... is seen as demonstrating correct or incorrect attitudes towards the demands of normalization itself” (p. 203). This section aims to illustrate some different views within pertinent literature on diet, exercise and WLS as practices that have normalising effects.

As well as WLS, Thebandinme and Divataunia variously engage in the weight loss behaviours of diet and exercise. Within a current context these practices position both women as normal and working towards normative body ideals. Throsby (2008) considers WLS:

... an enabling technology which allows them to exercise the normatively prescribed vigilance over diet that had previously eluded them. This, I argue, works to normalizing effect, minimizing the differences between WLS and other weight loss technologies and techniques (p. 121).

This appraisal corresponds to Divataunia’s framing of WLS as a tool that enables her success:

Because in addition to it being a tool that saves your life, it’s hard work. It’s a lot of hard work. Because here’s the thing, it’s the same as dieting and exercise. It’s exactly the same. You’re just given a tool that helps you stay focused with that and helps you succeed. That’s it. That’s the difference. You still have to diet, you still have to watch what goes in your mouth, you still have to be conscious of what you’re eating, you still have to exercise. There’s no easy way out here (2008, December 22).

Divataunia’s version of success is initially entrenched in the notion that WLS results in her health problems being ameliorated. Later, however, her WLS narratives are increasingly linked to matters of appearance and the numbers on the scale (e.g. Divataunia, 2009, July 19).

Thebandinme sees WLS as “a tool for control” (2008c, March 9). From my interpretation of her testimony, Thebandinme’s motivation for having WLS is to lose weight. She does not emphasise the health effects and her use of the word health is predominantly

linked to her commentary on food. Instead she focuses on feeling “comfortable and confident” in her own body (Thebandinme, 2008c, February 18).

Whether for success, health, control or comfort – all of which Divataunia and Thebandinme discuss - WLS is a tool that helps them work towards their version of normal as both women consider the shape and size of their bodies’ problematic, warranting surgery. Normal is a confluence of healthier and slimmer versions of oneself. Accordingly, WLS can be understood as a practice that serves to normalise women’s bodies (Samantha Murray, 2010; Wann, 2005).

Samantha Murray (2010) and Wann (2005) contend, and I agree, that WLS is a normalising technology. In defining a normalising technology, I am thinking of the kinds of ideas, practices and knowledges privileged within discourses of normal that have effects on the body and what meanings it holds.

The body project to become normal that is central to their engagements with WLS, is one that works in conjunction with other practices such as diet and exercise for weight loss purposes. These can be deemed as body work that functions to subjugate women and render their bodies docile (e.g. Bartky, 1990). Alternative and more nuanced readings include Gimlin’s writing on body work (2002):

I find it implausible that the millions of women who engage in body work blindly submit to such control or choose to make their bodies physical manifestations of their own subordination. To be sure, women live under a system of gender oppression. Nonetheless, they manage to create space for personal liberation within those very activities that often appear socially and personally destructive (p. 2).

Within the framework of WLS as a normalising technology, there are aspects that the women gain positive experiences from. As Heyes (2006), from her exploration of *Weight Watchers* and feminist accounts of weight loss practices, asserts:

... it was not until I had spent quite some time at *Weight Watchers*, immersed in a diet culture from which my feminist politics had until then kept me far away, that I began to understand the satisfaction many women found not only in losing weight, but also in working on themselves—in however circumscribed a context.... setting your own goal and taking action to achieve it can also feel

especially empowering (however overdetermined by disciplinary technology) (p. 137).

The empowering experience of setting and achieving goals unquestionably resonates with the women, as displayed in the following quotes:

I know it's hard to keep the hope and the faith alive that you will get to your goal but everyday's going to be a struggle and everyday you're going to have to stay focused but you should never lose sight of how much you've accomplished. And I try to always remind myself like, that every day has been a struggle for a reason (Thebandinme, 2008c, February 18).

So I lost 4.4.... that brings my total down to 147.2 pounds which means that I need to lose 2.8 pounds, and then I'm at my goal!.... Goal people! Oh my god I'm so excited (Divataunia, 2009, February 9).

Heyes (2006) concludes:

... that normalizing disciplinary practices are also enabling of new skills and capacities. On the one hand, deliberately losing weight by controlling diet involves the self-construction of a docile body through attention to the minutest detail. On the other hand, becoming aware of exactly how and what one eats and drinks, realizing that changing old patterns can have embodied effects, or setting a goal and moving toward it, are all enabling acts of self-transformation (p. 128).

Whilst dieting in order to regulate and normalise their bodies, it is an affirming experience for Thebandinme and Divataunia, giving them confidence in their abilities to achieve a goal and helping them to feel in control of their bodies.

Foucault's concept of 'technologies of the self' is fruitful in examining the dieting and exercise for weight loss practices that the women in this study undertake (see also chapter four). One reading of technologies of the self is that they serve to encourage the subject to normalise and regulate themselves, a minute individual version of technologies of power and discipline. Alternatively, technologies of the self offer a capacity for self-reflexivity that may produce new ways of doing and being in relation to the discursive context in which they exist. The capacity for critical thought in the first place speaks to the room for 'resistance' within webs of power. The 'help of others' could refer to the circulating counter-discourses, knowledges and imperatives that assist someone to feel like they must or can take action to

transform themselves. Heyes (2006) focuses on the productive and enabling aspects of technologies of the self arguing that:

The technologies of the self the process of dieting cultivates expand the dieter's capacities. These capacities, as McWhorter implies, are often recycled back into disciplinary practices; nonetheless, they have a resonance and potential that could exceed the regime of normalization that generated them (p. 138).

The self-care that Divataunia and Thebandinme undertake in finding more sustainable ways of dealing with their emotions goes against the feminist trope that dieting is disempowering. Prior to WLS, both women discussed using food as a way of dealing with emotional issues such as:

... when I was a kid some crappy stuff happened to me and I think a part of me getting heavy was self-protective (Divataunia, 2010, March 30).

I was always fighting my emotions towards my father abandoning me or not giving a shit about me with food. I was like 'well food, you're my friend, you always be there for me' (Thebandinme, 2008c, September 6).

Despite the fact that dieting is a form of social control that shapes women's bodies into certain ways of being in the world, it is beneficial to these women. Moreover, who is to say what counts as resistance? Could it not be that 'compliance' to weight norms is disempowering for some yet empowering for someone else?

Within the realm of physically working on the body, there is a potential shift for women to understand their bodies as things that 'do' rather than 'be' (Scott-Dixon, 2008). Scott-Dixon found that "strength-and-power-based sports provide a possible model for articulating a feminist politics of empowerment through activity that is not dependent on negatively disciplining the body nor achieving thinness/leanness" (Scott-Dixon, 2008, p. 27). Divataunia discusses how she feels strong now that she's working out (doing), however she goes on to say she is therefore disappointed with her weight loss (2008, April 27). Here she is drawing on the meritocratic belief that hard work should equal weight loss and employing the energy in/energy out equation for understanding her body and weight (being). Thebandinme,

on the other hand, mentions many activities she now partakes in without reference to weight loss:

... I do so much more I go out and run, I walk, I play. I'm active, rock climbing, oh my god rock climbing's so hard you guys. Rollerskating, riding my bike, fucking I do everything, I do everything now. And it feels good (2008c, September 6 – 2008d, September 6).

The activities both women involve themselves in are 'empowering' experiences whether or not they serve a weight loss function. Losing weight and normalising one's body does not necessarily equate to disempowerment.

Diet and exercise practices must be an ongoing project as the body project must be maintained or risk a return to its original problematic state. Incorporated into the ongoing nature of the body project is the lifestyle rhetoric currently circulating in both professional and lay quarters. Making lifestyle changes is normalised in the women's testimonies and helps to obscure the replacing of one regime of diet and exercise with another, which is so evident in their narrative. Lifestyle changes evoke a whole shift in the way life is thought of, as every aspect of living, in a sense, becomes an opportunity to work on the self/body. Lifestyle discourses effectively produce norms, always shifting and ambiguous, to which self-improvement can be directed towards the body.

The work on one's body is also never completed, especially within the context of a normalisation of dissatisfaction. Ambjörnsson (2005) examines 'fat talk', ritualized interactions between females, declaring one's fatness only to be protested by another. From her studies of Swedish teenage girls, Ambjörnsson argues that for females, there has been a normalisation of dissatisfaction with their bodies as a result of the victimisation discourses of the 1980s and 1990s "conveying the impression that dissatisfaction is a normal female state" (p. 119). It is reasonable to extend Ambjörnsson's argument beyond Swedish teenagers. As she asserts, "today everyone seems to know what girls do: they obsess, mostly about fat" (p. 119). Before Thebandinme ceased vlogging she is still unhappy with her weight and

Divataunia, who is still vlogging at the time of writing over two years from surgery, also discusses her dissatisfaction with her body.

Feeling normal

Feeling dissatisfied is only one of the emotions produced as a result of the women's engagement with discourses of normal. Probyn (2009) argues that fat and feelings must be central to the analysis of discourses surrounding the body, weight and eating practices. In the following section I endeavour to explore the feelings that WLS, as a route toward normal, evokes for these women.

The significance that discourses of normalcy hold for Divataunia and Thebandinme is evident throughout their testimonies:

... it's nice to be normal.... Feels kind of cool to be normal and I look forward to being more normal (Divataunia, 2008, October 10).

I feel so much better now, so much for comfortable with myself. I'm starting to get used to being smaller, I wouldn't say I'm small, I'm a size 14 but to me that's like perfect. It's good, I'm comfortable, I can find clothes that fit me now, which before I couldn't or if I could, it wasn't something I wanted to wear. It was just whatever fit me, I never felt good going out in what I was dressed in and I never felt good about myself (Thebandinme, 2008c, February 18).

The positive emotions produced by feeling normal exemplify the authority discourses of normalcy hold for these women. "The function of the norm/pathology binary within the individual is mediated by deep, fundamental anxieties about the spaces one may occupy in society" (Samantha Murray, 2008a, p. 47).

However being normal is not necessarily an easier position to take up. It comes with its own set of complications as Thebandinme discovers:

But then when you lose weight and you're considered average sized person, woah there's a lot more competition and a lot more expectation. There's a lot more reasons to be critical of yourself because you're competing against all these people, average size and thin people, beautiful women. Every day I see them, they're thin, they're cute, they're dressing cute, they're attractive and now I'm like well I need to push myself to be that, I need to be that (2008b, September 6).

I was uncomfortable being fat but that doesn't mean that once you're not fat you're comfortable being skinny, it's a totally different thing.... I guess I didn't anticipate that. I always thought that as soon as I'm skinny I'll feel exactly how I always wanted to feel and I'll feel beautiful and confident and I won't have to worry about people looking at me or me looking at myself in the mirror and feeling shitty or whatever, some of that's true, I feel good when I look in the mirror I'm like hey, yea, alright.... when you're fat you don't have to worry about all the people looking at you and holding you to certain standards, or like getting attention from certain people you might not want (Thebandinme, 2008a, April 21).

After so long being positioned as abnormal, and possibly positioning themselves as such, it came as a shock to Thebandinme that being normal was not everything she had dreamed of. The new found visibility and attention was not necessarily something she desired or felt comfortable with. Being normal was accompanied by feelings of a need to compete, although to what end, is not entirely clear. It is clear that both sides of the binary of normal and abnormal are problematic for Thebandinme (the existence of an Othered position is also part of the problem). In the next section I explore how the women engage with both thin and fat positions, further exemplifying the ways binaries are constructed and lived.

Ways to be thin/fat

It emerged from Thebandinme's vlogs that there are certain normative ways to be fat and thin. What follows is an example of Thebandinme taking up dominant understandings of what it means to be thin – feminine – and fat – loud, not caring and lazy:

... in a lot of ways too when you're fat you don't have to worry about all the people looking at you and holding you to certain standards, or like getting attention from certain people you might not want. Before I could just be loud and boisterous when I want to be because otherwise I just kind of.... fade into the background and people don't bother me if I don't want them to. So I got to like be assertive when I wanted to be assertive, I didn't have to care about being some pretty um super feminine girl, I just worry about being funny and cool and fun (2008a, April 21 – 2008b, April 21).

Before WLS and the accompanying weight loss, Thebandinme felt she could disregard to some extent the social expectations for females to be passive and overtly feminine, possibly

because she already defies the normative for feminine beauty standards. In becoming closer to these corporeal norms for women, Thebandinme felt an increased pressure to conform, although the source of that pressure is not clearly articulated. Her invisibility as a fat person allowed her to behave as she wished, whereas being slimmer meant that she attracted additional attention and expectations to meet 'certain standards'. Thebandinme views slimness as requiring the appropriate performance of normative femininity whereas fatness allowed her to resist these standards.

Another example of Thebandinme taking on normative ways of thinking about fat and thin comes from one of her last vlogs:

There's this cockiness that brews inside of me now that I've lost this weight. I see myself looking at overweight people and thinking well they just haven't taken control of their problem. They haven't made the effort, made the commitment therefore I'm more successful than them or I'm better than them. And I have this thought in my head and I'm just disgusted with it and I'm like, uh how can I think that about people. I am that person, I was that person, I still am that overweight person that I know has terrible self-esteem problems and self image issues and guilt, so much guilt. And I feel for those people. But there's this cockiness in me now like I'm better than them. It's terrible (2008b, September 6).

Thebandinme falls into dominant ways of thinking about fat now that she is no longer fat. She assumes, whilst knowing this is not an accurate portrayal of her experiences, that all overweight people are too lazy to make the effort to lose weight. Implicit are the assumptions that all fat people want to lose weight and that all people use weight as an indicator for making judgements about the kind of person they might be. This passage highlights the pervasiveness of popular understandings of fat, pointing to the way even those who have experienced being fat can continue to draw on fat norms to judge others. In so saying, Thebandinme's reflexivity around her thinking points to the contestable nature of norms, something I consider further in the following section.

Contesting normal

What it means to be normal with respect to weight is questioned by Thebandinme in her consideration of how much weight she wants to lose:

I'm not like skinny but I never wanted to be skinny just want to be comfortable and be able to present my body in a way that I'm comfortable and confident with and I feel like I'm there. It would be cool to like lose 20 more pounds but I don't have to, I feel really good the way I am now. And the other thing to be careful of is sometime you feel yourself pushing to lose weight even if you don't actually want to lose weight. If I'm comfortable with how I am now, comfortable with my body, I fit clothes, I feel like I look good, my boyfriend is very attracted to me, I mean should I lose any more weight? Do I have to? What is perpetuating this inclination to lose more? Do I have to lose more?.... Well do you need to lose another five pounds, when are you gonna be happy? Are you gonna be able to stop when you feel good about yourself? I don't know, it's just something to think about. I try and keep myself in check as much as I can but I have this problem just as much as anybody else. So I guess stopping to check how you feel in the moment, how do you feel about your body now? Are you happy with it? Nobody else should be able to tell you if you're at the right weight or not. (2008c, February 18).

... like I feel I'm at a good enough weight just to feel comfortable right now and if I happen to lose a couple pounds per month now that's awesome. But I'm not looking to be at 160 like I thought I was before. I mean at least not right now. And 140 was what I was thinking before, oh my god I would be so skinny, that's like 40 pounds from where I am now. [Stands up] And I'm not like skinny but 40 pounds off of what I am now, that would be really little for me. I don't like really little, I like curvy (Thebandinme, 2008c, April 21).

Thebandinme's reflexivity around weight norms points to her awareness of their influence on how she perceives her own body. Rather than throwing off the ideas that shape how we understand our bodies (Samantha Murray, 2008a), Thebandinme simultaneously works with and against weight discourses. She works to chip away at the notion of an ideal weight whilst simultaneously wanting to lose weight *and* expressing a level of comfort with her body as it is currently. These seemingly incompatible positions are expressed within a single post, pointing further to the complexity of the work women like Thebandinme must do to understand themselves and their practices.

Thebandinme wearing a bikini, something that is only seen as acceptable for a 'bikini body', further works to expand the definition of and disrupt what it means to be an ideal/normal body for her YouTube followers:

Hi YouTube. I'm just making.... a quick video about a lapband milestone that I just did today.... I never thought I'd wear a bikini in my life and I just now feel kind of comfortable enough to wear a bikini I guess. Just barely comfortable and it's still kind of weird you know but man I never even thought I would put one on because I always thought it would look ridiculous. But it doesn't look too ridiculous though so I thought I would make a video and show you guys my lapband bikini milestone. It's just about a week after my surgiversary so a year out from lapband I'm down 70 pounds and that's enough for me to feel comfortable enough to wear a bikini so I thought I would show you guys. It's kind of scandalous! All my parts want to fly out all over the place but I bought a bikini! Look I'm in a bikini!.... Crazy! Can't believe I'm wearing a bikini right now it's blowing my mind.... So I feel like that's the place to make my debut, my bikini debut and on YouTube of course because you guys deserve a sneak peak.... The lapband made it possible for me to wear a bikini that's pretty amazing to me. So I thought I would show you guys. Feels really good, feels good to wear a bikini, feels free. So bikini milestone, down 70 pounds sometimes 73, I'm at 167 right now so feel pretty comfortable. Things are good. Maybe one day we can throw a bikini party and we can all wear bikinis and people who aren't wearing bikinis, they can't come to our bikini party. And it doesn't matter how big or small you are, it's a bikini party if you feel comfortable (2008, July 19).

Thebandinme's engagement with the WLS YouTube community is disrupting norms 'online' and simultaneously has very real meaning for her offline life. Thebandinme's wearing of a bikini and the other examples that I foreground below arguably fragment the normative bikini body and perhaps work to produce a slightly broader understanding of what might constitute normal.

Even within 'small talk', there is an awareness of certain discourses and how they contour our practices and understanding:

You know, I just wanted to mention something that's really messed up, even though I'm posting this for WLS I keep going 'what's the best angle to make me look thin?' hello! (Divataunia, 2008, January 9).

Here Divataunia illustrates reflexivity around weight discourses and her engagement in practices of self-creation. "Women can create spaces of empowerment from within an oppressive system of beauty ideology while neither rejecting that ideology nor clearly challenging it" (Gimlin, 2002, p. 110). This is exemplified in the following quote:

And finally I just want to say, no matter what your size, please love yourself. I think that everybody should love who they are and embrace who they are, no matter what their size.... but I think we're all beautiful in our own way (Divataunia, 2009, November 5).

Divataunia, in this excerpt, is working to exceed the regime of normalisation (Heyes, 2006) on a micro-level, recognising that despite an inevitable attachment to normative discourses of fat, there may be space to rework dominant understandings.

Within the WLS YouTube community, being abnormal is employed in a unique way. Health abnormalities are utilised in order to access insurance cover for their WLS. Health abnormalities such as high blood pressure and diabetes are included as an insurance requisite as it assumed that WLS will ameliorate such pathologies. Divataunia received an email regarding insurance asking “can you please give me any advice on how to stack the odds in my favour for approval”. This is her response:

Two big issues – one was what have you tried to do on your own [to lose weight] and two was what are your co-morbidities?... was there anything unusual going on that you talked to your doctor about that maybe could be attributed to weight that you could get documentation on.... If you have any other symptoms that could be related to weight, get it written down, go find a doctor and see them about that first before even approaching GB. Get some documentation because you have to have the co-morbidities listed.... I hate to say that the more co-morbidities you have the better, but it sort is like that. If you have no co-morbidities, it’s likely that you’ll get denied. (Divataunia, 2008, May 13).

Imparting her knowledge from personal experience, Divataunia helps the woman who wrote to her to ask for help on how to manipulate the insurance system to her advantage. This approach to mobilise their abnormalities/co-morbidities in order to access the surgery is a shift in the way problems associated with weight are understood by medical institutions. There is a transformation of factors such as health problems from the status of abnormalities to valuable possessions. This can be understood as a form of resistance that Divataunia and her correspondent engage in. Instead of being seen as problems, co-morbidities are seen as beneficial assets to be employed to meet their desires and access the surgery, contesting what constitutes normal and abnormal.

In short, Thebandinme and Divataunia are simultaneously contesting norms even while seemingly complying with them, pointing to the fluidity of concepts of resistance and of norms themselves.

Fluidity of normal

At one level, the WLS project of becoming more normal seems a rather linear one. To begin with one is classified as abnormal and then one moves on toward achieving a normal status. However, what I have endeavoured to portray throughout this chapter is the notion that definitions of normal inevitably change over time:

I'm so back and forth, I'm like telling you guys that you shouldn't feel like you have to lose 20 more pounds but then I'm like ok but I have to lose 20 more pounds. I should set a goal, a pound number. I want to be at 150. I think 155 would probably be good (Thebandinme, 2008d, September 6).

I got kind of screwy in the head because I lost 30 pounds so quickly and I was like 'oh I'm going to lose 10 pounds every week it's going to be great!'. And I lost 6 pounds and I was like ohhh I really wanted to be 262 this week. Hello! I lost 6 pounds in a week, that's pretty good (Divataunia, 2008, April 13).

Even within one utterance there is a fluidity of what is ideal and normal expressed in Divataunia's talk. Divataunia and Thebandinme's understanding of what is normal changes over time relative to their experiences and the different contexts within which they find themselves. Their vlogs point to the fluidity of norms and the (re)constructed nature of normal.

Thebandinme and Divataunia's reflexivity around their experiences and awareness of norms illustrates that they are simultaneously contesting norms even within their compliance to them. In other words, resistance and compliance are not neatly separated; they are embedded within the one discourse (Gimlin, 2002). While not rejecting ideas of normalcy, these women certainly mess up the normal/abnormal binary. Their stories offer invaluable insights into how discourses of normalcy play out in one's life.

Conclusion

I wanted to represent Thebandinme and Divataunia's stories as narratives of resistance however the process of working with their testimony has shifted my thinking on this. I now maintain that while normal and abnormal hold very particular, and sometimes sedimented meanings, they also lend themselves to an unwillingness to be fixed. Meanings of resistance and compliance shift, as well as norms themselves, and are not neatly separate from the powers that constitute them (LeBesco, 2004). The ebb and flow of the women's compliance and resistance to norms is evident throughout the vlogs.

In summary, this chapter has highlighted the messiness and contradictory rendering of weight norms by Thebandinme and Divataunia. Manifested in such practices as WLS itself and diet and exercise, weight norms are both productive and constitutive. As with Throsby's (2007) work on the discursive task of "narrating weight history, the normative gendering of food and consumption constrains the ways in which those stories can be effectively and convincingly told" (p. 1569), the women drawn on in this thesis also work to create acceptable narratives according to gendered norms of body work (Gimlin, 2002) in particular WLS, diet, and exercise.

I have troubled normal as a category, descriptor and classification to emphasise that exclusion and normalisation occur simultaneously (Gore, 1995). In creating norms an Other is produced, namely, normal and abnormal are mutually constitutive. Thebandinme and Divataunia position themselves, as others also position them, as both normal and abnormal in relation to WLS and body norms. The women occupy and manage the different subject positions simultaneously in multiple and contradictory ways.

In the final chapter I provide a summary of the thesis and make several concluding comments that can be drawn from this research project around the nature of WLS, dualisms and vlogging.

Chapter six: TOWARDS A CONCLUSION

In this chapter I provide a summary of the key points articulated throughout this thesis and some of the conclusions that can be drawn from this project. I conclude by pointing to potential research trajectories, limitations and implications. I have called this chapter 'towards a conclusion' to signify the post-structuralist influence on this thesis. It also functions to emphasise the recognition that certain and fixed conclusions cannot be drawn due to the shifting nature of discursive power relations. As well it indicates the ongoing influence of WLS on Divataunia and Thebandinme and the continued work required to maintain the WLS body project.

At the outset of this thesis I posed the following research questions which informed and guided my analysis:

1. What are the discursive influences shaping these women's experiences of WLS, i.e. imperatives around how women should be or live that inform and influence their decisions, body orientations and practices? Given this, how do they resist, negotiate and take-up the operating discourses?
2. What are the lived bodily experiences of WLS for these women?
3. What does WLS offer as a mode of being in the world?
4. What does YouTube offer as a mode of being in the world?

Given the relatedness of discourses and subjectivities as described in Weedon's (1987) definition of discourse that I utilised, and the relatedness of subjectivity and embodiment - the concepts driving this research - I have not addressed each question singularly, but rather, as key intertwining threads throughout the analysis chapters. The research questions I set out to investigate shed light on the possibilities and constraints for how these women make and re-make themselves as subjects.

Summary

The overarching aim of this thesis was to examine subjectivities and how these are performed and constituted in relation to others, contexts and wider discourses. The discursive context is important to investigate as it contours and creates the possibilities and constraints of how these women make and re-make themselves as subjects.

In chapter one I drew predominantly on sociological views of the fat, bodies, health and risk pertinent to this work. I endeavoured to situate WLS within current lay and academic perspectives on fat and obesity epidemic thinking. The confluence of these discourses foregrounds the self-managing individual as ideal and reifies the cult of the body as an acceptable episteme. In examining the discursive configurations that shape what it is possible to be, I endeavoured to contextualise two women's stories as well as situate their complex engagements with discourses of the self, normalcy and control, as these have very real effects and affects for Thebandinme and Divataunia. Divataunia and Thebandinme are engaging with multiple and contradictory discourses, including what Gard (2009) refers to as the inclination and encouragement to consume versus the moral requirements to be a controlled citizen.

In order to interrogate the ways in which subjectivity is produced I utilised discourse analysis, as described in chapter two, which unearths the constitutive effects of discourses on subjectivities and the range of subject positions available to the women. Discourse analysis also affords the potential for a context specific exploration of the nuances and contradictions of the women's individual experiences of WLS and the embodied effects on their subjectivities. The framework that I drew on to investigate my research questions and offer one interpretation of Divataunia and Thebandinme's testimonies was heavily influenced by the work of Foucault (1977, 1980, 1983, 1988, 1990), Merleau-Ponty (1962, 1968) and more recently, Samantha Murray (2005, 2008a, 2008b, 2010). The theoretical resources I drew on, have been valuable for interpreting Thebandinme and Divataunia's stories. In this thesis I have drawn on theories that are avowedly incompatible due to their differing epistemological

stances of their accounts of the body. In chapter two I outlined my understandings of the connections between the two that refutes this incompatibility. My thesis has hopefully illustrated how post-structuralism and Merleau-Ponty's notions of embodiment can be a productive collaboration, a useful theoretical direction for research into discourses of weight and bodily experiences.

In chapter three I explored the various selves and identities - embodied and disembodied, fat and thin, old and new - through which the women made sense of their experiences. Given the centrality of bodies to these women's stories, I highlighted the importance of an always already (Samantha Murray, 2008a) embodied view of subjectivity. One example of our bodies making meaning possible (Merleau-Ponty, 1962) is in the various communities the women are able to participate in according to the size of their bodies and the procedures they have undergone.

I argued for a post-modern conceptualisation of self as this recognises the multiplicity and contradictory nature of subjectivity. It also seeks to leave behind the fixed notion of an essential identity which creates the setting for the kind of identity crisis that Thebandinme and Divataunia experienced. WLS is framed as a journey by both women, creating a disjuncture between their old and new selves. However, at the same time, Thebandinme recognises the durability of her old self. The journey is one that does not have a clear defined ending.

Chapter four interrogated the notion of control and how this discourse permits a range of subjectivities. The value-laden idea of being in control stems from obesity epidemic thinking intersecting with neo-liberal discourses and is based on the premise that bodies and weight *can* and *should* be controllable. In my readings of these women's vlogs, it is apparent that WLS offers a mode of being in the world that is in control'. Enacting control involves the activities of food journalling and vlogging to ensure the precarious state of control is maintained. The way control is conceptualised changes across the WLS journey, influenced by how long ago the gastric bypass surgery was carried out for Divataunia or how much fill is in

the lapband for Thebandinme. To be in control for Thebandinme and Divataunia is to be able to make choices around food. After undergoing WLS and the accompanying new ability to make choices, there is now a responsibility to make good choices. This chapter particularly focused on the paradox of control that is central to WLS (Ogden et al., 2006). In other words, while reducing their choices and relinquishing control over their bodies to doctors, feelings of control are increased. Inherent within controlling one's body is the mind/body dualism which I sought to disrupt through the use of embodied subjectivity (Merleau-Ponty, 1962).

In chapter five I pointed to the ways in which ideas about normal and abnormal get taken up, reworked and resisted by Divataunia and Thebandinme. Normal for these women is defined by BMI categories, clothing sizes, fitting in to public spaces and being able to carry out physical tasks with ease. Being positioned by others, both known and unknown to them, is central to feeling normal for Thebandinme and Divataunia. A driving force behind Divataunia and Thebandinme's engagement with WLS is the desire to feel normal and thus I concurred with Samantha Murray (2010) and Wann (2005) that WLS is a normalising technology. Initially feeling abnormal for wanting and needing WLS, the women go on to feel more normal which brings with it both positive and negative experiences. I drew on Foucault's discussion of the functioning of disciplinary technologies which was fruitful in examining the production of norms and engagement in normalising behaviours. Particular norms emerge from within the YouTube WLS community around adhering to eating regimes, which is also one major practice under taken in the quest of becoming more normal. However, what constitutes normal is contested by the women as shown in their reflexivity around weight norms and Divataunia's strategic use of health abnormalities. While seemingly complying with body norms, the women simultaneously rework and mess up the normal/abnormal binary and what it means to be normal, pointing to the fluidity of norms.

Although I have written up my research findings in themes, I aimed not to generalise my findings because of the unique contextualised realities in which each woman exists. Rather

they are two women with their own ways of engaging with WLS, vlogging and discourses surrounding bodies and weight discussed in this thesis. At the same time, I had no intention to compare and contrast the women's experiences and I have endeavoured to preserve and respect Thebandinme and Divataunia's individual stories.

From this thesis, three conclusions can be drawn. Firstly, the nature of WLS is an ongoing project. Secondly, dualisms seem to be rather inadequate vehicles to explain the complexity of Thebandinme and Divataunia's experiences of WLS. And thirdly, the vlogs would appear to be a useful site through which to examine women's construction of subjectivity.

Ongoing nature of WLS

One particularly apparent feature of WLS that Thebandinme and Divataunia are faced with is the ongoingness of the project of the body. WLS does not yield certainty or ameliorate the problems of feeling out of control with regards to their bodies, their eating or their feelings of abnormalcy. Thebandinme regarded her eating as somewhat out of control and wanted to feel comfortable and more confident in her own body. Nonetheless, she still described her eating habits as problematic in her last vlogs. WLS created a new set of anxieties associated with Thebandinme's new found membership in a normal category and the subsequent judgement she was then subject to within that social category. New found insecurities about loose skin are faced by both women. Divataunia wanted to ameliorate the health problems she regarded as weight-related. Some, but not all of these health issues are still a concern for her. WLS is not a panacea, a simple or easy way out as both medical and lay persons sometimes frame it. Interestingly, regardless of any of the unintended consequences, both Divataunia and Thebandinme are emphatic that they would undergo WLS again if they were to make the decision for a second time.

Required after WLS is a great deal of maintenance and vigilance to ensure the precarious new, controlled and normal self remains. This upkeep work is done in the form of diet and exercise, and for Divataunia, in the form of her on-going vlogging. Public accountability, in a sense, keeps her on track (e.g. 2010, May 7). The ongoing character of WLS has connections to literature around the body as a project and body work (e.g. Gimlin, 2002; Heyes, 2006; Shilling, 2003). According to Shilling (2003) the body is a “lifelong project” for those who have the desire and resources to work on the body (p. 112), a sentiment that Divataunia accentuates in her later vlogs about the importance of the maintenance phase of WLS.

Reworking dualisms

The nature of WLS is a complex and ongoing project which is not explained by dualist renderings of WLS experiences. Throughout this thesis I have endeavoured to rework the dualisms that can be used to explain ourselves and our worlds - mind/body, old/new selves, in/out of control, normal/abnormal, subjugating/empowering and resisting/complying. Rather than an either/or analysis, I have argued that binaries are mutually constitutive. In chapter five, I drew on Gore (1995) to affirm that dualisms function together and thus cannot be separated. For example, in creating a norm, abnormal is simultaneously produced (Gore, 1995). What are defined as categories of normal and abnormal are socially constructed, constantly in flux, or as Foucault (1980) puts it, fluid.

The notion of embodied subjectivity goes some way to overcoming the mind/body dualism that is embedded in our current thinking around the self. This has been a fruitful concept to deploy throughout this thesis, for example, in chapter three, where the inextricable relationship between physicality and the creation of self has been explored, and in relation to the idea of controlling one’s body in chapter four.

The binary of being in and out of control is shown to be more complex than a dualism, as illustrated throughout Divataunia and Thebandinme's descriptions. When framing WLS as a journey and looking at the varied conceptualisations of control across time, it becomes clear that what is identified as in or out control by the women is specific to their context and past experiences. An exemplar par excellence of the intricacies of control that binary thinking cannot capture is the moment where Divataunia gives in to her cravings for Chinese food in chapter four. Divataunia emphasises that while she lost control, she only did so to a small degree. That is, she only had a few mouthfuls. I offered the interpretation that in her knowingness of breaking WLS guidelines and eating the Chinese food regardless of these, that Divataunia was simultaneously asserting her control over her food choices as well as her perceived loss of control in submitting to her cravings.

As with other dualisms, resistance and compliance are mutually constitutive, they are of the same discourse (Gimlin, 2002). They cannot be neatly separated (LeBesco, 2004). I have explored the various ways in which Divataunia and Thebandinme resist and comply to discourses of fat, normal and control, and what it means to occupy these subject positions. To say that one is wholly complying or resisting tends to conceal the complex engagements and nuances of what resistances and compliances might look like. Rather, I suggest that it is possible to both resist and comply simultaneously and that resistance and compliance can appear in a vast variety of unexpected forms. As previously stated, "women can create spaces of empowerment from within an oppressive system of beauty ideology while neither rejecting that ideology nor clearly challenging it" (Gimlin, 2002, p. 110; see also Throsby, 2007). One such example of concurrent conformity and defiance of body norms is Thebandinme's bikini experiences as elaborated upon in the previous chapter. Thebandinme asserts that she wants to have a bikini party where anyone can come regardless of size and, simultaneously, that she only begins to feel comfortable enough to wear a bikini having lost 70 pounds.

Another dualism explored is the issue of WLS and associated body work as an empowering or subjugating practice. I drew on the example of dieting as both a restraining and enabling technique of self through the use of a variety of feminist scholarship to highlight the complexities of these ideas. Writing about dieting as constructive and positive has been a challenging thing for me to contemplate, given my awareness of the perils of dieting. As with any dualism, WLS is not as simple as either empowering or subjugating. Empowerment is not a term used by Thebandinme. Divataunia employs the term once with respect to a blog she read by Kim Brittingham on accepting your body at any size. I do not feel I am in a position as a researcher to name these women as empowered or otherwise, nor is it that simple. The root of the word power is the ability to choose and paradoxically to presume we can empower someone to do so, removes their ability to choose to do so for themselves (Labonte, 1989 cited in Bercovitz, 1998).

My analysis of the women's stories has highlighted the complexity of engagements with WLS. I contend that it is unmerited for feminists and fat activism/acceptance groups to categorically reject WLS on the basis that it is evidence of the pervasiveness of thin supremacies (e.g. ISAA, 2002; NAAFA, 2010; Wann, 2005; see also Heyes, 2006). This dismisses the people who undergo it as cultural dupes and overlooks the intricacies of the reasons why people choose to have WLS as diversely described by Divataunia (e.g. 2008, January 3).

In sum, in any use of dualist categories, there will always be elements of both poles of a binary as they are contextually specific, fluid, messy and mutually constitutive. Samantha Murray (2008a) suggests that embracing the ambiguity that characterises embodied subjectivity may be a productive way forward.

Vlogs as a site for examining subjectivity construction

The main task of this thesis was to interrogate the kinds of subjectivities available to these women across their WLS journeys. The depth of the testimonies garnered from the vlogs has been a valuable source of data for this investigation into WLS subjectivities. By examining vlogs, insights into the nuances of individual experiences and different outcomes of WLS are able to be unearthed. Analysing vlogs also enables one to see the uniqueness of each woman's relationships with WLS practices, discourses and surveillance through YouTube.

The degree of reflexivity in Thebandinme and Divataunia's vlogs is unique. It is both a strength, as it enriches the understandings available, as well as a challenge because they offer their own version of analysis for me. I suggest that the vlogs afford multifaceted and rich insights into the lives and selves of these women, pointing to the value of research utilising vlogs as data. Vlogs offer insights that may not necessarily be made available through an interview medium. Further they allow for the women to focus on what they feel is important to discuss rather than the interviewer's interests potentially guiding the dialogue. There is a possibility of vlogs to be 'staged' or performed presenting a disingenuous account; although I would argue there is room for this in interview methodologies also.

There is more to vlogging than simply recording one's experiences of WLS; otherwise I believe that the women would not vlog. For example, their need for support, knowledge and advice is met by participating in the WLS YouTube community. Vlogging on YouTube offered these women a place to record, share, learn, watch and be watched, inspire and be inspired. Vlogging creates a self online which has very real offline implications; vlogging is incorporated into their lifestyles, and presents opportunities for WLS community gatherings and establishing friendships. Through vlogging, YouTube becomes a pedagogical platform through which communication, sharing and advising around WLS and its associated practices takes place. It is possible to draw the conclusion that vlogging is a confessional technique of

self through which one constitutes oneself as a WLS subject, and comes to know oneself and the relationship she has with the values of society around her.

Methodologically this project is unique. The possibilities that blogs, vlogs and other internet spaces such as forums hold is an underutilised area of research in relation to bodies and weight. There is much potential for more research into vlogs as the numbers of people vlogging are continually increasing around a diverse range of topics (YouTube, 2010). This research has connections to research studying the medicalisation of cyberspace (e.g. Miah & Rich, 2008) as YouTube is becoming a platform for health information dissemination and a ‘discussion forum’ for patients.

Limitations

The first limitation of this research is the narrow range of the women I chose to follow. Divataunia and Thebandinme are American, and appear to be white, heterosexual, from middle-class backgrounds and able-bodied. More research into males’ experiences as well as different ethnicities, nationalities, abilities, sexualities, socio-economic statuses and how this shapes experiences and engagements with WLS would be beneficial. That they are from the United States of America is another constraint of this project. As a researcher from New Zealand I am unable to fully grasp the context in which the women’s encounters take place. However it is only ever possible to represent reality in an incomplete and partial way regardless of location.

Secondly, the two women I chose to research consider their surgeries to be a success. Thus a limitation of this project is that it only covers successful stories while there are numerous stories of ‘failed’ surgeries.

Thirdly, as a researcher, I ‘reduced’ their stories to several themes while leaving much underexplored. Due to space constraints I have foregrounded just a few examples and only focused on *some* of the themes that emerged from their testimonies. Themes of community

were lightly touched on, however there is potential to delve deeper into the pedagogical aspects of WLS and creations of norms within a space that is not governed by any one group.

Lastly, the longevity of this research is uncertain. The vlogs are able to be deleted by the user who added them. The vlogs also may not be stored online forever, although I am not aware that YouTube has any plans to remove content. Further, as the internet evolves the popularity of YouTube and vlogging may be replaced with newer technologies and websites.

Implications

One implication that emerges from this research project pertains to the ethics of internet research. I outlined my position on informed consent in chapter two arguing that creative credit should be attributed to the women and their words through identifying them rather than disguising their identity as traditional ethics stresses. Regardless of whether I used their usernames or not, it would not be hard to identify the women through some searching on YouTube. Overall I believe one of the major intentions of Thebandinme and Divataunia's vlogs was to inform people about how WLS is experienced and this is in keeping with the aims of my research. This is an area that would benefit from future research. It would be interesting to find out what Thebandinme and Divataunia think about my project. However I plan to not make contact with the women as I do not wish to disrupt their experiences or make them feel like objects to be studied.

This project was able to examine the immediate and relatively short-term effects and affects of WLS, more-so for Divataunia than Thebandinme. Research into the longer term experiences of WLS would be fruitful follow up project.

From this research it is possible to see that cyborg theory is a promising lens through which to view the women's new ways of being and doing in the world. Cyborg theory emerged from the seminal works, in particular the 1985 article *A Manifesto for Cyborgs*:

Science, Technology, and Socialist-Feminism in the 1980s, of Donna Haraway. Work on cyborg bodies, the reworking of dualisms and the embracing of contradiction, would be constructive tools with which to examine WLS experiences. Cyborgian perspectives lend themselves well to WLS, particularly in relation to practices of remaking of the body using technology as well as in relation the exploration of subjectivity through cyberspace. Cyborg theory was not utilised to due space constraints.

Conclusion

In summary, this thesis has contributed to social research around WLS offering an in-depth look at how it is experienced by two women. Given the increasing numbers of people undergoing WLS (Hill, 2009), this research offers important insights into the questions around selfhood encountered as a result of “dramatic, drastic” surgery and the central role that vlogging plays in this for Thebandinme and Divataunia (Divataunia, 2008, May 13). I explored the embodied, old and new, controlled and normal subjectivities that WLS facilitates for Thebandinme and Divataunia across their WLS journey. These subject positions are fluid, meaningful, interwoven, multiple and contradictory. Their experiences are much more than vlogging records, but rather practices that help Divataunia and Thebandinme to make sense of and negotiate their discursive contexts and the embodied effects of WLS.

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