

NOLASCO, LINDSAY C., M.A. A Sociology of Bariatric Surgery ♂ Men, Bodies, and Meanings. (2018)

Directed by Dr. Steve Kroll-Smith. 56 pp.

The swift rise of obesity has resulted in the sensationalism of radical medical procedures to induce weight-loss. Although the prevalence of obesity is similar for both men and women (about 35 percent in men and 40 percent in women), more women than men opt for bariatric surgery (JAMA 2016). Due to the lack of information available about men who have had bariatric surgery, this phenomenological study identifies men's cognitive and emotional reasoning around their decisions to get bariatric surgery and post-surgery, and their continued reflection and understanding of what this surgery means. This study furthermore illustrates their experiences of embodiment as they relate to the world around them, directly linking their identities to their bodies. Narratives from eight males residing in the United States will serve as the database for this exploratory study.

A SOCIOLOGY OF BARIATRIC SURGERY ♂

MEN, BODIES, AND MEANINGS

by

Lindsay C. Nolasco

A Thesis Submitted to
the Faculty of The Graduate School at
The University of North Carolina at Greensboro
in Partial Fulfillment
of the Requirements for the Degree
Master of Arts

Greensboro
2018

Approved by

Committee Chair

APPROVAL PAGE

This thesis written by LINDSAY C. NOLASCO has been approved by the following committee of the Faculty of The Graduate School at The University of North Carolina at Greensboro.

Committee Chair

Steve Kroll-Smith

Committee Members

Sarah Daynes

Shelly L. Brown-Jeffy

Date of Acceptance by Committee

Date of Final Oral Examination

ACKNOWLEDGEMENTS

To my participants: thank you for sharing your journeys with me. In my eyes you are superheroes for being courageous and inspiring. You all deserve a “voice”. May this research serve as a platform for further studies about men who have undergone bariatric surgery. May this research also encourage other men to come forward and let their voices be heard.

I wholeheartedly thank my committee, Dr. Sarah Daynes, Dr. Shelly Brown-Jeffy, and especially my chair, Dr. Kroll-Smith, who despite being one of the most solicited committee members decided to devote his time and guidance to my research.

Last but not least, I thank my fur babies for keeping me sane throughout this arduous research and writing process. I thank my family for their encouragement.

TABLE OF CONTENTS

	Page
LIST OF FIGURES	vi
CHAPTER	
I. MY STORY	1
Body Mass Index	3
II. INTRODUCTION.....	4
Being Obese in Today’s Society.....	4
What About Women?	6
What About Men?.....	8
Portly Origins in Literature.....	9
Bariatric Surgery: An Overview	10
Protocol for Prescribed Surgery.....	12
Purpose of My Study	13
III. LITERATURE REVIEW.....	14
Historical Framework for the Development of Ideas about Obesity	14
Sociology of the Body	16
Bariatric Surgery Does Not Easily Reach Obese Men	17
Sociocultural Influences on the Male Body Image.....	19
Stigma	22
IV. METHODS.....	24
Design and Data Collection	24
Participants.....	24
Contextualization of Thematics and Coding.....	26
Data Collection	27
Positionality	27

V. FINDINGS	29
Body Image.....	29
Modus Operandi of Social Exchange	31
Personal Relationships Pre-Surgery.....	32
The Decision	36
To Be, or Not BMI.....	36
The Aftermath.....	39
Life After Bariatric Surgery.....	39
Personal Relationships Post-Surgery	41
A Ponderous Outlook.....	43
VI. CONCLUSION	47
Cognitive Lag	48
BIBLIOGRAPHY.....	51

LIST OF FIGURES

	Page
Figure 1. Lindsay Nolasco	1
Figure 2. General Adult BMI Chart	2
Figure 3. Obesity is the New Cancer	4
Figure 4. Arlenis Sosa.....	6
Figure 5. Regimen Sanitatis Salernitanum.....	8
Figure 6. Sean O’Pry.....	8
Figure 7. Obesity in the Stone Age Era	14
Figure 8. Participants	26
Figure 9. The Jolly Fat Man.....	31
Figure 10. Captain America	48

CHAPTER I

MY STORY

Oh, pity the poor glutton
Whose troubles all begin
In struggling on and on to turn
What's out into what's in.
— Walter de la Mare

Figure 1. Lindsay Nolasco



At first glance, I am obviously an overweight woman. At 5 feet 6 inches tall, I weigh 250 pounds and wear size 18 (US) in clothes. Based on the BMI or body mass index, I am considered morbidly and severely obese, and am a prime candidate for bariatric surgery. How is this possible?

Figure 2. General Adult BMI Chart

18.5 – 24.9 Normal or Healthy Weight
 25.0 – 29.9 Overweight
 30.0 and above Obese

BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
Height	Weight in Pounds																
4'10"	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167
4'11"	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173
5'	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179
5'1"	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185
5'2"	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191
5'3"	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197
5'4"	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204
5'5"	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210
5'6"	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216

According to the adult BMI chart obtained from the health.gov website, I should weigh between 118 to 148 pounds in order to be considered “healthy.” I must point out that when I went through the process to be considered for bariatric surgery in my early 20s the weight of my muscle was measured against the weight of my fat using electrodes of some sort. At the time, I weighed 330 pounds, and my muscle weighed in at a whopping 175 pounds. The nurse pointed out that if I weighed 175 pounds I would be very unhealthy, essentially debunking the famous BMI chart. However, in order for me to be considered for surgery, the BMI (such as it was) had to be sent to the insurance company. My current BMI is almost 41, which would explain why after I attended two information sessions about bariatric surgery, I was contacted at least three times after the meeting to schedule an appointment with a surgeon. I should note that prior to attending

an information meeting, one must provide one's height and approximate weight to a nurse.

Body Mass Index

The body mass index scale was developed by Lambert Adolphe Jacques Quetelet, who, among other things was ironically a Sociologist (Rössner 2007). The scale was introduced into the medical vernacular in 1830. Quetelet's intention, however, was not to classify obesity but rather describe a constant relationship between weight and height in a normal-weight population (Rössner 2007). Body mass index measures height in relation to weight: the higher the BMI, the higher risks a person has for certain diseases such as type 2 diabetes, hypertension, and certain types of cancers (CDC 2017). A BMI of 25 is considered overweight, and a BMI of 30 is considered obese (CDC 2017). A BMI of 35 and over is considered severely obese (CDC 2017).

CHAPTER II

INTRODUCTION

Being Obese in Today's Society

Figure 3. Obesity is the New Cancer



I have spoken about going through the process to have bariatric surgery in my early 20s. What I left out, however, was that I decided to have this operation a few years later. Fervently secretive about this operation, not even my graduate cohorts know of my circumstance. While I never lost the *expected* amount of weight that coincides with bariatric surgery, I still managed to lose some of my excess weight. At my heaviest, I topped the scale at 330 lbs. It was difficult to move. Riding on the airplane required wearing a seatbelt extension: a few more pounds and I would have had to purchase two plane seats, or a first-class seat. Going to the amusement park was a thing of the past

when it became evident that the roller coaster restraints could barely lock over my rotund frame.

Obese people suffer through various physical inconveniences due to their size. Aside from obesity-related ailments, some have limited mobility. Others have difficulty maintaining their hygiene. Once upon a time it was difficult to purchase plus-sized clothing. With the influx of obesity, though, that is a thing of the past. To keep up with the times most stores must sell plus-sized clothes to accommodate their customers. Being categorized as “obese” allows for social repercussions that can be devastating. This dynamic nominalism, or historical naming, becomes a part of the vocabulary that shapes the self-understanding of the obese person (Hacking 2002: 107). The stigma attached to the word “obese” is produced by how the word is used and described (Hacking 2002: 110), which in turn affects how society reacts to the word. Obese people suffer unjust treatments from society, ranging from romantic relationships to employment opportunities.

What About Women?

Figure 4. Arlenis Sosa



The woman pictured in figure 4, Arlenis Sosa, is from my native country of the Dominican Republic. She models for Victoria's Secret, one of the most popular lingerie retailers in the United States. The image not only depicts an ideal beauty standard for women, but how this ideal is spread to other parts of the world.

Slimness is seen as a desirable attribute for women in prosperous Western cultures, and associated with self-control, elegance, social attractiveness, and youth (Grogan 2017: 41). Muscle tone is also important, although visible muscles are not usually considered gender appropriate for women (Grogan 2017: 41). Despite changes in the feminine ideal, women have always been encouraged to change their shape and weight to conform to current trends (Grogan 2017: 41). In order to attempt a culturally defined, attractive, and slender body shape women subject themselves to strict diets and cosmetic surgeries (Grogan 2017: 41).

Before World War II, buxom, full-bodied women were considered attractive (Matelski 2017: 2) and were often regarded as sex symbols. Post World War II, however, mass media and cosmetic culture influenced the woman's body ideal by turning "weight" into the target of medical, political, and cultural campaigns of image attainability (Matelski 2017: 2). As a result, thin and waif-like female bodies gained popularity (Matelski 2017:2). Comparable to the way that BMI became the standard for determining obesity, after World War II insurance companies began to use standardized tables as a guide to determine the ideal weight and height for women (Matelski 2017: 3). Whereas the BMI was initially invented to describe a constant relationship between weight and height in relation to physics, the actuarial tables were originally developed to determine the risk factor for providing coverage to a potential applicant (Matelski 2017: 3).

What About Men?

Figure 5. Regimen Sanitatis Salernitanum

*Men that be flegmatik, are weak of nature,
Most commonly of thick and stubbed stature.
And fatnesse overtaketh them amain,
For they are slothfull, and can take no pain.
Their senses are but dull, shallow, and slow,
Much given to sleep, whence can no goodnesse grow,
They often spet: yet natures kind direction,
Hath blest them with a competent complexion.
- Arnald of Villanova
Excerpt from book of verses of the Salernitan regimen of health,
Salerno Medical School, 17th century*

Figure 6. Sean O'Pry



Until the 1980s, the study of body image was largely restricted to women (Grogan 2017: 81). Women's bodies have historically been represented more frequently in the media than men's, and descriptions of women tend to be more embodied than those of men (Grogan 2017: 81). The slender, muscular shape is the masculine ideal because it is

intimately tied to Western cultural notions of maleness as representing power and strength (Grogan 2017: 82). Sean O'Pry, the American male super model (they do exist) pictured in Figure 6, represents the Western ideal of masculinity.

According to fat historian Sander Gilman, obese ugliness was the antithesis of the beauty of the male as presented in classical Greek sculpture (2004: 39). Philosopher Plato stressed that fat men, specifically, were unpleasant to see (Gilman 2004: 39). The poem (figure 5) at the beginning of this section summarized society's view of obesity as it relates to men during the seventeenth century (Gilman 2004: 44). During this time a *fat* man was stigmatized; not considered to be much of a man because he was lazy and nonproductive (Gilman 2004: 44).

Obesity is considered an epidemic among adults and children. Today, sports are used as a means for the control of obesity in young boys (Gilman 2004: 195). Central to the history of the body in the world of sport is diet; it is tied to body size (Gilman 2004: 193). Diet to become an athlete, and do athletics to lose weight: no fat *boys* wanted in either case (Gilman 2004: 194), thus illustrating how society conditions boys to have an athletic figure at a young age.

Portly Origins in Literature

Body weight is a foundational cultural concern, perhaps in a way that it's never been before. At what point is one considered obese? Although body ideals have swelled and diminished over the centuries, most cultures in history seem to have drawn a distinction between the pleasantly rounded and the morbidly fat, and have looked to

medical practitioners for answers (Barnett 2017). The word *obesity* originates from the Latin word *obesus*, which means “portly,” “coarse,” or “gross” (Barnett 2017).

The word “obesity” first appeared in a European context in the English physician Tobias Venner's 1620 *Via Recta ad Vitam Longam* (Barnett 2017). Venner presented obesity as an occupational hazard of the genteel classes, and his treatments drew inspiration from classical notions of the art of living (Barnett 2017). An afflicted individual could restore their physique through the Hippocratic concepts of regimen and the middle way, modifying diet, sleep, and other factors to sculpt a perfectly balanced body, neither skinny nor ponderous (Barnett 2017). Writers in the 18th and 19th centuries favored "corpulence" as a gentler euphemism for the morbidly fat, and recommended that individuals treat themselves rather than resorting to a physician (Barnett 2017).

Bariatric Surgery: An Overview

The following overview relies on reports issued by the American Society for Metabolic and Bariatric Surgery. Commonly referred to as “weight-loss surgery,” bariatric surgery is designed to combat obesity. It is a medical operation that reduces the size of the stomach, which restricts food intake and decreases the absorption of food in the stomach and intestines by interrupting the digestion process (American Society for Metabolic and Bariatric Surgery 2016). The digestion process begins in the mouth, where food is chewed and mixed with saliva and other enzyme-containing secretions that subsequently reach the stomach for nutrient and calorie absorption after being broken down by digestive juices (American Society for Metabolic and Bariatric Surgery 2016).

This natural process is interrupted by bariatric surgery. Post-surgery food is not broken down and absorbed in the usual way, which reduces the amount of nutrient and calorie absorption, followed by weight-loss (American Society for Metabolic and Bariatric Surgery 2016). In 2016, an estimated number of 216,000 patients underwent this surgical procedure in the United States alone (American Society for Metabolic and Bariatric Surgery 2018). In 2015, an estimated number of 196,000 patients had bariatric surgery, compared to the estimated number of 179,000 patients in 2013 (American Society for Metabolic and Bariatric Surgery 2018), thus indicating a steady increase of patients that opt for this procedure.

Bariatric surgery is the general name given to several surgical procedures. Procedures include: gastric sleeve, lap-band, aspire assist, gastric bypass, duodenal switch, vblock therapy, and the gastric balloon (Bariatric Surgery Source 2018). The more commonly practiced procedures are gastric bypass, sleeve gastrectomy, and biliopancreatic diversion with duodenal switch. The gastric bypass procedure involves creating a small stomach pouch using a stapling device, then separating the small intestine into two sections, followed by attaching the lower portion to the newly created stomach pouch (American Society for Metabolic and Bariatric Surgery 2016). With the gastric sleeve procedure, a thin “sleeve” is created using a stapling device, thus the moniker. The remaining portion of the stomach, which is about 85%, is removed (American Society for Metabolic and Bariatric Surgery 2016).

The duodenal switch is the most complicated of the three. It involves dividing the small intestine past the outlet of the stomach, then connecting the last portion of the small

intestine to the outlet (American Society for Metabolic and Bariatric Surgery 2016). The doctor who presented at one of the information sessions that I attended mentioned that the duodenal switch procedure provided the best results. This procedure, however, was not recommended unless you could afford to spend about \$80.00 per month on vitamins due to counter the somatic effects that follow the excessive amount of absorption reduction. The doctors at both information sessions seemed to favor the sleeve gastrectomy, presumably because it is the easiest procedure out of the three, with minimal complications.

Protocol for Prescribed Surgery

In order to be considered for bariatric surgery, one must at least fall within the “obese” range on the BMI chart. For coverage, most insurance companies require that the patient have comorbidities associated with obesity. A comorbidity is a disease that is the result of, or strongly related to, a primary disease (Obesity Coverage 2018). As it applies to bariatric surgery, the disease is morbid obesity and the comorbidities include conditions such as type 2 diabetes, sleep apnea, high blood pressure, and high cholesterol (Obesity Coverage 2018). Cigna insurance, for example, requires that the patient have a minimum BMI of 40 or greater, with at least one comorbidity (Obesity Coverage 2018). Meanwhile, Anthem Blue Cross Blue Shield requires that the patient have a minimum BMI of 35 and at least two comorbidities (Obesity Coverage 2018). For insurance coverage, a psychological evaluation is mandatory along with nutrition consultations (the amount of consultations depends on the insurance company). Some insurance companies require that the patients provide proof of weight-loss attempts (Obesity Coverage 2018).

Purpose of My Study

Although the prevalence of obesity is similar for both men and women, eighty percent of patients who undergo bariatric surgery are females (Fuchs, Broderick, Harnsberger, Chang, Sandler, Jacobsen, and Horgan 2015). Both information sessions that I attended included mostly women, with only a handful of men. According to the Centers for Disease Control and Prevention, obesity among adults was stable from 1960 to 1980 (2010). Between 1999 and 2014 obesity rates among men increased from 27.5% to 35% (CDC 2017). Recent estimates suggest that 37.7% of U.S. adults and 17% of children and adolescents have obesity (Ogden et al., 2016). Rates are higher among women versus men: 40% and 35% respectively (Flegal et al. 2016).

Sociology becomes more interesting, we might argue, when it is cast in the form of a life. Likewise, personal, lived experiences become more interesting when we think about them sociologically. Being a bariatric patient myself, I sought to approach this study with a sociological lens. This inquiry is a phenomenological study of men who have gone through bariatric surgery. My interest in this study is three-fold. First, I aim to identify the social and cultural forces that shaped my participants' perceptions and sense making. Second, I want to identify how they felt about this radical medical imposition on their bodies and how they made sense of it prior to surgery. Lastly, I aspire to recognize how they continued to make emotional and cognitive sense of this procedure after surgery.

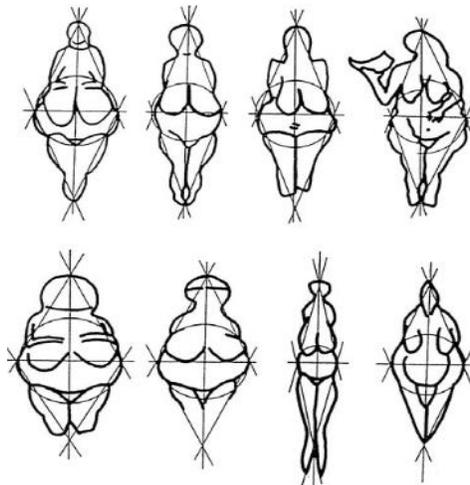
CHAPTER III

LITERATURE REVIEW

Historical Framework for the Development of Ideas about Obesity

There is limited data from prehistoric times, however according to Bray, Bouchard, and James, obesity was known even during prehistoric times, based on Stone Age artifacts (2004). Figure 7 depicts artifacts from the Stone Age era. The drawings demonstrate the differences in sizes, thus implying obesity.

Figure 7. Obesity in the Stone Age Era



From Recorded History to AD 1500: A study of royal mummies in Egypt depicted obesity among Egyptians; stout men and women were not uncommon among the higher status groups (Bray et al. 2004). The Chinese considered obesity as a condition that required catabolic treatment; they used acupuncture to reduce appetite and treat

obesity (Bray et al. 2004). The first document on Indian medicine, the Caraka Samhita, described organotherapy as a cure for obesity in addition to impotence (Bray et al. 2004). The leading physician of Roman times (ca. 360 BC), Galan, identified two types of obesity: “moderate” and “immoderate” (Bray et al. 2004).

From at least the mid-nineteenth century on, the obese were seen as a danger to themselves as well as to others (Gilman 2008: 4). In the 1860s, American media outlets used the term “obesity,” referring to cattle (Gilman 2008: 16). By the early 1900s, magazines like *Life* and daily newspapers across the United States were filled with advertisements for weight loss products (Farrell 2011:25). In the very late 20th century obesity became an “epidemic” in humans, the term used to characterize obesity as a “disease” (Gilman 2008: 16). By 1987 the term “obesity” applied to humans, partly because the obese population had increased by 400% in the last 25 years, but mostly because childhood obesity was increasing at staggering rates (Gilman 2008: 16). By 2005, the “war against tobacco” was replaced by “the war against obesity” (Gilman 2008: 15).

Being “fat” was not always viewed with negative connotations. Until the late 19th century, fatness was generally associated with wealth, and therefore linked to a generalized sense of prosperity, distinction, and high status (Ferrell 2011: 27). By the end of the 19th century, though, fatness represented greedy and corrupt political and economic systems with the help of Protestant thinking (Protestant Christians viewed being “fat” as an outward sign of both gluttony and a poor relationship to God) (Ferrell 2011: 44). By the early 10th century American ambivalence regarding the political and

economic developments were represented by, and projected onto the bodies of fat people (Ferrell 2011: 31). In the early 20th century, a number of chronic diseases--heart disease, stroke, diabetes--were found to be associated with obesity, and both the meaning and the treatment of obesity began to change (Barnett 2017). This shift was associated with the emergence of national public health systems, the demographic shift from a mainly acute to a largely chronic disease burden, and the growing importance of statistics in understanding disease at the level of populations (Barnett 2017). In 1959, the Metropolitan Life Insurance Company in New York made the first attempt to define an ideal healthy weight using actuarial tables (Barnett 2017). In doing so the company created a new definition of obesity, as 20% above this ideal, and determined the point at which their policies would pay for medical treatment (Barnett 2017).

Sociology of the Body

The writings of several classical sociologists provided a starting point for understanding the historical processes that gave birth to modern individualist cultures and the knowledge systems that were later produced (Adelman and Ruggi 2016). Classical sociologist Marcel Mauss' essay on the 'techniques of the body' posited a clear recognition of the forms through which different cultures and societies make use of the body by molding and educating it in ways that become fundamental to social relations (1934). Adelman and Ruggi note that Durkheim's nephew paid heed to the ways societies inculcate different embodied abilities and dexterities along the lines of what today we study as gendered constructions (2016: 1).

Karl Marx was prescient in his observations on the corporeal dimensions of social relations, evident in his view of how ‘capital’ imposed its punishments on both flesh and blood, the embodied existence of the working classes (Adelman and Ruggi 2016). In the mid-twentieth century Norbert Elias provided an understanding of the corporeal nature of social relations in *The Civilizing Process*, which emphasized the social and political processes that unfolded through and upon the body (2000).

The body became a focus of contemporary sociological inquiry in the 1980s (Harnugen 2017: 12). Particularly in feminist research, the focus has been on Foucauldian control, regulation, and disciplining of the body (Harnugen 2017:12). More specifically, it has looked at how discourses and discursive practices produce normative bodies; how bodies are governed in this respect; and how different technologies of power produce gendered embodied subjects (Harnugen 2017:12). The body is not merely an intellectual subject matter; we actually inhabit our bodies and have relationships with them, albeit in unexamined and even vexed ways (Berila 2016: 39). Our bodily experiences are shaped by the ideologies, belief systems, and power dynamics of the societies in which we live (Berila 2016: 40). And, as these fertile minds make clear, we are embodied beings. That is, we are aware of, tuned into our bodies. We live in them and remain aware, often intimately so, of how they feel, look, smell, and so on.

Bariatric Surgery Does Not Easily Reach Obese Men

Why do more women than men undergo bariatric surgery? One possible explanation is sociocultural pressure. Women are generally more pressured than men to be thin. Surgeons’ preferences to operate on certain patient groups could also play a role

in the gender gap in bariatric surgery (Fuchs et al. 2015). A survey revealed that gender was a factor for patient selection in those with a body mass index of 35 or above without comorbidities, with men having a 67% decreased odd of selection (Fuchs et al. 2015). Men were less likely to have health insurance coverage than women: 17.7% of males were uninsured, whereas only 14.9% of females were uninsured in 2010, suggesting that males may be less likely to seek healthcare (Fuchs et al. 2015). One author suggests that men tend to use exercise instead of dieting to try to change their body shape (Grogan 2008: 106).

Cultural differences and viewpoints could also explain the gender gap in bariatric surgery (Fuchs et al. 2015). For example, the effect of body image suspected in a racial disparity study presumed that African Americans were less motivated to get a bariatric operation because obesity is more culturally accepted among their population (Fuchs et al. 2015). In fact, one study supported the wider gender gap in bariatric surgery by reporting that African American men are more satisfied with their body image than African American women (Fuchs et al. 2015). For this specific article, body image was not examined, however they referred to another study which found that 72.8% to 94% of overweight and obese men and 56.7% to 85% of overweight and obese women were satisfied with their health, also contributing to the gender gap in bariatric surgery (Fuchs et al. 2015).

One study investigates the various meanings of physical appearance in obese individuals seeking bariatric surgery, elaborating on their strong desire to renegotiate their negative social image by losing weight through surgery (Park 2015). Various

meanings of appearance were discovered including the signals of obesity stigma, a visible tool to manage the negative social image towards obesity, and an aspirational pathway to a stigma-free life following post-surgical weight loss (Park 2015). The data further demonstrated that physical appearance means far beyond just the "fat" body or physical characteristics that they must accept (Park 2015). As for gender differences, women tended to better articulate their ideas about appearance than men, however as with most other data involving men and women with bariatric surgery, the majority in this study (80%) were women (Park 2015).

Sociocultural Influences on the Male Body Image

Obesity has emerged as an epidemic, partly due to the interconnected role of medical science and news reporting in shaping the way "fatness" is framed as a social problem (Saguy and Almeling 2008), a phenomenon Hacking foreshadowed in his work on naming. One news article argued that parents who do nothing to prevent obesity in their children are guilty of abuse (Saguy and Almeling 2008). It is suggested that the media exaggerates things, using terms such as "epidemic" to attract attention to social problems, thus ascribing individual blame for weight (Saguy and Almeling 2008). Furthermore, the press tended to moralize weight above and beyond the science on which they were reporting to, once again, blame the individual for choosing to be sedentary or making bad food choices (Saguy and Almeling 2008). "Fat" cuts across the boundaries of gender, class, and ethnicity, highlighting the tensions between our fetishized individual rights, our growing knowledge of the health risks of obesity, and the coercive demands of pop culture (Barnett 2017).

Body image is the way people perceive themselves and, equally important, the way they think others see them (Cash 1990: 80). It includes a person's perception of the cultural standards, his/her perception of the extent to which he/she matches that standard, and the perception of the relative importance that members of the cultural group and the individual place on that match (Cash 1990: 80). For example, a man's perception of the ideal masculine body is muscular. Culture is responsible for this masculine ideal (Cash 1990: 81). An examination of how images of the male body are reproduced in media coverage of professional football portrayed the male body as a tool, a weapon, and an object of gaze (Trujillo 1995). These media representations reinforce an ideology of hegemonic masculinity, or what it means to be a man (Trujillo 1995).

A study that examined Playgirl centerfolds from 1973 to 1997 clearly indicated that men's bodies became more muscular over time, suggesting that cultural norms of the ideal male body grew increasingly muscular over time (Leit et al. 1999). There have been fewer studies of size estimation with men than with women, probably because early work focused on size overestimation in young women with eating problems (Grogan 2017: 92). However, recent work has suggested that men tend to overestimate their body size to a similar extent to women (Grogan 2017: 92). There is some argument as to whether BMI affects the degree of overestimation, and although some authors have found that BMI is unrelated to overestimation others have argued that heavier men tend to underestimate their body size more than thinner men, suggesting that individuals try to bring their body size estimate closer to a perceived average male figure (Grogan 2017: 92).

An exploratory study of males from age eight to twenty-five found that men experience social pressure to be lean and muscular (Grogan and Richards 2002: 219). All groups presented negative discourses for the term “overweight” (Grogan and Richards 2002: 219). Overweight people were blamed for being their size, and teasing was presented as a legitimate response to those who did not fit the slender ideal (Grogan and Richards 2002: 219). Becoming fat was linked with losing control of the body and with weakness of will (Grogan and Richards 2002: 226). The eight-year-olds reported exercising to avoid “getting fat” (Grogan and Richards 2002: 227). Sixteen-year-olds described peer pressure to be slender and muscular (Grogan and Richards 2002: 224). Adult men and teenagers explicitly linked having a well-toned, muscular body with feelings of confidence and power in social situations (Grogan and Richards 2002: 224).

A separate case study evaluated boys in early childhood to identify how boys and young men have the potential to be negatively affected by body image concerns that are constructed through Western cultural ideas (Drummond and Drummond 2017). The boys were asked to draw pictures of a man, and then discuss the subtle physical nuances of the man that they had drawn (Drummond and Drummond 2017). The majority of the boys drew pictures of men both with muscles, or doing physical activity, and in the process of attaining muscles (Drummond and Drummond 2017). The boys used the term “six pack” to describe the abdominal muscles, thus proving how they learned through the pervasiveness of the term in Western Society (Drummond and Drummond 2017).

Stigma

Human beings maintain assumptions and attitudes about physical aesthetics and attributes and, more often unconsciously, sort people into a variety of cognitive categories or prototypes (Cash 1990: 52). These implicit assumptions often mediate interpersonal attraction, apathy, or hostility to the “stimulus person,” (Cash 1990: 52) for example, an obese person. Does the social stigma towards obesity affect men’s decisions to proceed with bariatric surgery? Goffman defines stigma as a situation in which an individual “is disqualified from full social acceptance” due to a characteristic “that is deeply discrediting” (Goffman 1963: 3). Society establishes the means of categorizing persons and the complement of attributes felt to be ordinary and natural for members of each of these categories (Goffman 1963: 4). Obesity is a national problem because of the meanings attached to an expansive waistline (Gilman 2008: 3). Negative stereotyping of obese people may be a specific aspect of the physical attractiveness stereotype that refers specifically to assignment of negative traits to those who have a body size and shape that is not considered attractive by dominant groups in Western culture (Grogan 2008:11). The general stigma associated with an unhealthy body that stood out because of its size has made it imperative for obese people to seek treatment, monetizing the medical field as much financial gain accrues to those who treat obesity as a health problem (Gilman 2008: 4).

Social psychologist Thomas Cash argues that overweight people are treated differently from childhood (Grogan 2017: 10). Children prefer not to play with their overweight peers, and assign negative adjectives to drawings of overweight people

(Grogan 2017: 10). Per Cash, this prejudice continues into adulthood, and are likely to find more difficulty in renting property, being accepted by “good” US colleges, and getting jobs than their slimmer peers (Grogan 2017: 10). For decades, obesity has been mislabeled as a behavioral problem, and individuals with obesity have been stereotyped as being lazy, unintelligent, and weak willed (Gorman, Butsch, Reilly-Harrington, Pratt, and Sogg 2016). Sadly, in the one area where prejudice would be least expected – healthcare – providers are not immune (Gorman et al. 2016). These negative assumptions translate into pervasive stigmatization, leaving individuals with obesity the target of derogatory comments by healthcare professionals and, more concerning, subject to unequal care (Gorman et al. 2016).

A study that was conducted to explore what it was like for individuals and family members to live with obesity as a chronic illness revealed how the stigma made them feel inferior to those who are not obese (Rogge, Greenwald, & Golden 2004). They experienced a pattern of condemnation so pervasive as to constitute “civilized oppression,” a systematic and inappropriate control of people by those with more power (Rogge et al. 2004). In one study of 318 adults with overweight and obesity, respondents reported that close relationship partners were the most frequent source of their worst stigmatization and that the most common weight-based stereotypes described were attributions of laziness, overeating/binging, lack of intelligence, and lack of willpower/self-discipline (Gorman et al., 2016). An obese person is more likely to be devalued, humiliated, or denigrated in an oppressive relationship (Rogge et al. 2004).

CHAPTER IV

METHODS

Design and Data Collection

Because my research is exploratory, I followed a qualitative research approach by using personal and conversational interviews as the primary method of obtaining data. I begin with the assumption, drawn from Kenneth Burke, that how we think about the situations of life and how we use language to describe them to ourselves and others is essential in getting on in the business of day-to-day life (1989: 13). Qualitative research seeks to discover new knowledge by retaining complexities as they exist in natural settings (O'Dwyer and Bernauer 2014). It also focuses on rich description based on a limited number of participants and settings that enable readers to determine to what extent findings may be transferable to their own settings (O'Dwyer and Bernauer 2014)). Through this research method of interviewing, I learned how men make sense of their bodies and their relationship to others. I understood what they perceived and how they interpreted the options available to them. I learned how events affected their thoughts and feelings (Weiss 1995:1), and how their interpretations of these various events gave meaning to their personal and social experiences in relation to their bodies.

Participants

The participants in this study were men who had undergone bariatric surgery. My participants signed a consent form prior to their recorded interviews. Their

interviews were transcribed in my personal laptop, and then deleted from my recording device as per required by the Institutional Review Board. Participants were advised that their identities would not be divulged, and that their real names would not be used (their names have been replaced with those of comic book heroes). I put together my participant pool by snowball sampling, yielding a sample through people that had already undergone bariatric surgery, or that knew a male that had the procedure. Snowball sampling is suited for a number of research purposes and is mostly applicable when the focus of study concerns a sensitive issue or a relatively private matter (Waldorf and Biernacki 1981).

As I suspected, not too many people knew of men who had bariatric surgery. A couple of my participants had friends who had the procedure, however they were not willing to participate in my study. To supplement my study, I reached out to men in a private support group for members who had bariatric surgery on Facebook. My post indicated that I seeked males who had undergone bariatric surgery. I received an overwhelming response on my first try! After reaching out privately to these men, some approved while most shied away after I explained the types of questions that I would ask. I ultimately interviewed eight men that reside in the United States, ranging from ages 25 to 44. Out of the eight men, six had the sleeve gastrectomy; one had the gastric bypass, and another, the duodenal switch. It must be noted, however, that this limited sample cannot be representative. The participant table on figure 8 classifies my participants and their weight pre and post-surgery.

Figure 8. Participants

Participant	Weight Pre-Surgery	Total Weight Loss at Time of Interview
Nightwing	433	85
Dr. Strange	513.8	355
Mr. Terrific	472	238
Slade Wilson	475	200
Rip Hunter	345	135
Jack Frost	250	75
Green Arrow	483	83
Captain America	365	95

Contextualization of Thematics and Coding

To examine a person’s experience phenomenologically, a researcher must consider the context and biography from which the experience gains meaning (Bevan 2014). In the case of my research, the fact that my participants were obese provided context for their experiences with bariatric surgery. Contextualizing questioning enables a person to reconstruct and describe his experience as a form of narrative that will be full of significant information (Bevan 2014). To make my participants’ content explicit the interview protocol reflected the timeline implicit in this inquiry. I began with their reflections on their lives pre-surgery. I then traced the morphing ways in which they made sense out of and understood their relationships with their procedures up to the present. My questions invited them to reflect, in various ways, on their ideas of masculinity and the body. Questions were organized around four thematics: “body image,” “the decision,” “the procedure,” and “the aftermath.” I asked questions such as: “What kind of thoughts ran through your mind about your weight?” “How did you come

to the decision to have bariatric surgery?” “After bariatric surgery, what has changed?” These questions were coded into a two-dimensional scheme that reflected both the timeline (beginning, middle, and end of this process) as well as the four thematics.

Data Collection

Once I received signed consent forms, a face-to-face interview was set within the following days. Face to face interviews were preferable to telephone interviews or surveys because I wanted to observe my participants’ facial reactions as they responded to my questions. Effective communication requires “listening” to what is not said. In this case, their facial expressions revealed emotions behind their experiences, enabling me to understand them better. Interviews were conducted during the months of December of 2017 and January of 2018. Each interview lasted approximately one hour. I was cognizant of the possibility that my participants could either be very engaged intellectually during the interview, but not reveal anything deeply personal (Maxwell 2013). Conversely, they could be very open about personal matters but not be willing to critically reflect on their experiences (Maxwell 2013).

Positionality

I did not decide to divulge my personal experience with bariatric surgery until I began writing this thesis. While being certified to teach Sociology, I learned that sharing one’s personal experiences encouraged students to speak incautiously about their thoughts and emotions. Tasked with teaching a class to complete my course requirement, I taught about body image throughout time and how different social movements (e.g. Fat Acceptance) surged from this social *devolvement*. When I asked the students to guess

my weight, their eyes lit up the room. Some were shy, and others went for the kill. My weight was not an “experience,” nevertheless it was something “personal,” and it most certainly encouraged the students to open up and be more vocal.

While I was not teaching my participants anything, this teaching strategy was applicable to my interview process. Only one of my participants knew prior to interviewing that I had also undergone bariatric surgery, since I personally knew his wife. Two of my participants asked me if I had the procedure before our interview, and I responded honestly. After reading through the transcriptions of the participants who learned of my *weigh of being* prior to our interviews, in retrospect I should have begun all of my interviews by discussing my personal experience to some extent. The participants who discovered me seemed to almost become familiar with me. They’d say things like “you know how it is,” and “you don’t have to imagine.”

Since I am a woman interviewing the opposite sex, I had to ensure that my participants were comfortable in speaking to me about their personal experiences. I began my interviews by explaining that despite the fact that men and women are almost equally obese statistically, a disproportionate number of women to men opt for bariatric surgery. My participants were amazing as they were ready to share their experiences. The small talk at the beginning of the interviews allowed them to become more comfortable with me. While they reflected critically on their experiences, I found their responses to be framed in some way. I sensed that most had more to say, but held back because I am a woman, or perhaps because they did not know that I myself had been through a similar experience.

CHAPTER V

FINDINGS

Body Image

Most of my participants were heavy as children. All of them were obese as adults. At their heaviest, they weighed between 250 and 513.8 pounds. At one point, a couple of my participants did not know the true number of their weight as the scale in their doctor's office was not an industrial one. Prior to surgery, they gave much thought to their weight. All except two admitted to thinking about their weight each day. Captain America dismissed any thought of his weight. "Pure denial on my part. It was an attitude of, oh well, this is just me. Get over it." Slade Wilson similarly viewed his weight as being a normal part of life. "None of what *they* said was true. I developed a thick skin, and would not let anything that was said bother me." He attributed this point of view to not being taught to do a lot about his weight. "I didn't have the goal that allowed me to overcome it."

Obesity warrants low self-esteem and self-consciousness due to its negative stigma. Dr. Strange wore baggy clothes and maintained a hunched posture in reaction to his self-consciousness. "It was a camouflaging kind of thing. I wanted to cover my stomach as much as possible." Jack Frost made sure to maintain his smooth swagger by wearing nice clothing, yet the thought of his stomach remained front and center. "Don't get me wrong, I looked good. But I would suck in my stomach when I got up to use the

restroom.” Nightwing would keep his shirt on or just sit off to the side when he went to the pool with his daughter and her cheerleading team. Two of my participants did not bluntly state that they were self-conscious. Instead, they alluded to it with their comments. For example, Rip Hunter compared himself to a pregnant woman because of his back pain. “Getting dressed was a chore. I understand why they wear slip-ons.” Annoyed at having to wear the same clothes, he would also think to himself that he needed to get into a smaller set of jeans and back to the way he was in high school. Mr. Terrific avoided going to Sunday school class because the children would pick on his stomach.

Little kids have no filter. They would just stare at me and comment on how big my stomach was. I knew that I was obese, and I would have loved to have been sculpted like a model with abs and pecs and muscles. But, I just knew that I wasn’t willing to put the work in. Instead, I found clothes that flattered my body and eliminated people that were negative or that judged me based on my obesity.

Modus Operandi of Social Exchange

Figure 9. The Jolly Fat Man



Throughout time overweight men have been perceived as being jolly. Figure 9 is a satirical photograph that illustrates this stereotype. I asked some of my friends what they thought of the word “jolly.” They mostly replied “an old fat man,” or “a fat old white man.” Santa Claus, also known as Jolly Old Saint Nicholas, is the best example of this stereotype. Dave Thomas, owner of the Wendy’s fast food franchise, is a heavyset man who was always portrayed amiably in commercials. The founder of the famous Kentucky Fried Chicken franchise, Colonel Harland Sanders is a heavier man, always portrayed with a loving smile.

A study on molecular psychiatry discovered a variant gene associated with obesity which also decreased the chance of depression by eight percent (Samaan et al. 2012). While depression is a major side effect of obesity, this particular gene explains the “fat and jolly” stereotype, as the gene is able to turn other genes on and off while

simultaneously influencing several disorders (Samaan et al. 2012). Some of my participants played into the jovial stereotype of overweight men. Dr. Strange was a social butterfly. “I was very social, kind of like that ‘Santa Claus’ thing. Being the jokester was a critical part of my identity. I was the happy, jovial, funny guy.” Mr. Terrific was the life of the party.

I had a ton of friends. I was that kid in high school and college that brought the different groups together. I was the common link between the band kids and the athletic kids. I was friends with ALL the groups and was the one reason they would all come to the same party together, because they all knew me.

After having bariatric surgery, Mr. Terrific was the same person as before.

But you know, I think maybe what might have changed was people didn’t think I was jolly and happy go lucky to compensate for my size. I think maybe people started accepting that that’s just who I was.

Rip Hunter did not admit to being jovial, but based on our discussion I imagine him to have been an amusing and entertaining person to be around. Nightwing joked about his size as a self-defense mechanism. “I make jokes about it as a way of dealing with it instead of getting down on myself. I just try and laugh it off.”

Personal Relationships Pre-Surgery

In most societies the family unit serves as the backbone for how things are made sense of and how decisions are made. Family played a pivotal role in my participants’ decisions to have bariatric surgery. Slade Wilson’s mom served as a catalyst to his obesity. An only child, he was awarded anything he desired, especially when it came to

food. To avoid embarrassment in gym class, his mother wrote notes to his teacher so that he could be excused from physical activities. Interestingly she was the first person to introduce the idea of bariatric surgery to him, but did not make him pursue that route as he was still young.

She was morbidly obese. She had multiple open-heart surgeries; she had a stroke once or twice. She probably had a heart attack and didn't know it. She was very close with her friends where she'd get her medication, and that's how she became knowledgeable about medical stuff. She just never applied it to herself.

As a dying wish, she made him promise to not end up severely obese and sick as she was. Green Arrow's mother always made his weight a primary issue in their relationship. She'd say things like "Son, what are you doing? You're getting fat!" He implied that other family members constantly mentioned his weight as well. Mr. Terrific's family never ceased to comment on his weight. He was one of the participants who claimed to not think of his weight each day.

Once I moved out of the house and got away from my parents I stopped thinking about my weight because they brought it up ALL the time. Here I am, their son, and they didn't like me for who I was. They wanted me to be skinny, not obese.

Jack Frost's sister had bariatric surgery, which inspired him to pursue that route. "She was happy and able to dance her butt off. It was very motivating, because I saw how her views on life changed to positive." Captain America's quality of life prior to surgery was reduced to a low level because his weight interfered with his relationship with his family.

I couldn't do anything. I couldn't get down on the floor and play with my kids or with my dog. I couldn't even take them to the park and move around and go do their activities. Even going to school plays hurt.

Similarly, Nightwing's daughter was the main trigger for his decision to have bariatric surgery.

I wanted to be healthier so that I could be around longer for my daughter. My father passed away when he was 50. That seems to be kinda the average life span for the men on my father's side of the family. I wanted to be around longer than that. Being able to go to Disney or go to my daughter's competitions, being able to keep up and not feel completely exhausted at the end of the day.

Rip Hunter's family was supportive and upon regaining consciousness from his surgery, immediately asked his family to leave. "With everything going on I didn't feel like being bothered with all those emotions. They respected my wishes, although they weren't very happy about it. But I was totally fine with me." Dr. Strange's family support was vital to his recovery from bariatric surgery. "I think it's critical to have good support because it is key in being successful."

The decision to have bariatric surgery is not one to be taken lightly. Once your digestive system has been altered there is no going back. While your stomach pouch expands over time, you are never able to eat the same amount of food in one sitting. In my case, for example, I could eat an entire large pizza in one sitting, pre-surgery. Post-surgery I can only eat one slice, maybe two, if nothing has been imbibed prior to eating. The gastric bypass and duodenal switch procedures are reversible, but the reversal process can be more dangerous than the initial surgery. The sleeve gastrectomy is

irreversible as 85% of the stomach is completely removed. Disclosing the decision to proceed with this extreme modification to friends and loved ones can be intimidating for most. Each of my participants shared their decision to have bariatric surgery with at least their immediate families or closest friends. Mr. Terrific shared his decision with his friends and loved ones, much to his wife's chagrin.

I've never really been private about much. I'm kind of an open book. I didn't care who knew, and this was when bariatric surgery was new and sort considered "the easy way out." It was hard for my wife, who wonders "what do people think about me?" to let people know that I had chosen that path. I didn't care. I thought "this is MY life. Think what you want about me. I'm doing this."

Green Arrow was hesitant to share his decision with anybody outside his wife, as she was and remains his main support system.

I didn't share with my family and friends because I didn't love or trust them. I didn't want that stigma that comes with surgery. It's almost like you gave up. It's almost like you didn't do it the right way. You didn't try hard enough. I didn't want to have that conversation.

Rip Hunter revealed his intent at his discretion.

My friends are pretty level headed and make decisions based on facts and what we see. None of my friends were worried. I had a pretty good group of people that were level headed and those are the reasons that I chose to tell those people. I didn't tell people that would be all reactionary based on craziness.

My participants' bodies were the crucible in their romantic relationships. Prior to surgery, Dr. Strange avoided romantic relationships because of his insecurities.

I never opened the door for that [a romantic relationship]. I just didn't feel comfortable in my own skin. As the weight came off I began feeling more comfortable in my skin so it was something that became a lot more prominent, a lot more important in my life.

Jack Frost's personal relationships lacked in authenticity. Many females would use him for sex and companionship in private, but disregard him in public. In order to get a female to go out with him, he "needed to charm the hell out of them" with his words and actions. Green Arrow is happily married, yet he painfully recalled an ex-girlfriend dumping him because previously overweight herself, she lost weight and he had not yet gone through that process. Mr. Terrific did not have any problems dating. "I was pretty comfortable with who I was. Throughout high school and college, I dated only if I thought it was practical." He married his wife of many years prior to surgery and credits her as his main reason for pursuing bariatric surgery, as he did not wish to make her a widow. Nightwing and Captain America were also married prior to having bariatric surgery, and did not speak about their preceding romantic lives.

The Decision

Obesity is a sinking boat that has multiple leaks.

- Slade Wilson

To Be, or Not BMI

People who are obese, compared to those with a *normal* or *healthy* weight, are at increased risk for many serious diseases and health conditions, including the following: high blood pressure, high LDL cholesterol, type 2 diabetes, coronary heart disease,

stroke, gallbladder disease, osteoarthritis, sleep apnea, depression, some cancers (endometrial, breast, colon, gallbladder, and liver), body pain and difficulty with physical functioning (CDC 2018). I was expecting to learn that my participants had severe comorbidities that, if not attended to, would result in imminent death. Much to my surprise, this was not the case for most.

Slade Wilson, for instance, did not have what his insurance constituted a comorbidity. As a youngster, he was obese and did not develop any health issues, which is why it never gave him an aspect of seriousness. “It was like, I’m big, but everything’s fine.” In pure disbelief, I found myself reading through lists of comorbidities as he was my first participant to disclose no health issues due to his weight. His insurance company approved his surgery based on his BMI and his family history of obesity, strokes, diabetes, and heart problems.

Likewise, Nightwing did not have any serious health issue, however there were some numbers that were veering towards the high end of normal. His insurance company also approved his surgery based on his BMI as well as a family history of obesity, heart disease, and certain cancers. Jack Frost was advised that he was pre-diabetic. He was the lightest out of all my participants, topping at 250 pounds on a 5’6 frame. He was also the only participant who had his surgery performed in Mexico as he did not have medical insurance in the United States. His surgeon approved his surgery based on his BMI and his pre-diabetes diagnosis. If he had a “good” health insurance here in the United States, more than likely his procedure would have been covered as he was 87 pounds overweight

(according to medical charts). Based on our discussion, I believe his physical appearance mattered as much as his pre-diabetes diagnosis.

In addition to having high cholesterol and high blood pressure, Dr. Strange was pre-diabetic. Green Arrow's primary care physician placed him on blood pressure medication, however his insurance company ultimately approved his surgery because his BMI was 70 ("normal" is 20). Rip Hunter suffered a back injury in his high school days. He reached obesity when he took on a stressful job. His family's medical history included diabetes and cancer, yet he only had a slightly elevated blood pressure and heart rate. What sealed the deal with his insurance company was his back injury.

Captain America suffered a severe knee injury while training in the physical rehabilitation platoon of the Marine Corps. Although overweight, he met "by the skinniest margin," the enlistment requirements and was medically discharged after the injury. After his discharge, his weight ballooned out of control. He also developed an umbilical hernia, which he believes resulted from lifting an 80-pound dog. Captain America's conditions were not caused by his weight, however they were exacerbated because of his weight. His medical insurance would not cover his surgery, although deemed medically necessary, so he ended up being a self-pay patient. Mr. Terrific had severe sleep apnea, which caused leg edema (swelling). This serious prognosis was not delivered until after his bariatric surgery, though. Prior to surgery, he would fall asleep in all sorts of places because he was not sleeping at night. Additionally, there was an extreme history of heart disease and diabetes with his parents, which prompted his primary care physician to suggest surgery.

The Aftermath

Life After Bariatric Surgery

How do men continue to make emotional sense of bariatric surgery after they have undergone the operation? One author interviewed a male and female, one year after surgery. Keith Oleszkowicz, a married 40-year old computer programmer with a teenage son, had a hard time committing to surgery despite not being a stranger to it: his wife and his brother had had the procedures done themselves (Kolata 2016). He chose the gastric bypass procedure and lost 93 pounds in a year's time. Although the weight loss was evident, he still thought of himself as "fat" and missed his former lust for food.

There was a palpable cognitive lag with my participants as their minds had not yet caught up to their somatic changes. Despite having lost 85 pounds since surgery, Green Arrow could only tell his weight loss by looking at before and after photographs that are lovingly taken by his wife. "If I look in the mirror," though, "I see a fat ass." Similarly, Slade Wilson's wife provides him with regular before and after pictures so that he can tell the difference in his body with his 200-pound weight loss. "I didn't notice it until my selfie queen, here, took pictures and put them together overtime. Looking at the mirror every day I didn't realize it." Mr. Terrific sees the same obese man when he looks in the mirror.

I can see it in my face. As far as body image goes, it's one that kind of throws me for a loop. My wife and I went out to dinner for our anniversary. It wasn't too long ago where we tried to go to a different restaurant in town, and the only space they had were small booths and I couldn't fit in them at all. It turned into an embarrassing situation where I left the restaurant. When we went to this [other] restaurant, the hostess brought us to a small little quaint booth for two and when I looked at it I thought, "you can't fit there, don't even try." I looked at my wife and she gave me a look like "you really outta try sitting down." I did, and my gosh I had five inches between me and the table.

Jack Frost loves to take pictures because they serve as confirmation of his 74-pound weight loss.

When I look at the mirror I see the same chubby guy. Sometimes it seems surreal. I have to look at my before and after pictures. I still see my pouch and I want to get a tummy tuck to smooth it out.

Rip Hunter's main motivation for his bariatric surgery was his back injury. The weight caused him to have excess back pain. He was so thrilled about not feeling any back pain he didn't notice his weight loss! He is constantly reminded of it from people that he had not seen in a long time, and has a better body image. Dr. Strange lost a total of 355 pounds, resulting in a lot of excess skin.

You walk around and you just feel this skin. Part of the reason I had to get this [skin removal surgery] done is you still see a fat person when you look in the mirror. The skin had to go because regardless of how fit I was, it made me feel fat.

At five years post-surgery and at his goal weight, Dr. Strange weighs himself every day.

I know. I have done all the research which says “don’t do it.” Everything I’ve read says “don’t do it.” It’s just kind of a personal accountability measure, where I’ve got certain numbers. Once I creep up into the 170s or 180s I’m super comfortable. I’m in my BMI range, I’m happy. But once I get into that 180 range I make myself be more careful with my eating choices.

At only one month post-surgery, Nightwing had lost 58 lbs. The differences were subtle, for the most part.

Sometimes when I’m not in a good mood I look at myself and think that I can’t tell a difference. Other times I realize that I have dropped three jean sizes, and my wedding ring doesn’t fit. I’ve had to go out and buy new belts and clothes. My watch fits different. You look at those things and it encourages you to keep going.

Mr. Terrific was eighteen years post-surgery, and lost 238 pounds within the first two and a half years. He did not look “ghostly” as others bariatric patients that he knew.

Amusingly he had not realized that his feet, too, benefited from surgery. “So I suddenly had this eight and a half sized foot, and I didn’t have to shop for wide sizes or anything.”

A new appreciation for shoes was born out of this realization, and before he knew it he became a shoe aficionado.

Personal Relationships Post-Surgery

One study focused on the couple/marital relationships of men who have undergone bariatric surgery, concentrating on their perspective on relationship satisfaction, sexual intimacy, and social support after surgery (Moore and Cooper 2016).

The purpose of this study was to provide medical professionals information that may be useful in helping male patients navigate through the transitional process after surgery

(Moore and Cooper 2016). There is a correlation between obesity and its negative impact on couple and family relationships attributable to obesity (Moore and Cooper 2016). Whereas depression decreases after surgery, results have varied, with some patients benefiting from improved marital relationships after surgery while others reported no change (Moore and Cooper 2016). Surprisingly stress, turmoil, extramarital affairs, separation, and divorce were reported after bariatric surgery (Moore and Cooper 2016). Some participants of this study experienced an increase in intimacy with their partners, and others noticed no change (Moore and Cooper 2016).

Six out of my eight participants are married. Five of the six were married prior to surgery and continue to be married post-surgery. I would have loved to ask about their intimacy levels with their wives, however I lacked the professional experience, and, quite frankly, the courage to ask. Instead, I asked if their relationships with their friends and loved ones changed after surgery, allowing them to respond without feeling forced to elaborate on a specific matter. Nightwing alluded to his relationship being better with his friends and loved ones, however his prime concern is being able to keep up with his young daughter. Slade Wilson and his wife are so inseparable she participated in our interview. A bariatric patient herself, Mrs. Wilson is his enforcer, if you will, as she ensures that he eats correctly and maintains his weight. “She is all the support that I need at this point.” He does not think about his new weight until she brings it to his attention. Likewise, Green Arrow’s wife serves as his main support system aside from a couple of online groups. For Captain America and his wife of twenty years, his bariatric surgery has not quite registered in their brains. She tells him, “I know you’re a lot lighter than

you were, and you're thinner. I don't *see* it. You're just Captain America." Mr. Terrific and his wife have been married for almost 20 years. He lovingly called her his best friend, and fondly recalled her nursing him back to health when he developed complications after his bariatric surgery.

As mentioned before, Dr. Strange was not open to romantic relationships prior to having bariatric surgery. After surgery his romantic view changed and he has since gotten married. "I completely opened that door and it wasn't as scary because I was comfortable in my own skin." There is a common saying that people gain weight after marriage. Dr. Strange and his husband gained weight as newlyweds, however they now keep each other in check.

It's a nice balance. We eat the foods that we need to eat, and only eat out occasionally. We have this conversation often: "Are you comfortable where you're at?" It's a matter of maintenance, and we make sure to not deprive ourselves of anything. He has Starbucks every day.

A Ponderous Outlook

My participants are enthusiastic about their futures. Their optimism, though, does not come without its challenges. At the time of Green Arrow's interview, he was only three months post-surgery. He is very self-conscious. "My weight is still in the front of my mind. Every time I eat a piece of food, it's definitely a conscious choice." Not being able to eat is unnerving at this newer stage of his recovery.

It's drastic. It takes, on average, an hour and a half to eat my meal when I weigh my food and do the recommended portions. It's almost to the point where I regret it [bariatric surgery], not because of the health benefits, but because I wanna enjoy my family and enjoy life and have the social moments. EVERYTHING revolves around food.

Green Arrow doesn't regret the surgery, but regrets getting to his peak weight of 483 pounds. Despite the snags he feels physically better and has already noticed an increase in his energy levels. He is motivated to try new things and works out on a regular basis. At one month post-surgery Nightwing is thrilled to have more energy and continues to steadily lose weight. He is looking forward to lifting weights.

Captain America was four months post-surgery by the time we interviewed.

My knee feels amazing and hasn't felt like this since I first injured it. I'm not as physically active as I should be, but that's due to the hernia, which doesn't hurt as much anymore. This summer, I kinda have a goal: If I get down to 225 or 230 pounds, which is clear is going to happen, I'm going skydiving with my son. Once I can lift and do things I'm going to go backpacking with my boys. There are absolutely future plans, and I can't wait for the hernia surgery so I can lift and do things.

Two years post-surgery, Slade Wilson is content with his weight, despite it being higher than his surgeon's recommended weight. When I asked him if he wanted to lose more weight, he casually replied "If I lose weight, I lose weight. If I don't, I don't. I just want my checkups to say that I'm healthy. And they do." At five years post-surgery, Dr. Strange indulges his wanderlust. "I couldn't get on a plane before. Now you can't stop me. I'm going EVERYWHERE."

At one year post surgery, Jack Frost is enjoying female companionship until he finds “the one.” Like Dr. Strange, he travels when he can and enjoys a very active social life. “I’ve always been a social guy, but now I DO more. I have more fun.” At ten months post-surgery, Rip Hunter’s back pain is almost non-existent. “It’s not that I’ve lost 120 pounds that makes me want to go out. It’s more that my back doesn’t hurt.” Bariatric surgery functioned strictly as a tool to aid in his weight loss.

I have the upmost faith that if I’d continued without getting hurt I would have gotten down to the 220-pound mark that I was trying to get to. The sleeve was an accelerator more than anything. You can still screw up with the sleeve because it’s not a fool proof thing. But it’s an accelerator: my foot may have not been on the gas but I would have still gotten down (lost weight).

Eighteen years post-surgery, Mr. Terrific recalled the excitement of new prospects because of his surgery.

I bought a bike. I started going back to the YMCA because now I was no longer afraid that I wouldn’t be able to use any of the machines because of my size. So basically, what the procedure did for was do the things I couldn’t do because I thought I was too big. I started trying again. I went to Carowinds and got on every single ride.

Mr. Terrific was able to maintain his weight for many years, however he has since regained and now weighs 300 pounds. He blames his weight gain on reverting to bad eating habits while having a stressful job.

I knew I was miserable. I should have gotten out of it [job] sooner so as not to be where I am today. Because being a bariatric patient, I feel a little sense of responsibility to make a presentation for the procedure. People are gonna look at you and say “Oh, you’re a bariatric patient. Is THAT what it’s gonna do?” I don’t want people to look at me and think I’m their future. I let the stress of the job mess me and up and get me to eat things that I shouldn’t, which in turn has obliterated my metabolism. I would just like to represent the surgery better.

Mr. Terrific has been working diligently with his primary care doctor and nutritionist to re-lose his excess weight

CHAPTER VI

CONCLUSION

The purpose of my study was to discover how men felt about the radical imposition of bariatric surgery on their bodies by interpreting their vocabularies used to depict their experiences pre and post-surgery. I sought answers to the following questions: How did they make sense of their bodies prior to bariatric surgery? After bariatric surgery, how did they continue to make emotional, cognitive sense of this procedure?

In this phenomenological study, I suggest that social and cultural forces shaped my participants' perceptions and sense making. Studies prove that the perceptions of masculinity are embedded into a male's psyche at early childhood. Most of my participants had been heavy their whole lives. The fact that they perpetually thought about their weight before having bariatric surgery indicates their awareness of the stigma that our culture places on obesity. The shame attached to my participants' obesity warranted some form of low self-esteem and low self-consciousness. Some of them played into the stereotype of the "fat jolly man," further illustrating society's influence on human perceptions. Additionally, they experienced their bodies by their relationships to loved ones, adding to the notion that social influences impact their understanding of their body weight.

Cognitive Lag

Figure 10. Captain America



The road to weight loss after bariatric surgery can be overwhelming, in part to the cognitive lag that occurs when our brains do not catch up to our bodily changes. Each participant experienced some form of cognitive delay, as their brains had not yet caught up to their weight loss. Captain America, pictured above, sent me this image when I followed up with him, with permission to share. The image clearly illustrates his now 235-pound (at the time of our interview he had lost 95 pounds, weighing 270 pounds). Clothes no longer fit, he is able to play with his dog, he has had his hernia removed successfully, he is newly energized; yet, his mind has still not registered his weight loss. Preparing to sit in a restaurant booth is still daunting after the additional weight loss. “I have to stop myself and think. Truth is, I fit in them all now with room to spare. Airplanes, too. I can use the tray table with room to spare.”

Comparable to the phantom limb phenomenon, instead of a limb my participants lost an exorbitant amount of weight. Some lost a large amount in a short period of time. I draw on philosopher Maurice Merleau-Ponty's *Phenomenology of Perception* to understand this cognitive delay better. He considered phantom limb and phantom pain to be an expression of the refusal of mutilation because the embodied self cannot be lived through fragmentation or lost integrity (Crawford 2014: 117). "This phenomenon," Merleau-Ponty wrote, "distorted equally by physiological and psychological explanations is understood in the perspective of being-in-the-world" (Merleau-Ponty and Landes 2012: 71). Applying this philosophy to my participants' perception of their weight loss, they have much work to do in order to grasp what has happened and successfully cope with their new situation.

Cognitive lag is unavoidable in a society that places so much emphasis on the "ideal body." This can easily cause discouragement, as we go through life negotiating this idea of who we are in relationship to our bodily being in the world. Our body is separated from the self, yet both are constantly morphing and changing. The self is forever working to find a compatible relationship with a body that is subject to uninterrupted cultural messaging about how the ideal body should present itself in the world. Fortunately, my participants could tell, either by photographs or by non-scale victories¹, that there was indeed some weight loss. This small sample of participants cannot represent all men, however I hypothesize that this cognitive lag is a common side

¹ Ways in which weight loss is measured aside from weighing on the scale. For example: the way clothes fit or being able to fit in a roller coaster ride are other ways in which one could identify weight loss.

effect and that this could be determined a psychological phenomenon indicative of bariatric surgery, meriting further research.

By way of closing I propose that suggested in this inquiry is the useful idea that in some fashion, we as humans synchronize our thoughts and feelings about the self with our flesh and blood bodies. Not surprisingly, it points to a potentially important research area. We can imagine that there are a variety of ways that people configure their senses of self with their physical, somatic being in the world. Ethnicity, gender, age, and so on are likely to play key roles in shaping the ways a person navigates the semantic terrain between self and body. With this idea in mind, it would be worth taking a closer look at Charles Horton Cooley's "looking glass self," considering his protean idea that one's self and one's identity is fashioned by one's interpersonal interactions with the idea of the self-body nexus (1902: 152).

BIBLIOGRAPHY

- About Adult BMI. Centers for Disease Control and Prevention. Retrieved April 10, 2017. (https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html)
- Adelman, Miriam., & Ruggi, Lennita. (October 01, 2016). The sociology of the body. *Current Sociology*, 64, 6, 907-930.
- American Society for Metabolic & Bariatric Surgery. "Bariatric Surgery Procedures." American Society for Metabolic & Bariatric Surgery. Retrieved September 29, 2016 (<https://asmbs.org/patients/bariatric-surgery-procedures>)
- Bariatric Surgery Source. "7 Types of Weight Loss Surgery - How Each Will Affect you." Bariatric Surgery Source. Retrieved September 29, 2016. <https://www.bariatric-surgery-source.com/types-of-bariatric-surgery.html>
- Barnett, Richard. (February 11, 2017). Obesity. *The Lancet*, 389, 10069, 591.
- Berila, Beth. (2016). *Integrating mindfulness into anti-oppression pedagogy: Social justice in higher education*.
- Bevan, Mark. T. (January 01, 2014). A Method of Phenomenological Interviewing. *Qualitative Health Research*, 24, 1, 136.
- Bray, George. A., Bouchard, Claude., & James, W. T. (2004) *Handbook of Obesity : Etiology and Pathophysiology, Second Edition*. New York: CRC Press.

- Burke, Kenneth. (1989) *Symbols and Society*. Chicago: University of Chicago Press.
- Cash, Thomas. (1990) *Body Images: Development, Deviance, and Change*. New York: The Guilford Press.
- Crawford: Cassandra. (2014). *Phantom Limb: Amputation, Embodiment, and Prosthetic Technology*. New York: New York University Press.
- Cooley, Charles. (1902) *Human Nature and the Social Order*. New York: Scribner's.
- Dianteill, Erwan. (2014). *Marcel Mauss, en théorie et en pratique: Anthropologie, sociologie, philosophie*. Paris: Archives Karéline.
- Drummond, Murray. & Drummond, Claire, (2017). Boys' body image in early childhood: A qualitative approach using drawings and narratives. *SAGE Research Methods Cases*.10.4135/9781526401304
- Elias, Norbert., Dunning, Eric., Goudsblom, Johan., & Mennell, Stephen. (2000). *The civilizing process: Sociogenetic and psychogenetic investigations*. Oxford: Blackwell Publishers.
- Farrell, Amy Erdman. (2011) *Fat Shame: Stigma and the Fat Body in American Culture*. New York: New York University Press.
- Flegal, Katherine. M., Kruszon-Moran, Deanna., Carroll, Margaret. D., Fryar, Cheryl. D., and Ogden, Cynthia. L. (2016). Trends in obesity among adults in the United States, 2005 to 2014. *JAMA*, 315(21), 2284–2291.

- Fuchs, Hans F., Broderick, Ryan C., Harnsberger, Cristina R., Chang, David C., Sandler, Bryan J., Jacobsen, Garth R., and Horgan, Santiago. (2015) Benefits of Bariatric Surgery Do Not Reach Obese Men. *Journal of Laparoendoscopic & Advanced Surgical Techniques*. 25(3): 196-201. Retrieved from <http://online.liebertpub.com/doi/10.1089/lap.2014.0639>
- Gilman, Sander L. (2008) *Fat: A Cultural History of Obesity*. Malden: Polity Press.
- Gilman, Sander. L. (2004). *Fat boys: A slim book*. Lincoln: University of Nebraska Press.
- Goffman, Erving. (1963) *Stigma: Notes on the Management of a Spoiled Identity*. New York: Prentice-Hall.
- Gorman Mark.J., Butsch W.Scott., Reilly-Harrington Noreen.A., Pratt Janey., Sogg Stephanie. (2016) Stigma In Persons with Obesity. In: Parekh R., Childs E. (eds) *Stigma and Prejudice. Current Clinical Psychiatry*. Humana Press, Cham
- Grogan, Sarah., & Richards, Helen. (2002). Body Image: Focus Groups with Boys and Men. *Men and Masculinities*, 4(3): 219-232
- Grogan, Sarah. *Body Image: Understanding Body Dissatisfaction in Men, Women, and Children*. (2017) New York: Routledge.
- Hacking, Ian. (2002). *Historical ontology*. Cambridge, Mass: Harvard University Press.
- Harjunen, H. (2017). *Neoliberal bodies and the gendered fat body*. New York: Routledge.

- Kolata, Gina. (2016) "After Weight-Loss Surgery, a Year of Joys and Disappointments." *The New York Times*, December 27, 2016. Retrieved January 20, 2017 (<https://www.nytimes.com/2016/12/27/health/bariatric-surgery.html?emc=eta1&r=0>).
- Leit, Richard A., Pope, Harrison G., & Gray, James J. (2001) Cultural expectations of muscularity in men: The evolution of playgirl centerfolds. *International Journal of Eating Disorders*, 29(1): 90-93.
- Matelski, Elizabeth. (2017). *Reducing bodies: Mass culture and the female figure in postwar America*. New York: Routledge.
- Maxwell, Joseph. A. (2013). *Qualitative Research Design: An Interactive Approach*. Thousand Oaks, CA: SAGE Publications.
- Merleau-Ponty, Maurice, & Landes, Donald A. (2012). *Phenomenology of Perception*. Abingdon, Oxon: Routledge.
- Moore, Darren., & Cooper, Clinton. (2016) Life After Bariatric Surgery: Perceptions of Male Patients and Their Intimate Relationships. *Journal of Marital and Family Therapy* 42(3): 495-508. doi:10.1111/jmft.12155
- Obesity Coverage. "What is a comorbidity?" Retrieved April 4, 2018
<https://www.obesitycoverage.com/insurance-and-costs/pre-approval-process/comorbidities>
- O'Dwyer, Laura M., & Bernauer, James. A. (2014). *Quantitative research for the qualitative researcher*.

- Ogden, Cynthia L., Carroll, Margaret D., Lawman, Hannah G., Fryar, Cheryl D., Kruszon-Moran, Deanna, Kit, Brian K., and Flegal, Katherine M. (June 7, 2016). Trends in Obesity Prevalence Among Children and Adolescents in the United States, 1988 - 1994 Through 2013 - 2014.
- Park, Juyeon. (2015) "The Meanings of Physical Appearance in Patients Seeking Bariatric Surgery." *Health Sociology Review* 24(3):242-255
- Retrieved from
<https://login.libproxy.uncg.edu/login?url=http://search.proquest.com/docview/1730775845?accountid=14604>
- Rogge, Mary. M., Greenwald, Marti., & Golden, Amelia. (2004) Obesity, stigma, and civilized oppression. *Advances in Nursing Science*, 27(4), 301-315.
- Rössner, Stephan. (2007). Adolphe Quetelet (1796-1874). *Obesity Reviews: an Official Journal of the International Association for the Study of Obesity*, 8(2).
- Saguy, Abigail., & Almeling, Rene. (2008). Fat in the Fire? Science, the News Media, and the "Obesity Epidemic" *Sociological Forum*, 23(1), 53-83. Retrieved from <http://www.jstor.org/stable/20110247>

- Samaan, Zena, Anand, Sonia, Zhang, Xiaohe, Desai, Dipika, Rivera, Margarita, Pare, Guillaume, Thabane, Lehana, Xie, Changchun, Gerstein, Hertzler, Engert, James C., Craig, Ian W., Cohen-Woods, Sarah, Mohan, Padma Shri, Diaz, Rafael, Wang, Xingyu, Liu, Lisheng, Corre, Tanguy, Preisig, Martin, Kutalik, Zoltan, Bergman, Sven, Vollenweider, Peter, Waeber, Yusuf, and Salim, Meyre, David. (2012) The protective effect of the obesity-associated rs9939609. A variant in fat mass- and obesity-associated gene on depression. *Molecular Psychiatry*. doi:10.1038/mp.2012.160. Retrieved from <https://www.nature.com/articles/mp2012160>
- Trujillo, Nick. Machines, Missiles, and Men: Images of the Male Body on ABC's Monday Night Football. (1995). *Sociology of Sport Journal*, 12(4): 403-423
- Waldorf, Dan. and Biernacki, Patrick. (November 01, 1981). Snowball Sampling: Problems and Techniques of Chain Referral Sampling. *Sociological Methods & Research*, 10, 2, 141-163.
- Weiss, Robert. (1995) *Learning From Strangers: The Art and Method of Qualitative Interview Studies*. New York: The Free Press.