ESTUDOS DE PSICOLOGIA
Psychological Studies

RESEARCH REPORT
RELATO DE PESQUISA

Health Psychology
Psicologia da Saúde

Editors
Sônia Regina Fiorim Enumo, Raquel Souza Lobo Guzzo

Conflict of interest
The authors declare they have no conflict of interests.

Received
July 17, 2020

Final version
October 25, 2022

Approved
November 30, 2022

"New life and a new way of living": social representations of obesity and the weight loss process in women who underwent bariatric surgery

"Vida nova e um novo jeito de viver": representações sociais da obesidade e do processo de emagrecimento em mulheres que realizaram cirurgia bariátrica

Ana Flávia de Sousa Silva[1], Taiane Freitas Lima[2], Carolina Leonidas[3], Camila Cremonezi Japur[4], Fernanda Rodrigues de Oliveira Penaforte[5]

[1] Universidade de São Paulo, Faculdade de Medicina de Ribeirão Preto, Programa de Pós-Graduação em Nutrição e Metabolismo. Ribeirão Preto, SP, Brasil. Correspondence to: A. F. S. SILVA. E-mail: <anaflavia.s.s@usp.br>.
[2] Universidade Federal do Triângulo Mineiro, Programa de Pós-Graduação em Psicologia. Uberaba, MG, Brasil.
[3] Universidade Federal do Triângulo Mineiro, Instituto de Ciências da Saúde, Departamento de Psicologia. Uberaba, MG, Brasil.
[4] Universidade de São Paulo, Faculdade de Medicina de Ribeirão Preto, Divisão de Nutrição e Metabolismo. Ribeirão Preto, SP, Brasil.
[5] Universidade Federal do Triângulo Mineiro, Instituto de Ciências da Saúde, Departamento de Nutrição. Uberaba, MG, Brasil.

Article based on the taster's degree thesis of T. F. LIMA, entitled "*Representações sociais da obesidade e do processo de emagrecimento em pessoas que realizaram cirurgia bariátrica*". Universidade Federal do Triângulo Mineiro, 2018.

How to cite this article: Silva, A. F. S., Lima, T. F., Leonidas, C., Japur C. C., & Penaforte, F. R. O. (2023). "New life and a new way of living": social representations of obesity and the weight loss process in women who underwent bariatric surgery. *Estudos de Psicologia* (Campinas), *40*, e200155. https://doi.org/10.1590/1982-0275202340e200155

Abstract

Objective
This qualitative, cross-sectional study aimed to understand the social representations of obesity and the weight loss process in women who underwent bariatric surgery.

Method
Sixteen post-bariatric surgery (between 3 and 12 months post-surgery) women participated in semi-structured, face-to-face and individual interviews. The Thematic Analysis of Braun and Clarke (2006) was carried out to evaluate the data.

Results
It were identifying 15 codes, 11 sub-themes, grouped into 3 themes: 1) Obesity: "The monster of contemporary society"; 2) "Today is different from what it was before": Re-signifying eating; and 3) I'm happy, very happy": The emergence of a new life. It was observed that the low tolerance to obesity in contemporary times implies the perception that people with obesity not worthy living in society. Thus, bariatric surgery is seen as the solution to the problem, as a way to feel 'normal' and visible, through a more socially accepted body.

Conclusion
The discourse on health, linked to physical limitations, as the main justification for performing the surgery, seems to be overlaid by esthetic issues in the weight loss process.

Keywords: Bariatric surgery; Obesity; Social stigma; Weight loss.

Resumo

Objetivo
Esta pesquisa qualitativa, de corte transversal, objetivou compreender as representações sociais da obesidade e do processo de emagrecimento em mulheres que realizaram cirurgia bariátrica.

Método
Dezesseis mulheres no pós-operatório (entre 3 e 12 meses) participaram das entrevistas semiestruturadas, presenciais e individuais. A análise dos dados foi feita pela Análise Temática de Braun e Clarke (2006).

Resultados
Foram identificados 15 códigos e 11 subtemas, agrupados em 3 temas: 1) Obesidade: "O monstro da sociedade contemporânea"; 2) "Hoje é diferente do que era antes": Ressignificando o comer; e 3) "Tô feliz, muito feliz": O surgimento de uma vida nova. Os temas externalizaram a baixa tolerância às pessoas com obesidade na contemporaneidade, que implica na percepção de que elas não são dignas de conviver em sociedade. Assim, a cirurgia bariátrica é vista como a solução do problema- um meio para sentir-se 'normal' e visível, pela aproximação com um corpo mais aceito socialmente.

Conclusão
O discurso sobre saúde, atrelado às limitações físicas, como justificativa principal para a realização da cirurgia, parece ser sobreposto pelas questões estéticas no processo de emagrecimento.

***Palavras-chave*:** *Cirurgia bariátrica; Obesidade; Estigma social; Redução de peso.*

Obesity is one of the most challenging public health problems of contemporary times, with difficult clinical management, since it involves reflexes of social, economic and cultural issues, and bears serious social and psychological consequences, affecting all social groups and all age groups (Nascimento et al., 2013). To address this issue, different forms of treatment have been considered. However, the frequent failure rates in attempts to manage the obese condition, especially in the most advanced degrees of obesity, have raised bariatric surgery to the condition of a promising alternative in this sense (Carvalho et al., 2016).

Bariatric surgery has been considered the most effective treatment, especially in the most severe cases of obesity, causing a rapid weight loss, improvements in different aspects of health and a reduction in morbidity and mortality rates associated with overweight (Nascimento et al., 2013). Brazil is the second country where this procedure has been performed the most, standing only behind the United States (Carvalho & Rosa, 2019).

Although bariatric surgery is considered one of the most effective treatments for obesity, it is important to highlight that this approach is strongly supported by a reductionist health model, typical of the biomedical standard, since it values almost exclusively the biological changes resulting from the weight loss, disregarding the psychosocial aspects (stigma, discrimination, social interaction) involved in the process (Neves & Mendonça, 2014). Weight loss per se, and the physical health benefits resulting from bariatric surgery, do not ensure improvements in the subject's overall quality of life, since health is not just about the absence of disease, but also concerns the psychosocial issues that permeate the life of every human being (Benedetti, 2003).

Besides the health complications associated with severe obesity (Oliveira et al., 2014; Oliveira et al., 2018), issues associated with a fat body and the stigma attached to it permeate the process involved in the surgery, especially for women (Oliveira et al., 2014). The stigmatization of

obesity, which constitutes the most socially accepted type of prejudice in contemporary times, is a source of intense suffering in the life of the obese individuals, affecting their physical, mental, and psychosocial well-being (Siqueira et al., 2021). In addition, the social stigma of weight enhances the demands regarding the achievement of the aesthetic-body standard imposed by society (Lopes & Medeiros, 2017). Insofar as the fat body is marginalized, discriminated against and pathologized and that the subject with this body is strongly stereotyped and seen as gluttonous, lazy and of weak moral character, the desire to lose weight and (re)build the body is also a desire to change one's life (Araújo et al., 2018). In this sense, the search for improvements in health is mixed and confused with the search for aesthetic improvements resulting from weight loss, which brings together expectations related to the achievement of all the qualities associated with a slim body, such as happiness, accomplishment, belonging, power and success (Lacerda et al., 2018).

From this perspective, bariatric surgery, through the weight loss it helps to obtain, appears as a fanciful solution to an organic, psychological and sociocultural problem, whose repercussion extends to all aspects of the subject's life, with emphasis on his/her relational field, especially for women with obesity (Nascimento et al., 2013). However, this illusory view of bariatric surgery as "the cure for obesity" and the solution to all of life's problems, coupled with the lack of psychological support, can cause serious mental disorders and frustrations (Tavares et al., 2016), since these expectations may not be met. A study carried out by Lacerda et al. (2018) showed that, although bariatric surgery significantly decreased body mass index (BMI), patients were still mostly dissatisfied with their body weight. In addition, the post-surgical process itself can contribute to this frustration, for example, due to the sagging skin on the breasts and abdomen, resulting from intense weight loss (Lacerda et al., 2018).

From this discussion, the need to expand and deepen the understanding about the psychosocial aspects involved in bariatric surgery becomes evident, going from the time bariatric surgery is selected as treatment to the consequences in the post-surgical period; this is mainly in order to support the health professionals in the best possible way in providing assistance to women who undergo this procedure, through an expanded, empathic and reflective perspective at the important psychosocial demands involved in these cases, since this is a complex treatment and, therefore, there may be a lack of awareness of the subjective understanding of this process. This lack of knowledge can directly and significantly influence the behavior, quality of life and biopsychosocial well-being of the individual. In this sense, and due to the strong social character of obesity and the fact that most studies in the field of Psychology focus mainly on the effectiveness of leading psychological support groups in the postoperative period of bariatric patients (Bradley et al., 2016; Chacko et al., 2016) and on the personality characteristics of the bariatric surgery patients as well as the outcome in bariatric surgery (Mushquash & McMahan, 2015); it is therefore important to boost research that addresses the countless variables that surround this phenomenon in order to allow to elucidate and deepen the aspects that permeate the subjects' experience and the view of the surgical process. Given the above, this study aimed to understand the social representations about obesity and the weight loss process in women who underwent bariatric surgery.

Method

This is an exploratory, qualitative and cross-sectional investigation. To support the construction of social thoughts, the theoretical perspective of Social Representations (SR) by Moscovici (2003) was used in this study. Through the SR we can understand the body as a

representational object, which carries along several effects in the way people see each other, how they see themselves and how they relate to the world around them.

This study follows the rules of Resolution nº 466, dated December 12, 2012, of the National Health Council (Conselho Nacional de Saúde, 2012) and was approved by the Research Ethics Committee of the last author's institution of origin (Opinion nº 2,284,820).

Participants

A total of 16 women who had undergone bariatric surgery at a university hospital of a public university in the interior of the state of Minas Gerais participated in this study. Most participants were married, had children, were Catholic and had completed High School. To ensure the anonymity of the participants, fictitious names were used (Table 1).

Table 1
Sample characterization

Name*	Age	Marital Status	Children	Family Income (R$)	Religious belief	Education	Profession
Azaléia	38	Married	3	3.000,00	Catholic	High School complete	Housekeeper
Cravo	50	Cohabiting	2	937,00	Catholic	Elementary School incomplete	Nanny/unemployed
Alamanda	49	Married	3	1.405,00	Catholic	College degree complete	Housewife
Hibisco	44	Single	1	1.200,00	Catholic	Elementary School complete	Cook
Hortênsia	43	Single	1	400,00	Catholic	Technical Course	Housewife
Ipê	42	Married	0	1.450,00	Not defined	High School complete	"Takes courses"
Íris	37	Single	1	937,00	Spiritist	College degree incomplete	Administrative Assistant
Girassol	54	Married	1	3.000,00	Catholic	Elementary School complete	Cashier
Magnólia	55	Married	2	Did not answer	Catholic	Elementary School complete	Housewife
Margarida	34	Divorced	2	1.500,00	Evangelical	High School complete	Unemployed
Rosa	45	Married	2	2.400,00	Spiritist	High School incomplete	Retired
Jasmim	47	Married	2	1.900,00	Catholic	Elementary School incomplete	Housekeeper
Violeta	50	Married	2	1.405,00	Evangelical	High School complete	Epilator
Tulipa	31	Married	0	2.800,00	Catholic	Post-graduation	Treasurer
Lírio	45	Married	1	2.800,00	Not defined	High School complete	Housekeeper
Orquídea	58	Married	2	Did not answer	Catholic	High School complete	Housewife

Note: *Fictitious names.

The sample composition criteria were: 1) be at least 18 years old, without restrictions regarding gender, education and socioeconomic classification; 2) having performed bariatric surgery at least 3 months before and within a maximum term of 12 months. This period was chosen because it comprises the phase of greatest weight loss after the surgical procedure (S. S. P. Silva & Maia, 2013). There were no restrictions regarding the participants' gender; however, only women underwent bariatric surgery in the afore mentioned period during data collection, which justifies the only-women sample.

Sixteen bariatric surgeries were performed during the data collection period at the university hospital, and all eligible participants agreed to participate in the survey. Thus, the sample size was based on exhaustion.

Instrument

A semi-structured interview script was developed for use in this survey. It was based on scientific literature and on previous clinical experience and contained questions about the experience of obesity, its repercussions in different areas of life, the decision to undergo bariatric surgery, the process of preparing for the surgery and the consequent weight loss process.

Procedures

The participants were selected from the department in charge of bariatric surgery at the university hospital. The invitation to the potential candidates to participate in the investigation was made via telephone; the candidates were then informed about the objectives and procedures concerning the study. After consent, the interviews were scheduled according to the availability of the participants.

The interviews were carried out individually in a private room, audio-recorded with the permission of the participants, and later fully and literally transcribed to build the analytical corpus of the study. The second author of the investigation was in charge of carrying out all the interviews. Seeking to encourage reflections and strengthen data analysis, the interviews were reviewed and discussed by all the authors.

Data Analysis

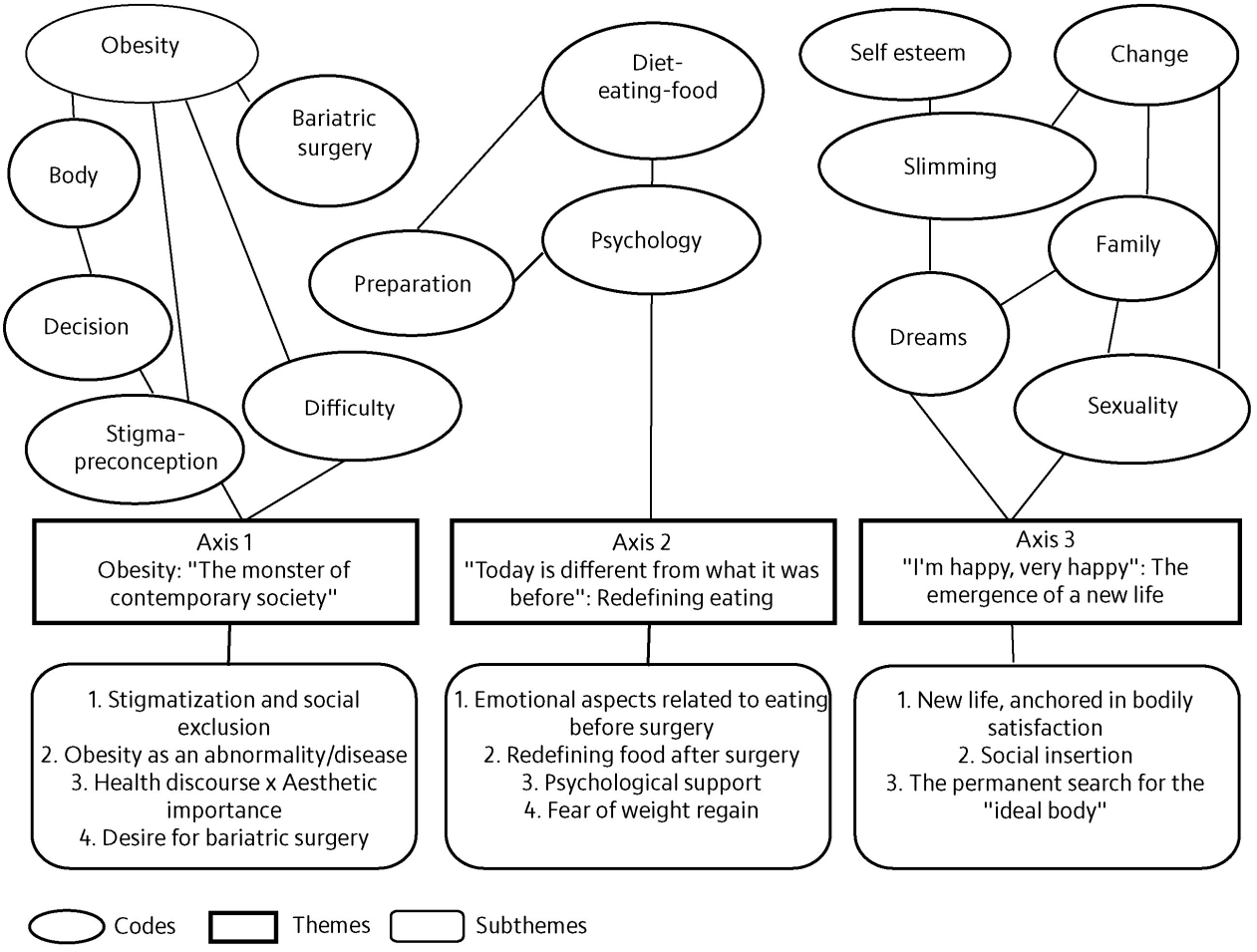
The sixteen interview responses were reviewed using the Braun and Clarke (2006) thematic content analysis, which comprises the following steps: pre-analysis; material exploration; treatment of the data obtained and interpretation. In the pre-analysis, all the interviews were read exhaustively ("floating reading"), aiming to ensure the authors' familiarization and immersion in the content brought by the data, allowing the first impressions and hypotheses associated with the theme to emerge. After this step, the entire dataset was manually coded; such codes described the common characteristics of the data. Then, the codes were grouped into thematic axes, defined a posteriori. This organization provided, by condensation, a simplified representation of the raw data, aiming to facilitate the understanding of the answers obtained in the interviews. During this process, the first authors worked with the last author, who has experience in conducting, collaborating, and supervising qualitative research. The authors met frequently to discuss the coding of themes and subthemes. This discussion included reference and referral to the transcribed interviews, in order to ensure that the analysis remained substantiated and justified by the data and was therefore reliable and plausible. Then, messages with common characteristics were grouped into categories based on this organized content. To support the discussion and interpretation of the results, the theoretical framework of SR (Moscovici, 2003) was used, as well as the scientific literature in the area.

Results and Discussion

The analysis of the transcribed narratives generated 15 initial codes, namely: 1- obesity, 2- weight loss, 3- difficulties, 4- bariatric surgery, 5- self-esteem, 6- stigma-prejudice, 7- decision, 8- preparation, 9- body, 10- sexuality, 11- psychology, 12- diet-feeding-food, 13- change, 14- family and 15- dreams. Seeking to group these codes, three thematic axes were designed: 1) Obesity: "The monster of contemporary society"; 2) "Today is different from what it was before": Re-signifying

eating; and 3) "I'm happy, very happy": The emergence of a new life. Each thematic axis was divided into sub-themes, which can be better visualized in Figure 1.

Figure 1
Ultimate themed map



As shown in Figure 1, thematic axis 1 (Obesity: "The monster of contemporary society") includes sub-themes that deal with the way obesity is stigmatized in current Western culture, being a symbol of illness and generating social exclusion, which is directly related with the emergence of the desire for bariatric surgery. Axis 2 ("*Today is different than it was before*": Re-signifying eating) promotes discussions about the emotional meanings attributed to the body and food before and after the surgery, enhancing the importance of psychological assistance. Finally, axis 3 ("I'm happy, very happy": The emergence of a new life) addresses satisfactions and dissatisfactions generated by the results of bariatric surgery.

The thematic axes and sub-themes will be better approached and discussed hereafter.

Thematic axis 1 - Obesity: "The monster of contemporary society"

The idealization of the body constructed by the subject is, to a large extent, shaped by body ideals and standards of beauty established by society, which, due to their dynamic characteristics,

vary in different social and cultural contexts (Silva et al., 2018). Currently, the body beauty standard imposed is attributed to a thin and delicately sculpted body, and having a slim body is a fundamental characteristic to be recognized in today's society, and subjects who do not fit into such hegemonic standards of beauty end up getting sick and undergoing daily suffering on account of this stigmatization (Silva et al., 2018; Araújo et al., 2018).

> It's very sad (...). As they say, there are prejudices of others towards fat people. So, it's verysad. (Jasmin, 47-year-old)
>
> So, obesity was more in the hip, so I always suffered from it, with jokes... even from the family, I was bullied at school. (Iris, 37-year-old)
>
> I don't think I've ever lived with an obese person who told me he/she is happy (...). (Azaléia, 38-year-old)
>
> Very sad, those who say they are happy being chubby, actually they are not. You are lying. (Margarida, 34-year-old)

Current society overvalues thinness, and blames obese individuals, who are seen as a symbol of moral failure. Hence, obese people exhibit not only a weight considered socially inadequate, but also feel responsible for the body they have, and they believe that they are the only ones responsible for their "illness", since the physical form of the subject in contemporary society has become a criterion for determining whether the subject is healthy or not (Mattos & Luz, 2009).

> Obesity, today, is a disease for me. It's a disease that makes us sick, you know? You cause the disease in some way. (Hibisco, 44-year-old)
>
> You cause the disease, somehow. It may even be unconscious. When you realize, sometimes, you have no recourse, and (...) we, I think today, I already think that you have to start treating from the beginning, because the more you let it go, the more the disease gets worse. (Alamanda, 49-year-old)

The discourse on health that permeates the lives of individuals with obesity is often used only to mask the real reason for the desire to lose weight, which would be to fit into society to be accepted in the social context, since, in today's society, the appearance of a well-defined and toned body not only indicates health, but also what refers to living in society (Silva et al., 2018). This premise is evidenced in the excerpts of the subtheme "discourse on health vs. importance of aesthetics", since in the expression of the SRs, talking about health is more socially accepted than mentioning aesthetic norms. However, we can observe that the participants' health discourse brings, between the lines, a number of negative stigmas: suffering, frustration, prejudice and limitations in relation to life and social life.

> So the body is involved in a whole, you know? There is a difference too. A body, you know,you being thinner involves health and in aesthetics too. Because today people live in such a world (...) especially women. So, women's standard nowadays, they decide, for example, that clothes have to be "one size fits all". (Alamanda, 49-year-old)
>
> Body... itself? Yeah, the body is our life, right? You see... if you have a body, like mine, today it's not good, but it's OK. In the old days I was very fat, today I have more hanging skins, right? But it's ok... it's going. The problem is more as follows: I didn't even care about aesthetics, beauty; it's because of my health. (Jasmin, 47-year-old)
>
> Of course, the surgery, in my case, is not just for aesthetics, it is for health. But, of course, it raises your self-esteem, you get into clothes you weren't wearing... yes, you can cross your legs. It's things like that, it's small details that make all the difference. It's very good, it's very rewarding, to look up in the mirror and accept yourself. Looking at and wearing an outfit and seeing that it looks good on your body is very good. (Tulipa, 31-year-old)

In this scenario of conflict between health and aesthetics, the decision for bariatric surgery arises, especially based on daily experiences in which the failure in weight loss attempts and the

vision of the body that needs to be fixed to continue having a dignified life and to be considered healthy; at the same time it needs to be seen and perceived as beautiful by society. The failure resulting from conventional treatments (diet, physical activity and medication) and the difficulties associated with living with obesity made the participants of the present study undergo this surgical procedure. Such a decision is imbedded in expectations with life change:

> Around the year 2008, here, doing the treatments, that couldn't result in weight loss, I don't even like to imagine...? Despite all the treatments to lose weight, despite using all kinds of weight loss medicines, you got it? I went through several clinics... several. (Íris, 37-year-old)
>
> I was not able to lose weight. Oh, I wanted it. (Rosa, 45-year-old)
>
> Oh, I was referred here, for treatment, for... knee problems, I didn't sleep well. I thought that all that I felt was due to obesity. (Hibisco, 44-year-old)

Although we live in a society that has a discourse of valuing diversity (Santos, 2008), it can be observed in the present study that the people with obesity do not find much space to exist and be accepted as they are, as they suffer constant stigmatization, and when the woman is not excluded by society itself because she does not fit the stipulated standard, she excludes herself because of the shame of not belonging, which results in social isolation.

> And then, it was just suffering, suffering... because obesity gets in the way of working, gets in the way of living together, of socializing. Obesity, you're ashamed of yourself... you don't want to leave home, you're ashamed of your husband, you're ashamed of your children, you're ashamed of the neighborhood. (Azaléia, 38-year-old)
>
> I excluded myself, ashamed to go out, when I met a relative, who said: wow, you gained weight! I felt very bad [...]. (Lírio, 45-year-old)
>
> I was ashamed to go out on the street, I had a group of friends and that's it. Like, I didn't open up to new friendships. I thought when I had a party, I didn't want to go. Because I thought everyone was looking at me, you know? Because I had gained a lot of weight, which made me sick. (Hibisco, 44-year-old)

Thematic axis 2 – "Today it is different from what it was before": Re-signifying eating.

We live in a society in which some beliefs about the etiology of obesity can influence the traditional blame and accountability of people with obesity for their condition. These beliefs are only linked to the shallow judgment that individuals with obesity overeat and do not practice physical activity, without taking into account the different aspects that permeate the life of these subjects, such as mood, unsuccessful repeated diets and interpersonal and environmental factors (Cori et al., 2015). In this sense, we may say that the SRs on eating seem to focus on individualizing and blaming the subject with obesity, regardless of whether there are genetic, emotional and even social causes (Felippe, 2003).

Thereafter, the signs of emotional eating are not highlighted or mentioned; these signs constitute the subject's tendency to eat in response to emotions, and suggests a positive association between intense emotions, especially negative emotions (Marques, 2013), causing a predisposition to eat at all times. The participants' statements reveal the signs of emotional eating, in which the suffering in dealing with everyday problems, or the difficulty in dealing with emotions, negatively affects the participants' eating habits.

> It was always an outlet. It is as if I experienced a setback, a chocolate, a salty product,something I like, as if it were to control a sadness, an anguish, a need for something. (Iris, 37 year-old)

> Before, there was a lot of anxiety. I had a lot of anxiety. At all times I had to eat a little bit [...]. (Violeta, 50-year-old)
>
> Oh, after I lost my mother, I was... with... in my thirties when I lost her. Thirty something... I lost my sister and then I lost my mother. Then, I started, you know, even though I wasn't hungry, I started to eat. But it was not hunger [...]. (Cravo, 50-year-old)

Therefore, looking at and addressing the emotional issues of individuals with obesity is extremely important, as this condition increases the frequency and severity of emotional eating (Marques, 2013), and such emotions are triggers for disordered eating behaviors and can lead to obesity those subject who have episodes of excessive eating or even binge eating, even after bariatric surgery, and may even favor weight regain after surgery, something common in the period of 1 to 2 years after surgery (Chacko et al., 2016). It is estimated that 30% of patients regain weight in this period, which they attribute to: anxiety, binge eating, excessive hunger, lack of food control, night hunger, personal problems, anguish, depression, compulsion for sweets, irregular eating, food compulsion and compulsion for shopping, family problems (Chacko et al., 2016).

In view of the above, it can be observed that psychological counseling is extremely important for the food issue (Klotz-Silva et al., 2016) and was extremely important for the participants of the present study:

> It was half and half, I really liked the psychology there. Because that way, they prepare us, the brain and everything. Yeah, that story... like I said one day, the surgery would have to be on the brain and not on the stomach, right? Because I think you have to have brain surgery to reduce the stomach. (Jasmin, 47-year-old)
>
> Your brain has to be well used to how much you eat. I tell the psychologist that she is a priest, that I confess everything. Do you see? It's this way. (Rosa, 45-year-old)

The reports point to an early re-signification of eating, with an apparent improvement in the quality of food:

> No... I used to eat until I was satisfied, right? Like eating candies. Now, nowadays, I consider food, like, to maintain myself [...]. (Alamanda, 49-year-old)
>
> I think it was a lack of awareness. It wasn't because you had that urge to eat. It was so, because you had no awareness. It changed a lot... nowadays I eat a lot of vegetables [...]. (Hortênsia, 43-year-old)
>
> Oh, I eat what I didn't eat before. It wasn't fruit, not this type of food. Now vegetables, I ate, but not so much. Now I eat too [...]. (Cravo, 50-year-old)
>
> In relation to food... Today, it's different, right, from what it used to be. Before, there was no concern... in.... what I was eating, the time I was eating... Today, I am concerned about the schedule, what I'm eating [...]. (Hibisco, 44-year-old)

A potential explanation for this finding would be the improvement in self-esteem in these patients after bariatric surgery, which ended up having a beneficial impact on their daily lives, generating positive feelings and leading to better food choices. However, it is important to emphasize that, despite the improvement in relation to eating, one can also observe concern and a certain distress of the participants in regaining weight and having a lack of food control. This finding is in line with the study by Marchesini and Antunes (2017) in which the authors observed in the participants of their study a marked fear of returning to severe obesity and difficulties in thinking about food without voracity.

> Because if you forget that you're eating what you need, if you eat with your eyes, you'll go back to eating everything again. I've seen myself like this, that's why I'm mentioning, understand? So, I really have to educate myself, otherwise I can't [...]. (Rosa, 45-year-old)

> Because the surgery itself, which is just one... is not everything, you don't stay thin. You can be sure, you ate, the stomach dilates again, because we were fat, we weighed 100 kilos. So the trend is like this, if you go back to the previous life you had, that routine of life, that... yeah, that you were, sedentary lifestyle, you'll come back the same way you were [...]. (Alamanda, 49-year-old)

> I am afraid of going back to the body I had. So I was really ugly. So, I try to control myself a lot [...]. (Íris, 37-year-old)

This scenario becomes worrying when the fear of regaining weight leads to strict dietary restrictions, generating a certain conflict over food choices, since this imposing diet practice does not contribute to a healthy and positive change in eating behavior, and can cause several eating disorders (Souto & Ferro-Bucher, 2006).

Thematic axis 3 - "I am happy, very happy": The emergence of a new life

After bariatric surgery, several important changes are experienced, such as: dietary, physical and social changes. Submission to the surgical procedure brings the real possibility of the desired weight loss and abandonment of the fat body, which directly affect satisfaction with body self-image and social insertion. In this sense, the main objective of surgery is not only to provide the person with obesity with improved health conditions, but also to improve their quality of life (Oliveira et al., 2014). As we can see in the present study, the intense positive changes experienced by women are strongly linked to improvements in their appearance, since social issues (prejudice and stigma) have a strongly negative impact on the life of individuals with obesity, and the process of weight loss brings with it the opportunity to be accepted by society, through approximation with the imposed body standard:

> Being beautiful also raises self-esteem, right? It improves for us and for those who are watching us. (Hortênsia, 43-year-old)

> I look at myself in the mirror, each day with a thinner face, so I get excited, right? People see us, wow how you've lost weight, how are you doing, it's okay isn't it?. (Tulipa, 31-year-old)

> I'm very happy, I'm skinny, I'm healthy, I'm pretty. (Alamanda, 49-year-old)

In this sense, weight loss, which was previously necessary for health-related reasons – which justified the desire for surgery, gains new dimensions, promoting self-acceptance, a feeling of belonging and re(insertion) into social groups (Nascimento et al., 2013). The difficult acquisition of clothing or the fear of going to certain settings and experiencing public constraints seem to lose strength as the numbers decrease on the scale:

> A cycle of friendships that you didn't have before is formed around you... then the person takes it off for you to see, it's not necessary for her to go all the way down the store's closet, because they have her size that will fit her. You can buy what is right. (Azaléia, 38-year-old)

> Now I can go through the turnstile of the bus, enter through the front door, because I was no longer able to go through, I used to enter the bus through the back door. (Íris, 37-year-old)

> I'm leaving. Before, I didn't go out, I just stayed at home. Now I can hardly hear about a show I already want to go to. (Margarida, 34-year-old)

However, the happiness resulting from weight loss encounters some obstacles, since the de(construction) of the body after surgery brings several physical changes, and along with the fewer pounds comes the desire for the plastic surgery procedure due to excess skin.

> I want to look really slim. Without those skins... that's fat you still have. I want to see this end, I want to be at least more remarkable. (Jasmin, 47-year-old)

> But, I'm still full of skin, I don't think I would have the courage to get a boyfriend now. Until the plastic surgery. (Margarida, 34-year-old)
>
> The skin is very flaccid, with a lot of cellulite, it is very ugly. So, when people see me in my pants, everything is beautiful, I keep quiet... but when I take off my pants, it appears there. So, the only part that is still missing... is the plastic surgery, I'm going to do it now. (Iris, 37-year-old)
>
> I want to lose more weight, of course, right?. (Cravo, 50-year-old)

It can also be noted that weight loss is the protagonist of the expectations and desires inherent to the surgery, while expectations regarding health improvement are out of the picture. In this scenario, it is evident that the incessant search for the perfect body seems to have no end in today's society, and reaching the socially established standard of beauty brings a sense of belonging, happiness and the possibility of trailing new paths.

Conclusion

This study aimed to understand the social representations about obesity and the weight loss process in women who underwent bariatric surgery. The results show how the low tolerance for fat and overweight in contemporary society makes individuals believe and internalize that they are not worthy of living and coexisting with people they believe to be "normal", which reflects drastically in their social insertion. The subjects believe that they are the only responsible for their condition, which ends up adding to other negative feelings and, in the difficulty of dealing with such feelings, they turn food into their companion. In this sense, individuals see in bariatric surgery the solution to all their problems, including those of social insertion, stigmatization and the way to feel "normal" through the achievement of the body standard established today. From this perspective, the discourse on health, linked to physical limitations as the main justification for performing the surgery, gains new contours and seems to lose strength, staying in the background, while body aesthetics emerges with great force in this scenario.

It can be said that the SR imposes on people the conduct and the physical form that people must incorporate to be accepted socially, so that when such expectations are not met, the subject is stigmatized and excluded from society, for not homogenizing into a certain body stereotype. This fact explains the participants' recurring fear of returning their body to the conditions before the surgery, and the incessant search for the body that they believe is perfect in the eyes of society.

It is important to emphasize that the present study has some limitations, as the weight loss process, as well as the changes experienced after bariatric surgery, may be different and vary according to the postoperative period evaluated, weight loss achieved, emotional state and the surgical preparatory process in which the subject underwent before the surgery. In addition, the sample consisted only of women, and from a specific region; therefore, the results cannot be generalized. In this sense, it is important to carry out other studies that deal with these variables so that we can expand the SR's understanding of obesity and the weight loss process that permeate the life of these individuals.

In this way, the importance and relevance of the theme proposed in the present study is highlighted, since the subjects and professionals who deal directly with these patients need to reflect on obesity and the weight loss process beyond the biomedical perspective, encompassing the biopsychosocial aspects, promoting reflections that support all the pluralities and possibilities of the human being. It is also important to reflect about the abusive number of surgeries that have been performed, which is often aimed only at improving body shape, thus losing its initial purpose, and we emphasize the importance of psychological monitoring of these patients.

References

Araújo, L. S., Coutinho, M. P. L., Araújo-Morais, L.C., Simeão, S. S. S., & Maciel. (2018). Preconceito frente a obesidade: representações sociais veiculadas pela mídia impressa. *Arquivos Brasileiros de Psicologia, 70*(1), 69-85.

Benedetti, C. (2003). *De obeso a magro*: *a trajetória psicológica*. Vetor Editora.

Bradley, L. E., Sarwer, D. B., Forman, E. M., Kerrigan, S. G., Butryn, M. L., & Herbert, J. D. (2016). A survey of bariatric surgery patients interest in post operative interventions. *Obesity Surgery, 26*(2), 332-8.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101.

Carvalho, A. S., & Rosa, R. S. (2019). Cirurgias bariátricas realizadas pelo Sistema Único de Saúde no período de 2010-2016: estudo descritivo das hospitalizações no Brasil. *Epidemiologia e Serviços de Saúde, 28*(1), 1-11.

Carvalho, T. S., Vasconcelos, F. C., & Carvalho, M. D. B. M. (2016). Análise do histórico de métodos de emagrecimento dos pacientes submetidos à cirurgia bariátrica em um hospital público de Belém-PA. *Revista brasileira de Obesidade, Nutrição e Emagrecimento, 10*(55), 4-11.

Chacko, S. A., Yeh, G. Y., Davis, R. B., & Wee, C. C. (2016). A mindfulness-based intervention to control weight after bariatric surgery: Preliminary results from a randomized controlled pilot trial. *Complementary Therapies in Medicine, 28*, 13-21.

Conselho Nacional de Saúde (Brasil). (2012). *Resolução nº 466, de 12 de dezembro de 2012. Aprova as diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos*. Brasília.

Cori, G. C., Petty, M. L. B., & Alvarenga, M. S. (2015). Atitudes de nutricionistas em relação a indivíduos obesos-um estudo exploratório. *Ciência e Saúde Coletiva, 20*(2), 565-576.

Felippe, F. M. (2003). O peso social da obesidade. *Revista Virtual textos & Contextos*, *2*, 1-12.

Klotz-Silva, J., Prado, S. D., & Seixas, C. M. (2016). Comportamento alimentar no campo da alimentação e nutrição: do que estamos falando? *Physis*: *Revista de Saúde Coletiva, 26*(4), 1103-1123.

Lacerda, R. M. R., Castanha, C. R., Castanha, A. R., Campos, J. M., Ferraz, A. A. B., & Vilar, L. (2018). Percepção da imagem corporal em pacientes submetidos a cirurgia bariátrica. *Revista do Colégio Brasileiro de Cirurgiões, 45*(2), e1793.

Lopes, V. R., & Medeiros, C. R. O. (2017). Estigmas da obesidade no contexto das organizações: abominação, fracasso e incapacidade. *Organizações em contexto, 13*(25), 21-49.

Marchesini, S. D., & Antunes, M. C. (2017). A percepção do corpo em pacientes bariátricos e a experiência do medo do reganho de peso. *Interação em Psicologia, 21*(2), 127-136.

Marques, S. I. P. (2017). *Fatores perturbação de ingestão compulsiva, alimentação emocional e Síndrome do Comer Noturno: estudo comparativo entre sujeitos com peso normal, excesso de peso e obesidade* [Unpublished master's dissertation]. Universidade da Beira Interior.

Mattos, R. R., & Luz, M. T. (2009). Sobrevivendo ao estigma da gordura: um estudo socioantropológico sobre obesidade. *Physis Revista de Saúde Coletiva, 19*(2), 489-507.

Moscovici, S. (2003). *Representações Sociais: investigação em psicologia social*. Vozes.

Mushquash, A. R., & McMahan, M. (2015). Dialectical behavior therapy skills training reduces binge eating among patients seeking weight-management services: preliminary evidence. *Eating and Weight Disorders, 20*(3), 415-418.

Nascimento, C. A. D., Bezerra, S. M. M. S., & Angelim, E. M. S. (2013). Vivência da obesidade e do emagrecimento em mulheres submetidas à cirurgia bariátrica. *Estudos de Psicologia, 18*(2), 193-201.

Neves, A. S., & Mendonça, A. L. O. (2014). Alterações na identidade social do obeso: do estigma ao fat pride. *Demetra, 9*(3), 619-631.

Oliveira, D. M., Merighi, M. A. B., & Jesus, M. C. P. (2014). A decisão da mulher obesa pela cirurgia bariátrica à luz da fenomenologia social. *Revista da Escola de Enfermagem USP, 48*(6), 970-976.

Oliveira, L. S. F., Filho, M. L. M., Venturini, G. R. O., Castro, J. B. P., & Ferreira, M. E. C. (2018). Repercussões da cirurgia bariátrica na qualidade de vida de pacientes com obesidade: uma revisão integrativa. *Revista Brasileira de Obesidade, Nutrição e Emagrecimento, 12*(69), 47-58.

Santos, L. A. S. (2008). *O corpo, o comer e a comida. Um estudo sobre as práticas corporais e alimentares no mundo contemporâneo*. EDUFBA.

Silva, A. F. S., Neves, L. S., Japur, C. C., Penaforte, T. R., & Penaforte, F. R. O. (2018). Construção imagético-discursiva da beleza corporal em mídias sociais: repercussões na percepção sobre o corpo e o comer dos seguidores. *Demetra, 13*(2), 395-411.

Silva, S. S. P., & Maia, A. C. (2013). Psychological and health comorbities before and after bariatric surgery: a longitudinal study. *Trends Psychiatry Psychother, 35*(4), 264-271.

Siqueira, B. B., Assumpção, M. C., Barroso, S. M., Japur, C. C., & Penaforte, F. R. O. (2021). Weight stigma and health – Repercussions on the health of adolescents and adults: integrative review of the literature. *Jornal Brasileiro de Psiquiatria, 70*(2), 162-178.

Souto, S., & Ferro-Bucher, J. S. N. (2006). Práticas indiscriminadas de dietas de emagrecimento e o desenvolvimento de transtornos alimentares. *Revista de Nutrição, 19*(6), 693-704.

Tavares, E. R., Andrade, A. A., Macêdo, T. S. S., Silva, A. M. T. C., & Almeida, R. J. (2016). Contribuição de aspectos psicossociais no reganho de peso em pacientes submetidos a cirurgia bariátrica. *Revista de Ciências Ambientais e Saúde, 43*(1), 90-97.

Contributors

A. F. S. SILVA contributed to the analysis and interpretation of data, preparation of the manuscript and final review. T. F. LIMA contributed to the collection, analysis and interpretation of data. C. LEONIDAS and C. C. JAPUR contributed to data analysis and interpretation, manuscript preparation and final review. F. R. O. PENAFORTE contributed to the study design, data analysis and interpretation, manuscript preparation and final review.