



REPRESENTATIONS ON OBESITY AND BARIATRIC SURGERY IN NARRATIVES OF WOMEN IN SOUTHERN BRAZIL

REPRESENTAÇÕES SOBRE OBESIDADE E CIRURGIA BARIÁTRICA EM NARRATIVAS DE MULHERES NO SUL DO BRASIL

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ABSTRACT: Objective: The study aimed to discuss the social representations of obesity among 10 women who underwent bariatric surgery between 2016 and 2020 at hospitals affiliated with the Brazilian Unified Health System (SUS) in a municipality in Southern Brazil. Method: This is a descriptive, exploratory, qualitative research that employs the methodology of oral history and semi-structured interviews. For data interpretation, it relies on content analysis, supported by Social Representations Theory. Results: The results indicate that food assumes ambiguous social representations, sometimes oriented towards pleasure, sometimes towards suffering, due to the difficulty of control. The Social Representations (SR) of obesity point to socio-cultural dimensions that should be considered when studying the phenomenon, as this condition is studied not only from an epidemiological perspective but also from the perspective of the interaction between individual and collective processes. Conclusion: Fear of failure and the changes resulting from surgical intervention are part of the narratives.

KEYWORDS: Bariatric surgery. Feeding behavior. Social representation. Women's health.

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Received: 29 apr. 2024

Accepted: 21 aug. 2024

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RESUMO: Objetivo: O estudo objetivou discutir as representações sociais da obesidade de 10 mulheres que realizaram cirurgia bariátrica entre 2016 e 2020 em hospitais conveniados ao SUS em um município do Sul do Brasil. Método: Trata-se de uma pesquisa descritiva, exploratória e de abordagem qualitativa, que utiliza a metodologia da história oral e a técnica de entrevistas semiestruturadas. Para a interpretação dos dados, parte-se da análise de conteúdo, sustentada na Teoria das Representações Sociais. Resultados: Os resultados indicam que a alimentação assume representações sociais ambíguas, ora voltadas ao prazer, ora ao sofrimento, pela dificuldade de controle. As Representações Sociais (RS) da obesidade apontam dimensões socioculturais que devem ser consideradas ao se estudar o fenômeno, visto que, além de um caráter epidemiológico, essa condição também é estudada a partir de um viés da interação dos processos individuais e coletivos. Conclusão: O medo do fracasso e das mudanças decorrentes da intervenção cirúrgica faz parte das narrativas.

PALAVRAS-CHAVE: Cirurgia bariátrica. Comportamento alimentar. Representações sociais. Saúde da mulher.

INTRODUCTION

For at least four decades, research and interventions on fighting obesity have been numerous worldwide aiming at to learn more about epidemiological, clinical, and social aspects that may help in the development of more effective actions to solve the problem.¹⁻⁶ Obesity is recognized as a global^{6,7} public health issue, arising from a combination of genetic, behavioral, metabolic, and environmental factors, and requiring a multidisciplinary approach.⁶

This condition is often linked to both physical and psychological conditions, such as hypertension, diabetes, dyslipidemia, joint disorders, musculoskeletal diseases, depression, sadness, anxiety, among many others. Despite the awareness of these and other comorbidities, the number of obese individuals worldwide continues to rise.^{3,4}

According to the report *Obesity: Preventing and Managing the Global Epidemic*, by the late 1990s, 10% of the global adult population was obese.⁸ Currently, obesity affects nearly 30% of the world's population, which represents approximately 2.1 billion adults in absolute numbers.⁹ In Brazil, a study conducted in 2019 classified 41 million individuals over the age of 18 as obese, most of them being women.¹⁰

The recommended treatment for obesity involves lifestyle changes, including the adoption of regular physical activity and a balanced diet, with or without the use of medication. For individuals with a Body Mass Index (BMI) of 40 kg/m² or higher who have not responded adequately to clinical treatment, or those with comorbidities, as well as individuals with a BMI between 35 and 39.9 kg/m² accompanied by chronic conditions caused or worsened by excess weight, weight loss surgery is recommended.¹¹ This surgical procedure should only be performed when there is a clear medical indication and should not be seen as an easy solution to lose weight. It requires careful consideration of the specific criteria outlined in the Initial and Specialized Assessment Form for Bariatric Surgery Candidates.¹²

In a society increasingly driven by immediate gratification, it is not uncommon for individuals to resort to weight loss surgery with the aim of conforming to standardized aesthetic body ideals, with a lean physique often coded in social interactions as a symbol of physical and emotional health. Women are the primary targets of these normative discourses about the body, and for this reason, they undergo the procedure far more frequently than men.^{13,14}

The aim of this paper is to explore the social representations of obesity among 10 women who underwent weight loss surgery between 2016 and 2020 in hospitals affiliated with the Brazilian Unified Health System (SUS) in a municipality in southern Brazil. This research is significant because, without disregarding the biological aspects, studies on obesity must give greater attention to the historical and cultural issues surrounding women and their bodies as key subjects of analysis.

METHODOLOGY

This is a qualitative study with a descriptive and exploratory approach, supported by the theoretical framework of Social Representation¹⁵ theory and the methodology of oral history.¹⁶ Oral history is a qualitative procedure that relies on the dialogue between the researcher and the participant. In this context, no one is treated as an object; the interviewee not only recalls experiences but also engages in a process of (re)interpreting their lived experiences.¹⁶

The selection of participants employed the "snowball" technique, a non-probabilistic sampling method where an initial group, possessing the characteristics sought by the study, refers other individuals to join the research, forming a chain of informants.¹⁷

Interviews were conducted with 10 women who underwent weight loss surgery within the Brazilian Unified Health System (SUS) between 2016 and 2020, all of whom residents of a municipality in southern Brazil. Initially, a pre-developed semi-structured interview script with guiding questions was used, while still respecting the interviewees' intent and direction of their responses.¹⁸

The inclusion criteria were being a woman, over 21 years of age, having undergone bariatric surgery between 2016 and 2020, and having experienced obesity up to the time of the procedure, that is, a BMI of 35 kg/m² or higher, with or without comorbidities. The exclusion criteria included those who did not voluntarily agree to participate in the study. All participants were provided with information about the study, and they read, agreed to, and signed the Informed Consent Form (ICF).

The discussion of the data resulting from the interviews was conducted considering the Social Representations Theory,¹⁵ in connection with feminist theories. The data were analyzed qualitatively using the content analysis technique, following three distinct yet complementary stages: 1) pre-analysis; 2) material exploration; and 3) treatment of results, inference and interpretation.¹⁹

Each interviewee was assigned a pseudonym to protect their identity. Since the participants indicated that the butterfly symbolizes bariatric surgery due to its metamorphosis process, each of them was given the name of a butterfly species.

The study was submitted to the Ethics Committee of a private university in southern Brazil and was approved by opinion no. 5.311.015/2022.

RESULTS AND DISCUSSION

The results provided insight into the interviewees' representations and experiences of obesity, which are described below, according to their pseudonyms, age at the time of the interview, and age at the time of surgery:

- *Mariposa*, 30 years old, 28 years old
- *Almirante*, 48 years old, 44 years old
- *Canela*, 63 years old, 59 years old
- *Cupido*, 39 years old, 35 years old
- *Rainha*, 43 years old, 39 years old
- *Aurora*, 58 years old, 54 years old
- *Monarca*, 25 years old, 22 years old
- *Janeira*, 24 years old, 22 years old
- *Danaus*, 28 years old, 25 years old
- *Estaladeira*, 48 years old, 42 years old

The interviewees were women of various ages, all with recent experience of bariatric surgery. The earliest procedure took place six years ago, while the most recent occurred two years ago. Six interviewees reported that, although their body weight qualified them for bariatric surgery, they did not have any specific comorbidities. Sleep apnea, prediabetes, and hypertension were the conditions reported by those who indicated health complications prior to the surgery.

Detailed information about the procedures performed is presented below.

Table 1. Characterization of Information Regarding Bariatric Surgery

Name	Year of Surgery	Surgical Technique	BMI	Weight Before Surgery	Lowest Weight	Current Weight	Comorbidities Before Surgery
Mariposa	2020	Gastric Bypass	42	120 kg	58 kg	60 kg	Sleep apnea
Almirante	2018	Gastric Bypass	40	103 kg	67 kg	72 kg	Sleep apnea
Canela	2018	Gastric Bypass	40	103 kg	60 kg	70 kg	No
Cupido	2018	Sleeve	41	93 kg	55 kg	58 kg	No
Rainha	2018	Gastric Bypass	46	140 kg	75 kg	85 kg	No
Aurora	2018	Gastric Bypass	42	115 kg	55 kg	72 kg	No
Monarca	2019	Gastric Bypass	44	130 kg	68 kg	76 kg	Prediabetes
Janeira	2020	Gastric Bypass	44	130 kg	76 kg	83 kg	No
Danaus	2019	Gastric Bypass	40	113 kg	71 kg	98 kg	No
Estaladeira	2016	Gastric Bypass	41	95 kg	58 kg	72 kg	Sleep apnea, hypertension

Source: Prepared by the authors based on data collected from interviews conducted between April and July 2022.

The different approaches to bariatric surgery can be categorized based on their mechanism of action in the body: restrictive, malabsorptive, or a combination of both. The most used methods are vertical gastrectomy (sleeve) and Roux-en-Y gastric bypass.²⁰

The predominant technique among the interviewees' surgeries was the gastric bypass, which involves a gastropasty with intestinal diversion, meaning the reduction of the stomach and rerouting of the intestines. The sleeve technique, which involves reshaping the stomach into a narrow tube, was reported by one interviewee. Regardless of the technique used, nutritional management is restrictive and must include vitamin and mineral supplementation, protein intake, low carbohydrate consumption, and physical activity to prevent muscle loss.²⁰

In Brazil, 80% of weight loss surgeries are performed on women.²¹ A study involving 61 countries aimed at evaluating more than 800,000 bariatric surgeries between 2015 and 2018 found that women accounted for 77.1% of the global average of procedures during the period, with some variation across countries.²²

Women are the primary targets of the culture of thinness. In this context, it is important to understand how women reinterpret their bodies and the influence that social representations have on their self-perception.

The concept of social representation has been increasingly validated by studies in the field of health. In *The Social Representation of Psychoanalysis*, Moscovici¹⁵ emphasized the interdependence

between the individual and the society, focusing on how individuals internalize and make sense of social reality. According to Moscovici, social representation is constructed through two processes: anchoring and objectification. Anchoring refers to the use of pre-existing ideas, theories, and values that allow individuals to make sense of the unfamiliar. In this way, pre-existing information provides the foundation for understanding new concepts or experiences. Objectification, on the other hand, involves giving concreteness to a concept, crystallizing ideas and making them objective, thereby transforming a purely conceptual framework into something tangible and real. Since the objectification of a concept is not free from the influence of culture and individuals' value systems, social representations are never static or inflexible; on the contrary, they are always open to change.¹⁵

The theory of social representations has gained ground in several fields of knowledge and has been increasingly used to provide a more comprehensive understanding of different aspects of life, considering their social, cultural, and gender-related dimensions, among others.

For example, the concept of gender is currently considered based on the multiple effects of power dynamics and knowledge inherent to established binaries: sex – sexuality; vagina – passivity – woman; penis – activity – man. Considering heterosexual pleasures as naturalized and, consequently, normalized and compulsory sexual practices, they are used as analytical instruments exclusively for so-called cisgender women, structured according to political positioning and social context, particularly in Western societies.

Gender studies²³ emphasize the need to include the category of gender as an autonomous marker, which itself also intersects with other markers of subjectivity, such as class, race, geographic location, language, and more. These theories²³ bring to light the power dynamics and the knowledge constructed about and for gender categories. In this sense, binaries shape the network of social relations and, consequently, the social markers that push minorities to the margins of material politics, leading to lives that are subjugated and often deemed unviable.

In this way, there is an articulation of which bodies and lives matter to capitalism, dogmas, and systems of control.²⁴ Gender expressions intersect with the networks of production of various binary norms established among them, such as thin body = healthy, and obese body = unhealthy. The discursive networks within scientific fields, as previously discussed, shape the bio-psycho-social truths about how our bodies should be presented in social circulation.

FEMALE NARRATIVES ON OBESITY

The interviewees' narratives revealed that experiences of prejudice and discrimination were common, leading to low self-esteem and negatively impacting their social relationships, particularly during adolescence:

“For a long time, I felt really bad, like I was garbage, literally. I blamed all my problems on being fat.”
(Danaus)

“Nobody wants to be fat. That's my point of view. [there's] bullying, people putting you down, as if you were invisible. You keep all this here (points to the heart). You don't speak because you are ashamed to speak.” (Canela)

The participants unanimously reported episodes of discrimination due to being overweight, and they did not hide how much it caused them embarrassment and pain. Having a thin body aligns not only with contemporary social constructs of beauty but also with gender imperatives.

“The man being fat is fine. He dates whoever he wants, but not the fat woman. When a fat man is at the gym, others offer help, but when a woman is fat, everyone points fingers. Prejudice against women is ingrained in every aspect. If she is fat, if she is thin, if she is white, if she has good head [*sic*], if she has pretty eyes, if she doesn't.”

All the interviewees reported some discomfort after losing weight, even though they experienced positive health outcomes. Mariposa, for example, mentioned that she continued to face critical comments even after losing weight, as there is always something to be criticized in female behavior.

“You didn’t need to have the surgery, you were beautiful.”

Bariatric surgery is a procedure in which post-surgical care is essential, involving lifestyle changes, nutritional and psychological support. Despite being effective for weight loss, and improving conditions such as systemic hypertension, dyslipidemia, and sleep apnea, as well as causing changes in the immune, endocrine, digestive, and nervous systems,²⁰ patients require ongoing medical follow-up, as they are faced with adapting to a new body. Moreover, the post-bariatric mindset shift does not happen easily and can lead to episodes of compulsive eating and dissatisfaction.²⁵

It is well known that body image refers to a person's mental representation of their own body²⁶ and that the reflection in the mirror does not always align with to the individual's perception of their body size. This is a traumatic situation. That is what happened to Monarca, an interviewee who, even after losing 62 kilos, still could not perceive herself as thin. The image reflected in the mirror did not match her self-perceptions, creating a distressing duality.

Studies based on Foucault and Bourdieu analyses²⁷ understand the body as a site of social control, prescribing how individuals should eat, dress, sit at the table, and even outlining hygiene practices and daily routines to be followed. All bodies are subject to these impositions, but female bodies, considered “docile”, are the ones upon which these norms are imposed most forcefully. Thus, women who suffer from anorexia, bulimia, or fatphobia use their bodies as a form of protest, much like the hysterical women of the 19th century, whose “[...] bodies express what social conditions make impossible to articulate linguistically”.²⁷ From this perspective, the female body can serve as a political statement, as being very thin or very overweight seeks to highlight dissatisfaction with life and the gender norms that regulate society.

The socially propagated ideal of beauty significantly influences dissatisfaction with one's own body image. Nutrition is emphasized as a key factor in maintaining health and is considered one of the ways to achieve well-being, but it is always paired with regular physical activity and health care practices, such as frequent medical consultations and routine exams. A dietary pattern considered healthy not always is aligned to scientific knowledge, yet it may still be often promoted by mainstream media, which dictate eating behaviors as the ideal path to achieving a beautiful and healthy body.²⁸

The decision to undergo surgery has been guided by doctors, since excess fat can lead to diseases, resulting in comorbidities. The struggle to avoid weight regain is shared by Danaus, who recounts facing numerous issues after putting on weight, even though, according to her, bariatric surgery was never something she initially intended to pursue. Despite working as a plus-size model, the

participant stated that she never felt comfortable in her body and always wanted to lose weight: “When I was fat, I felt like a fish out of water.”

The way everyone sees and feels about their own body is connected to both their material and subjective experiences in the world. Specifically, regarding the fat body, obese people are commonly associated with stigmas, such as being lazy, sloppy, insecure, among other labels and negative judgements frequently heard by the participants in this study.²⁹

Despite contemporary society's increasing worship of thinness, the food industry offers increasingly gourmet foods, portrayed as sources of pleasure in media and social gatherings.³⁰ The same can be said for the clothing industry, which rarely addresses the needs of obese individuals, as Cupido asserts: “I was frustrated because I wanted to buy clothes but couldn't find anything I liked”.

In addition to the biological factors of obesity, gender determinants are also significant. As previously noted in this discussion, control dynamics often lead to more frequent distortions of body image among women compared to men, particularly concerning physical beauty. From a gender perspective, women endure various forms of violence, one of which is the prejudice faced due to their obesity.³¹

Based on past experiences, obese individuals may pursue weight loss throughout their lives. However, after numerous unsuccessful attempts, bariatric surgery may be seen as the ultimate option for achieving the desired weight loss.³² It is, in a way, a quest they believe to be the easiest, although it is far from simple. This is confirmed in Cupido's narrative, who said: “I don't want to lose weight, I want to be made thin”.

It is important to emphasize that in the quest for weight loss, the postoperative period requires significant care, as it can involve both organic and emotional complications, including the development of compulsive behaviors. Therefore, regretting the bariatric procedure is not uncommon. This is what happened with Aurora:

“Wow, I felt really bad, really bad, because I had gallbladder problems after the surgery.”

Finally, while for many individuals, opting for bariatric surgery is seen as a “redemptive” path to achieving a socially accepted standard of beauty, this does not mean that the journey is free of difficulties. Thus, while not undermining the value of bariatric surgery, which undoubtedly is a valuable procedure for individuals with severe obesity, it is crucial to remember that it requires ongoing postoperative nutritional care. This includes supplementation with multivitamins, adequate protein intake combined with physical activity, and continued medical, nutritional, and psychological counseling and monitoring. These measures are essential to minimize postoperative complications and ensure higher adherence to the necessary precautions.

CONCLUSION

The study provided insights into the social representation of obesity, including its physical and psychological complications, through the analysis of interviews with women who underwent bariatric surgery.

Hearing these accounts of suffering has been a way to give voice to stigmatized women. It is hoped that this will help dismantle the discriminatory perspectives on bodies that do not conform to normative aesthetic standards.

The attempts to lose weight and the relationship with food prior to bariatric surgery were topics addressed by the interviewees. They reported having exhausted all other options for weight loss before opting for surgery, indicating that the surgical procedure was neither their first nor the easiest choice. Thus, after experiencing failure with conventional weight loss methods, bariatric surgery emerged as the only viable solution for the women interviewed.

Although bariatric surgery is considered a standard option by physicians for cases of obesity, it remains an invasive procedure and does not guarantee a lifelong solution. It can even be said that no one who undergoes the procedure emerges without experiencing some degree of suffering. However, the participants confirmed that the surgery gave their lives a new meaning.

Therefore, the findings of this research highlight the importance of providing obese women with the opportunity to undergo bariatric surgery when indicated, as well as offering psychological support in cases where less traumatic weight loss options are available. Most importantly, it underscores the need to promote changes in the inhumane way society judges obese bodies.

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