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– ARTICLE –

BEING PĀKEHĀ AND RESEARCHING THE EXPERIENCES OF MĀORI WOMEN AND WEIGHT LOSS SURGERY:

ON ETHICS AND ETHNOGRAPHY

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ABSTRACT

This paper proposes that the positionality of Pākehā researchers wishing to learn from Māori, can be reimagined as an atmospheric inter-subjective space within which conversations can happen across differences and between commonalities. I outline my own reckoning as a Pākehā attempting to enter this field as a part of my MA research on Māori women's experiences of weight loss surgery. I argue that a form of differential distancing, while holding onto an ethic of care, enables a form of academic inquiry that is less stymied by the politics of permission. This paper also proposes that ethical representation can be bolstered by staying close to the logics for living of our participants and conceptualising their narratives through 'embodied becoming'. I argue that this multi-faceted approach enables ethnography which retrieves nuance and releases participants, to a degree, from discourses that primarily frame individuals as victims of the state.

Keywords: Embodied becoming; ethics of representation; Māori; Pākehā positionality; weight loss surgery

INTRODUCTION

Weight loss surgery (WLS) is increasingly being used to combat obesity born of a calorie dense food supply in an increasingly sedentary 'first world'. As a Pākehā noticing an increase in instances of surgery in my own community, I became particularly interested in exploring the experiences of Māori women[2]. I encountered ethical issues at every turn. At the outset, positionality felt fraught in a postcolonial field then later, in writing and collating data, I grappled with the temptation to theorise through a Foucauldian lens and/or a post-colonial critique, thereby portraying the women as victims – which was not how they presented to me.

Firstly, on positionality, I reflect on growing up as a Pākehā among Māori in Aotearoa New Zealand and argue that there is an intersubjective place within which Māori and Pākehā can meet and talk – a respectful, in-between space in which stories can be told and newness can flourish. Secondly, I argue that ethnography moves towards ethical representation when the logics for living of our research participants are foregrounded in the text, allowing for nuance and difference that does not necessarily map back to paradigms typically deployed in health research in the social sciences. In my research, for example, these full-bodied accounts illuminated lives that, while not without struggle, were more often lived with *mana* and involved affective encounters with a health system imbued with care. This article looks at how diverse narratives about WLS required looking very up-close at 'actual lives' in order to avoid re-stigmatising, re-victimising and to a degree, recolonising the women who participated in my research. I begin with positionality by reflecting on finding a footing in a complex postcolonial cross-cultural field.

ON BEING PĀKEHĀ IN THE MĀORI FIELD

Clifford Geertz spoke of the gap between 'being there' in the field and 'being here' in academia – the field being rich with human encounters and academia a place in which so much is stripped back under the scrutiny of a critical eye (citing Geertz in Stoller 2007, 175). For me 'being there' has meant being in a place of comfort, of remembering, and being in a familiar space in which the Māori and Pākehā worlds intersect – worlds which form, to a degree, through an entanglement with each other. As noted by historian Angela Ballara, '[f]or over 200 years each set of cultural influences [Māori and Pākehā], introduced or already present in New Zealand, in all its variety of manifestations, has profoundly influenced the others' (Ballara 2000, 25).

As a Pākehā growing up in Rotorua[3], the Māori world was not a distant other – it was my neighbour, my neighbourhood, and a part of my childhood. I remember my father's coffin being draped with a *korowai* (cloak) and the Māori neighbour who came to stomp the spirits away. The *tapu* (sacred, restricted) lake and the Māori school friends who disappeared for days for *tangi* (funeral). Colonisation had disenfranchised with devastating consequences, however the Māori world still manifested concretely in the Pākehā world – not as artefact but fact – present and palpable, and I believe these entangled realities, in part, formed the person I am today – as would be the case for many Pākehā.

Anthropologist Ghassan Hage talks about nostalgia as being a yearning for 'an idealised past' – lacking in the present and imbued with the hope that this idealised past will eventually manifest in the future (Hage 2018). Perhaps it is with an uncritical, nostalgic eye that I viewed the past, and yet my conversations with some of the women who participated in the research certainly evolved within an atmosphere of familiarity and reminiscence. This common ground created an intersubjective space in which conversations happened with ease. Sitting with my participants, three of whom are middle aged like me, was in some ways like going home, nostalgic and imbued with a shared understanding of those times and places. We laughed – we really laughed – we chatted, we nodded in agreement, and although I cannot say I know the Māori world as Māori, I can say I know the Māori world as Pākehā – from over the fence.

Dissonance or discomfort began for me in 'being here' – in academia. In the 1990s Smith ([1999] 2012) demanded that methodologies be decolonised and within the wider postmodern discourse at that time, much positivist prioritising of knowledge was brought into question. Universities and researchers were ultimately seen as an instrument of colonisation. The decolonising project (across decades) necessitated that Māori academics both shore up boundaries and formulate appropriate modes for research commonly known as Kaupapa Māori Research (Salmond 2013; Van Meijl 2009; Durie 2012; Curtis 2016). In outlining Kaupapa Māori research, Elana Curtis (2016: 401–403) notes the following aspects as being central to this model. Kaupapa Māori research needs to be, transformative and beneficial to Māori, under Māori control, informed by *Mātauranga Māori*, a critique of issues of power, privilege and racism. It also needs to promote social justice, reject cultural-deficit theories and support decolonisation. Māori were no longer prepared to be 'othered by' 'defined by' and 'researched by' others. Consequently the politics of Aotearoa New Zealand have run like a deep vein through academia shaping knowledge and research practice (Belgrave 2014). It was therefore tentatively and with a sense of vulnerability (ah, the boot is on the other foot!) in this politically charged post-postcolonial context, that I entered the field as a Pākehā researching Māori experiences.

I found myself teetering on a fine line; the line between what I will call 'the politics of permission' and being able to enter the field without too many restraints on inquiry. These restraints emerge out of cross cultural sensitivities, ethical and political issues around representing others, and a fear of not wishing to offend or over-step research boundaries – a fear that may well predetermine both what is written about and how it is analysed. The resulting tension is not only experienced by Pākehā however, as noted by Māori anthropologist Marama

Muru-Lanning (2012) in situating herself in a piece of research, 'the issue of positionality has epistemological implications within Māori scholarship'. These issues typically emerge out of a 'tension between tribal obligation and academic freedom' (Muru-Lanning 2012, 156). She goes on to note that in the post claimant era (Muru Lanning's iwi land claim was settled over a decade ago by the Waitangi Tribunal), she may have more academic freedom than other Māori scholars who are still assisting their tribes with the land claim process. With her 'positionality' unresolved, Muru-Lanning (2012, 163) concludes, 'being a Māori anthropologist in the [twenty-first] Century can be very difficult at times'.

As a Pākehā researcher who wanted to research with Māori, I too found myself grappling with positionality. I argue that the process of strengthening the position of Māori in the wake of colonisation and clarifying the position of Pākehā (or rather non-Māori) researchers, has inadvertently driven a wedge between the two. Dichotomous thinking is reinforced and conceptualised as 'two worlds' which in turn shapes access to the Māori research field. For me to move from one 'world' into the other requires permission and this process emanates from deeply political roots.

The politics of permission

In order to carry out my research I sought permission from the Massey University Ethics Committee (a full application was required, Nor 17/23), the Māori Cultural Advisor (it was not her role to give me permission explicitly but rather, hopefully, support my research topic –thankfully, I left our meeting feeling very relieved), from my participants (whose permission mattered the most) and lastly – myself (I'd talked myself into and out of this research many times). Each of these encounters was overwrought, perhaps overthought, and in some ways almost paralysing. Tolich (2002) has argued that the discourse underpinning the ability and appropriateness of Pākehā to research amongst Māori more often results in a sort of 'Pākehā paralyses'. Subsequently Māori are, in many cases, being (quietly) left out as potential research participants. He sees this act of exclusion as a breach of the principles of the Treaty of Waitangi. This sense of 'needing permission' also crept into my thinking, my writing and manifests at times as fragile inquiry – too tentative to be robust. The process left me wondering how to reconcile political/cultural sensitivities with academic curiosity and exactly who gets to give permission and why.

Firstly, on permission, I turned to my participants. It would be easy (and arguably appropriate) to view them as 'victims' of colonisation – disempowered or 'lesser than' empowered academic thinkers and therefore in need of protection from further harm. This is not what I encountered in the field. I found women with *mana* (prestige, authority, power) who are savvy, dynamic thinkers and more than capable of making decisions on their own terms. I suspect that they (having given someone like me permission) would take issue with any process or discourse that suggested that they needed academia to act on their behalf and stipulate the terms of engagement to protect them. As noted in the Massey University (2016, n.p.n.) code of ethical conduct, it is important not to confuse potential vulnerability with a lack of autonomy. Doing so, I argue, may reinforce power hierarchies and quieten voice. The politics of permission may also stymie cross-cultural excursions by bordering up the potentially fertile ground of in-between spaces, limiting research possibilities and lessening the possibility of finding something new.

Academic inquiry and differential distancing

Didier Fassin (2014) lends a helping hand through the sticky politics towards a ragged, not fully actualised form of intellectual liberalisation. Fassin (2014, 54) traces his discovery of something new – a concept he calls 'the politics of life'. While thinking that he was accurately deploying philosophy (in this case Foucault) in anthropology, he realised, after being challenged from the conference floor, that he had in fact been, to a degree, mis-translating Foucault. This took the form of mis-interpreting a concept and applying it differently than intended, however through doing so – discovering something new. He calls this an act of 'abusive fidelity' (a term coined by Philip Lewis, 1985) and argues that any 'form of respectful and loyal treason is justified every time it produces something interestingly new in the process of translation from one discipline to the other' (Fassin 2014, 52).

Applying theory then, is not about strictly adhering to a theoretical framework with religious fervour or as Hage notes, 'it is neither a church you adhere to nor a football team you support' (2016, 222). Rather it is about deploying malleable and unbounded ideas (like algebra with endless variables) towards complexity in divergent ways in the hope of seeing better and knowing better that which you hope to see and know. In the spirit of Fassin then, and acts of treason, I wish to extend this idea to argue that what he is saying could be applied to any situation in which being released from a particular way of doing things (while still holding fast to an ethic of care (Larrabee 2016)) can lead to new insights. In the following quote I supplant 'philosophical' with 'political' and imagine myself (given permission to be) distanced from the somewhat ossifying nature of cross-cultural research discourse in Aotearoa New Zealand. Fassin (2014, 54) invites a 'differential distancing, if not liberation, from a [political] philosophical hold that often withers the originality of thought and the richness of ethnography'. Academic roving becomes about not 'sticking to' what is there but 'stepping out of' and in some ways 'stepping into' the margins where the wild things grow and very interesting people have stories to tell to those who are willing to listen. Following on from establishing a sense of positioning was the need to deeply consider the ethics of ethnography in this complex cross-cultural field and how to represent and interpret what was said to me.

THE ETHICS OF REPRESENTATION

In writing ethnography, anthropologists have long grappled with the ethical implications of representation (Vargas-Cetina 2013). Writing ethnography involves collating stories and observations, interpreting what has been gathered, deploying theory and reaching conclusions. Amidst this process, the words and logics for living of research collaborators can take second place or even third, and that process, in itself feels like another colonising act. In order to counter this, I draw heavily on the work of Biehl and Locke (Biehl 2005, 2013; Biehl and Locke 2010) and discuss why the words of our research participants need to be foregrounded in a text. Following this, I outline 'embodied becoming', the paradigm that lets thinking move along unexpected paths towards unfinished and nuanced conclusions. These two strategies are deployed in order to both stay close to a form of ethical representation and increase the possibility of thinking about things in a multiplicity of ways released in part, from rigid frameworks.

Medical anthropologist João Biehl, in his ethnography, *Vita: Life in a Zone of Social Abandonment* (2005), disentangles his field through the specific, elemental, stripped back, and at times poetic words of his key interlocutor Catarina, an inmate in Vita; a place where the mentally ill and unwanted are left to die. Biehl notes that he often returns to the words of Catarina 'the place where thought is born' (Biehl 2013, 577) and adds that a recourse to theory potentially leads to a reification of the words of academics and the concurrent sublimation of the words of participants. I used the words and ideas of the women I interviewed as my guiding lights and in doing so, attempted to leave their words as unfettered as possible while acknowledging the inevitable translation issues in interpreting those words. Ethical interpretation however, is aided through taking care not to presuppose the trajectories of peoples' lives as suggested by their social fields but rather to let their narratives reveal their 'logic for living', the way in which they perceive, navigate and articulate their life-worlds, and conclusions, based on their own experiences as surgically altered Māori women.

Purposefully, stories bring the 'human' onto the page and reveal 'actual lives' replete with singularities and 'collective inflections' (Biehl and Locke 2010, 320), agency and limits, contingency and subjectivity. Post-surgery narratives are not definitive but encompass experiences of the good and the bad – feeling both strong and weak, being sick and well, having potential and feeling loss, making courageous choices, and not having had a choice. The narratives also revealed the 'unfinishedness' of people's lives, their 'becoming' or even their newly 'embodied becoming' having reset the trajectory of their life-path with the radical shock of bariatric surgery. Biehl and Locke (2010, 317), in drawing on the work of Deleuze and Guattari note that *becoming* involves shaking loose, wherever possible, from 'determinants and definitions' and through doing so, opening up the possibility of diverse trajectories of living, the creating of something new, while in turn, foreclosing other possible pathways.

Paying attention to actual trajectories or 'lines of flight' opens up the opportunity for learning from people rather than reducing their accounts to presupposed and predetermined conditions of living (Biehl and Locke 2010). This close attention to the singularity of a person's life may reveal stops and starts, openings and closures, decisions and impulses, chances and choices, limits and freedoms – patterns of becoming and logics for living. As Biehl (2013, 583) states, '[a]t stake is finding creative ways of not letting the ethnographic die in our accounts of actuality'. For example, when my thinking strayed toward framing the medical encounters in terms of the dynamics of power and powerlessness, Biehl and Locke's work on 'becoming' reminded me to concentrate on what was said to me and let those words lead the way. The words of these women reveal their logic for living, how they perceive the world, and their ways of accounting for what had happened and what was happening to them. Van Manen (1990, 5) notes that '[a] human being is not something you automatically *are,* it is also something that you are also trying to *be*' (emphasis in the original). In Deleuzian terms, 'to *be*' is an ongoing process of *becoming* within the 'immanent fields that people, in all their ambiguity, invent and live by' (Biehl and Locke 2010, 317). The women I interviewed are *of* their immanent fields but also emerge *from* these fields with nuance and modulation, shade and variation, capacity and incapacity and openings and foreclosures. The following conversations (all names have been changed to protect privacy) with three of my research participants, Marama, Georgina, and Billie about 'being big', illustrate the process of learning from the narrated experience of a particular person's actual life. Specifically, these examples point to the ways in which perceptions may counter widely held views, in this case, the desire for slimness.

Being big

I asked Marama if she had a hang up about her size prior to having surgery

> *Marama*: No! [She laughs]
>
> *Me*: The assumption is that people have a real problem with their body image, but I wonder if that's the case.
>
> *Marama*: No, no, no! If I couldn't fit a dress, I'd buy a bigger one. If I looked good in it, that was fine. Every now and again, I'd say to my husband – 'Oh I know I'm big' and he goes, 'I love you no matter what'.

Georgina was also adamant about how comfortable she felt in her big body.

> *Me*: That whole thing about size – was there a point in that journey when you started to think more about your size, a time when you felt less comfortable in your body or more comfortable in your body?
>
> *Georgina*: I have never felt uncomfortable in my body. It wasn't about size.
>
> *Me*: So it's never been about size?
>
> *Georgina*:In my mind's eye it hasn't. I've never been a mirror person.

Billie also seemed little bothered about (previously) being big and talked about support from *whānau* (extended family) and at her home *marae* (courtyard and surrounding buildings)

> . . . when you are on the *marae* it's all family and you are who you are, and they just accept you for that. It doesn't matter whether you are big, small, and weird – you know. It's just like that's you, you've always been that and we love for who you are. . . That's what I have grown up with. I never had my family, you know, saying 'You should lose weight, you look funny,' that kind of stuff. I've never had to experience that. . . They just always accepted and supported. So just in general, I've had a lot of support throughout my life anyway. So, I haven't had a mental challenge when it comes to my weight because that is who I was, and my family supported me.

Reflecting on these conversations, I imagined Billie supported by the collective – enlivened by an enduring current of *whanaungatanga* (relationship, connection, sense of belonging) strong enough to push back the fat-bias of others. I grappled with understanding the women's ability to disrupt the widely held belief that losing weight is motivated by a desperately poor body image coupled with the desire to reshape in order to achieve the perfect shape. Self-image is not reflected back from the mirror (of our times) but rather drawn from the interior, the deep pool of the collective. Self-image is not two dimensional – a line drawn around the breaching curves of a voluptuous body – but rather a deeply rooted sense of self where the body has neither a 'before' or a desperately wanted 'after'. Consciousness, anchored by *whanaungatanga*, ripples outward from this fullness of being and issues with size are brushed off with a flick of the wrist, as Marama noted – 'if I couldn't fit a dress, I'd buy a bigger one' – as simple as that.

Understanding 'being big', was like trying to pin down a moving target. 'Bigness' defied categorisation. Juxtaposing these conversations with the literature on 'obesity', a large Māori woman, it seemed, could be both stigmatised and fully accepted, a racialised subject and culturally strong, mis-fitting in certain public spaces and 'at home' in many others. Importantly, the issue remained that framing these once big women as 'victims' would misrepresent what they said to me.

This approach does not ignore inequities in health outcomes and in broader society but does allow for the possibility of differing trajectories of living to emerge from these social fields in multiple ways. Further to this, I argue that to focus only on power and inequities discredits or casts doubt upon individual agency – especially so when discussions turned to encounters with the state. The women in my research did not see themselves as disempowered 'victims' when they entered the health system seeking surgery, but rather as people who were, on the whole, comfortable with who they were (aside from ill health), taking up a service offered by people who cared, within a system that provided care. This required my analysis to pivot away from ideas around biopower, racism, inequities and the ravages of colonisation, towards ideas that foregrounded care and action. This was experienced ethnographically as an ethical turning point.

Biopower versus care and action

Health research from a social science perspective often adopts a Foucauldian theoretical framework with an emphasis on biopower (power over life), discipline (as subjects), and governmentality (seeWestwater-Hobbs 2010 for an example). In their own research into bariatric surgery, Knutsen, Terragni, and

Foss (2013, 37) note how governmentality is a term used by Foucault to describe modern states' regulation of the individual by encouraging compliance with existing norms and discourses. Bariatric surgery research undertaken from this perspective may argue that although the discourse on health services emphasises the (neoliberal) empowering of individuals to take responsibility for their own health, individuals are in fact, through choosing surgery, conforming to normative standards promoted by the state. The discourse promoting 'empowerment' and individual responsibility is then seen as another form of power and discipline in Foucauldian terms (Knutsen, Terragni and Foss 2013). Considered from this perspective, dietary requirements, as stipulated and monitored by the health system, are another form of surveillance and discipline resulting in a form of Foucauldian moral biocitizenship (Trainer, Wutich, and Brewis 2017). I did get a sense that the women in my own research felt, at times, 'watched' – under surveillance from others as they sat to eat, with the sense of discomfort intensified by a voice in their heads repeating over and over, 'Don't put on weight, don't put on weight'.

A sense of powerlessness does not show through in their narratives, however. This is the case particularly when discussing their positive encounters within the health system. All the women I interviewed spoke of the caring (even lifesaving) relationships borne of these medical encounters. They also spoke about the courageous and difficult actions they undertook in order to change their lives. Care and action are foregrounded by them and consequently my research drew from literature such as Yates-Doerr (2012) that accounts for such care, individual actions and the engagements between people (amidst institutional norms). This literature also provides a critique of health research which focuses only on power and inequities.

These critiques note that a focus on power does not account for the complexities of modern human lives. Anthropologists now seek to understand these complexities and human subjectivities by engaging, through ethnography, with the particularities of 'affect, cognition, moral responsibility and action' (Biehl, Good, and Kleinman 2007, 1). Yates-Doerr notes that Foucauldian health research fails to account for 'care' by reinscribing 'action, all action, including care – as a deployment of power' (2012, 138). She goes on to say that the health-care engagements she observed (in researching obesity in Guatemala) demonstrated 'an affect of tenderness, empathy, compassion, and respect' (Yates-Doerr 2012,139). My research did not explore the deployment of power and I concur with Yates-Doerr about the need to focus on the complexities of human encounters within medical systems. This is not to say that inequities nor the compulsion to follow normative processes do not exist, but rather that, by following the logic for living of individuals and thinking about care and agency, more nuanced conclusions can be reached. Yates-Doerr (Yates-Doerr 2013) also argues that the measurement of obesity in health is reified, not necessarily indicative of health, and that the overuse of measurement results in a 'flattening, a silencing of diversity' (Yates-Doerr (Yates-Doerr 2013)2013, 64). Similarly, I argue that accounts focusing only on biopower and inequities flatten and silence the diversity of people's experiences with surgery. The following examples show how the decision to have surgery enmeshes with tenacity, struggle, desire, and accomplishment – agentic and relational not disempowered and passively compliant.

Decision time and the embodiment of success

I asked the participants about deciding to have surgery, the process of being accepted into the program and successfully achieving the initial goals as set out by their bariatric team:

> *Suzanne*: So they give you goals to reach – so I might have been a 100 and something kilos and I had to lose ten per cent of my body weight or, you know. And that in itself was quite hard and they give you some help . . . Yeah so you've got to show you have what it takes mentally, psychologically and physically to lose that first bit of weight and then be able to maintain it for a certain amount of time to show that you are serious about it.
>
> *Me*: It's hard work?
>
> *Suzanne*: It is; it is hard work – really hard work – you've got your [eventual] surgery you've got to recover from, you've got the mental side of it that you've got to recover from and accept, and then there's the adjustment to your habits, eating and looking at exercise that becomes a daily routine as opposed to something that you have to make yourself do. The whole change of mindset.

Marama received a letter suggesting she go on an Optifast diet in order to help her lose the weight required prior to surgery:

> *Me*: And you did it – you lost ten kilos?
>
> *Marama*: I did it! I lost 25 kilos. I loved it!

We discussed the effort involved and how people more often still view surgery recipients as having taken the easy way out.

I spent some time clarifying my own thoughts.

> *Me*: The way I see it, I can see how people, if they were being honest, how they could possibly think – 'Oh you needed to have weight loss surgery because you have no will power' and how people like yourself, who have had it, may feel deep down that 'I couldn't do it by myself and I needed help', but the more I talk to people, the more I realise how it is a huge achievement *in itself*.
>
> *Marama*: It is! It is a *big thing* in itself.
>
> *Me*: It's like climbing a mountain or something.
>
> *Marama*: It is like climbing a mountain, it really is!
>
> *Me*: It's not an *easy* option eh?
>
> *Marama*: It really *isn't;* it is one of the biggest choices and it's a commitment. It's not the easy option. The easy option would be to do nothing.

I had a sense that the participants were being strengthened by a process that helped to facilitate their success. Decisions were agentic, success embodied, tenacity strengthened – like a muscle, disposition shifted, and perhaps other potentialities begin to form on their horizons. This is not to say, however, that decisions manifested in a vacuum. Decisions are atmospherically[4] charged (Brennan 2004) by myriad factors; medical norms, concern, desire, discourse, knowledge, power, and the influence of others that sit close to the heart. Tim Ingold calls this 'agency that is inside the undergoing of life' (2016, 46-48 minutes). What is significant is the way in which agency and action emerges from these narratives and in doing so, forces attention on to the aspects of these encounters that cannot be explained through focusing on power imbalances. Similarly, discussions on the experience of undergoing surgery led to findings which included foregrounding affective relationships within a milieu sometimes fraught with difficult encounters during and post-surgery. For example:

> *Georgina*: …my body went into renal failure, absolutely nothing to do with the surgery. It was my kidneys stopped functioning and that

> was probably heading that way anyway. So that's what happened – they nearly lost me.
>
> *Marama*: …my heart got a bit of fright 24 hours later and I ended up being rushed to ICU for a short period of time.
>
> *Suzanne*: I got sick when I literally could not eat, not because I didn't want to, but I couldn't because I was too sick and that was like a two week process, because I take a long time to get over being ill anyway. By the time I came out of being that ill–I was right down to fifty-six kgs [from 144 kilos – a loss of eighty-eight kilos].

While recording these harrowing accounts of surgery, the temptation to theorise was strong however I had to resist folding the narratives into a Foucauldian drama between the body and the medical system, the (god-like) surgeon's hands, the (victim-like) subject's innards and technology invading the 'body as machine'. To do so would 'pull the rug from under' and turn the stories into something other than those told to me. I take note of Georgina's words regarding her surgeon:

> *Georgina*: You know, the thing is, I love my surgeon. I love that man. When we're together we just laugh and laugh, he cracks me up.

And Marama's about her GP (local medical practitioner):

> *Marama*: She was amazing. She saved my life.

Accounts of surgery are, in places, charged with drama; pain, discomfort, fear and things that could have been done better. There is also a precarity that comes with age and decades of living with health issues prior to undertaking surgery. The narratives, however, were not framed as a complaint against the system or the people within it. As Yates-Doerr (2012, 139) suggests, 'care happens in the spaces of personal relationships, in linkages between formerly separated bodies and selves, in the intimacies that form between one and an other'. Surgery narratives are complex stories of people helping people within a system that offers up a choice riddled with compromise but nevertheless a choice that *will* help to shed weight and *may* help to extend life.

It did seem counter-intuitive to talk about agency when speaking about the decision to have surgery (most often made from a position of precarity), however as Saba Mahmood argues, agency is not necessarily about standing up to oppression and power, as is often asserted in feminist politics, but rather, can be about conforming to norms 'constitutive at times of very different forms of personhood, knowledge and experience' (Mahmood 2001, 206). The conditions within which decisions to have surgery were made were influenced by normative procedures which promote WLS, and the participants were conforming to these norms, however they did so with agency – underpinned by courage and motivated by desire. While it could be argued that some of the participants were at a stage in which they had very little choice, they did, in fact, make an extraordinary choice and expressed that in their narratives as being an energised pivotal turning point in their lives.

Additionally, at no point during the research did it ever feel right or appropriate to write about Māori women with *mana* as victims. This is not to say that they did not experience racism in social encounters – either implicitly, explicitly, structurally, or even unwittingly – but it is saying that their inner being may not necessarily be diminished by these abject encounters. *Mana* more often provides the strength to push back, hold fast and deliver the trump card. Furthermore, these women disrupted the notion that (large) body size equates to self-consciousness, body shame and even self-loathing. As Biehl (2013, 575) notes:

> through ethnographic rendering, people's own theorizing of their conditions may leak into, animate, and challenge present-day regimes of veridiction, including philosophical universals and anthropological subjugation to philosophy.

Through ethnographic rendering the research presented a challenge to the notion that large Māori women were quintessentially victims (of the state and/or medicine) and secondly, the belief that a sense of self or self-esteem is inextricably linked to appearances. The participants all alluded to a sense of self emanating from deep within the body and, atmospherically, from beyond the body towards the collective; not from 'the look of things' as Georgina would say.

These conversations around being big, choosing surgery and medical encounters, point to what I call ethical turning points. These were places in which thinking pivoted on their words and led interpretation away from powerlessness towards having agency and experiencing success. Medical encounters, while fraught, were remembered as spaces of people and care, affect and humour, drama and the saving of lives; deeply felt, atmospheric, and indelible. Foregrounding these perspectives felt fraught in a society where inequities still abound, however I argue, not doing so strips away the agency of individuals and ignores affect in this complex postcolonial context which, as noted, feels like another colonising act.

CONCLUDING THOUGHTS: BACK TO ETHICS, POSITIONALITY AND REPRESENTATION

Methodologically, I argue that there is, within Aotearoa New Zealand, a viable research space between cultures, in which new stories can be told and new understandings may unfold. These narratives and thoughts emerge out of differences and commonalities, commonalities which are embodied and fashioned to some degree in the same context – Aotearoa New Zealand. These (inter) subjectivities, however, also stretch apart. I, for example, as Pākehā, do not carry the psychological and economic burden of colonisation – its major impacts embodied for many Māori a mere memory or two ago. I have, however, walked similar paths in other ways and, as with many Pākehā, the Māori world has always, to a degree, enmeshed with mine. I believe that it is within these commonalities that a respectful inter-subjective space can be found; it is between differences that new trajectories for thinking may be sparked; and it is through this cross-cultural conversation that intellectual curiosity can flourish.

Flourishing, I argue, requires a form of differential distancing from the politics of permission. While extraordinary and ground-breaking work has been done by Māori scholars across decades to establish research boundaries and attempt to decolonise academia, inadvertently the conversations within the fertile in-between places across cultures may have been stymied or even, blockaded. Stepping into these research places now requires holding fast to an ethic of care, feeling vulnerable but moving forward, knowing that positionality has been anchored inter-subjectively – as Pākehā alongside Māori, and permission given relationally between autonomous people in an atmospherically charged shared milieu – Aotearoa New Zealand. Surveillance of ongoing colonising processes and critiques that examine, expose and disrupt power still matter of course, however so to, does research that gives ethnographic space to dialogue and experiences that emerge narratively between people, across culture and which may take thinking to unexpected places.

Ethnographically, an ethic of care can underpin writing and analysis by both foregrounding the 'logics of living' of research participants and thinking through 'embodied becoming'. These practises enable an understanding of experiences and the re-constituting of selves as a flux and flow – malleable and not necessarily fully prescribed by the fields in which lives are lived (Biehl and Locke 2010). 'Embodied becoming' also enables thinking to move beyond (but not be exclusive of) accounts of social inequity that typify health research in the social sciences. Narratives become touchstones for where to go and where not to go analytically, particularly when tempted to move towards an analysis/theory focusing on power, inequality and unreflexive victimhood. Ethical representation is enriched by foregrounding narratives and, paradoxically, a fixed position within a post-colonial and/or Foucauldian critique may well obscure the research by disallowing agency, ignoring experiences of success, and not account for fruitful encounters with the state. My argument is not an attempt to whitewash, but rather, move the lens up close to the singularity of a person's life and consequently not let 'the ethnographic die in [my] account of actuality' (Biehl 2013, 583). The actuality I encountered was more often that of lives imbued with strength and prestige, presence and vitality, wisdom and common sense – embodied *mana* that allowed these women to navigate the bariatric surgery program with a degree of autonomy and agency – power-full not power-less.

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NOTES

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2 The article draws heavily from my MA thesis entitled: *Being Big, Becoming Small: conversations with Māori Women about Weight Loss Surgery* (2019). This was narrative research with four participants, two of whom were known to me. While I did not do participant observation during the course of my research, I had previously spent considerable time with two of the women (over a number of years) and had observed the process and ongoing implications of WLS. This is what motivated me to carry out the research. Three of the women were in their

fifties to sixties and had significant health issues prior to deciding to have surgery. One participant was younger, thirty years old, and came from a *whānau* in which many members had weight related health issues. Some family members had opted to have surgery. Out of concern for her future, they encouraged her to do the same.

3 Rotorua is a city in Aotearoa New Zealand in which Māori, as per the 2013 census, comprised 37.5% of the population.

4 Teresa Brennan (2004: 1–2) notes that 'atmosphere' is created through the 'transmission of affect'. She argues that 'atmosphere gets in' to an individual and consequently they may experience change. This change can be brief, such as a change in mood and behaviour, or longer lasting affecting psychology and biology.

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