

## THE BURDEN OF LIVING WITH OBESITY\*

### O PESO DE VIVER EM UM CORPO OBESO

### EL PESO DE VIVIR EN UN CUERPO OBESO

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## ABSTRACT

Perceptions of the human body have changed over time. Cultural aspects shape behaviours, social rules and lifestyles; nowadays it is an object of consumption: the ideal body should be slim and healthy. At the same time, epidemiological indices of obesity are alarmingly high. Obese people, in an effort to fit into an ideal model, resort to bariatric surgery. The present study aims to understand, from the experiences of two women and a caregiver, the meanings of living with obesity. It is a qualitative study that uses hermeneutic concepts. Dialogue with the participants centred in the Focal Life Story grasped from their narratives. It allowed the researchers to identify two themes: **the social burden of obesity** – it relates not to physical body weight, but to its impact in people's social life; and **rebirth** – the social burden of obesity is an important aspect: according to the participants it is worth going through the difficulties of a post-operative to return to a normal weight range; being once again included – in social groups to which body image is a "passport to happiness" – feels like a rebirth to them. In conclusion, understanding the logic/dynamics of these people's health needs can contribute to build practices from the perspective of people who are obese. Socio-anthropological knowledge is essential for caring for their needs and is an important aspect in the reorganization of health practices addressed to that population group.

**Keywords:** Obesity; Culture; Bariatric Surgery.

## RESUMO

*O corpo foi sofrendo transformações sociais ao longo dos tempos, numa cultura que molda comportamentos, estabelece regras e formas de convivência, até ser considerado objeto de consumo: o corpo-ideal – magro e saudável. Ao mesmo tempo, a obesidade vem ganhando proporções assustadoras nos índices epidemiológicos. Para tentar se adequar à lógica posta, as pessoas buscam pela cirurgia bariátrica. Assim, o objetivo deste trabalho foi compreender, a partir das experiências de duas mulheres e uma cuidadora, o significado e sentido de viver em um corpo obeso na atual sociedade. A abordagem utilizada foi a qualitativa sustentada nos conceitos da hermenêutica. O diálogo ocorreu por meio da história de vida focal apreendida nas narrativas das participantes, permitindo chegar a duas categorias temáticas: o **peso social da obesidade** – o corpo não se constitui apenas como peso físico e biológico, mas também, e principalmente, um peso social; **renascimento** – o peso social é tão grande que, mesmo frente a todos os sofrimentos do processo cirúrgico bariátrico, o retorno dele aos limites normais assume para elas o significado de renascimento, o qual tem o sentido de se incluir na sociedade, na qual a imagem corporal é um "passaporte para a felicidade". Conclui-se que a compreensão da lógica/dinamicidade das necessidades de saúde dessas pessoas pode contribuir para a construção de práticas profissionais mais éticas ao resgatar o cuidado na perspectiva de quem vivencia a obesidade. Recomenda-se a consideração dos saberes sócio-anropológicos no cuidado a pessoas em obesidade como aspecto importante na reconstrução de práticas de saúde a esta população.*

**Palavras-chave:** Obesidade; Cultura; Cirurgia Bariátrica.

## RESUMEN

*El cuerpo ha atravesado transformaciones sociales a lo largo de la historia, en una cultura que moldea comportamientos, establece reglas y formas de convivencia, hasta ser considerado objeto de consumo: el cuerpo-ideal-delgado y saludable. Al mismo tiempo, la obesidad ha adquirido proporciones asustadoras en los índices epidemiológicos. Para adaptarse a esta lógica, las personas se someten a la cirugía bariátrica. En este estudio se intenta comprender, desde la experiencia de dos mujeres y una cuidadora, el significado y sentido de vivir en un cuerpo obeso. Se utilizó el enfoque cualitativo en base a los conceptos de la hermenéutica. El diálogo se efectuó a través de la historia de vida focal captada en las narraciones de las participantes, permitiendo llegar a dos categorías temáticas: el peso social de la obesidad – el cuerpo no es apenas peso físico y biológico sino también (principalmente) peso social; el renacimiento – el peso social es tan grande que, a pesar de todos los sufrimientos de la cirugía bariátrica, la vuelta*

*a los límites normales asume el significado de renacimiento, con el sentido de inclusión social donde la imagen corporal es el "pasaporte para la felicidad". Se deduce que entender la lógica y la dinámica de las necesidades de salud de estas personas puede contribuir a la construcción de prácticas profesionales más éticas por rescatar el cuidado desde la perspectiva de quiénes viven la obesidad. Se recomienda considerar los conocimientos socio-antropológicos en la atención de personas obesas como aspecto importante en la reconstrucción de prácticas de salud para esta población.*

**Palabras clave:** Obesidad; Cultura; Cirugía Bariátrica.

## INTRODUCTION

The present article aims at understanding the meaning of living with obesity in the contemporary society, through the experiences of two women and a caregiver. The perceptions of the human body as a social construction have undergone changes over time. The cult of beauty developed in later nineteenth century meant its redefinition according to certain aesthetic standards. It begins then to be constructed within a social and cultural structure that shapes behaviour and establishes rules of coexistence. The human body differentiates people as unique and individual beings.

In order to try to understand the experience of living with obesity in Western societies in the twenty-first century, particularly in Brazil, it is necessary to consider today's globalized society. Information is conveyed quickly and is directly influenced by an avid capitalist market that induces people to an increasingly heavy consumption of goods. The concept of a "perfect body" – a skinny, beautiful and healthy one – means that the body is regarded as an object of consumption.<sup>1</sup> The healthcare industry, using sophisticated and agile technological and marketing resources, strives to sell the idea of a body that can be manipulated, modified and purchased.

The discussion of the meaning of body-power leads to the question: "what kind of body investment is necessary and sufficient for the operation of a capitalist society like ours?"<sup>2</sup> What is the body shape the current society needs, as each Western society, depending on the historical period, privileged a specific type?

Since modern times, the body came to be understood as a body-object – something that can be altered and redesigned.<sup>3</sup> Various technologies, from instrumentalization to medical technology, have been developed to sculpt the perfect body. From this moment on, the notion of the individual body and its externalization was established.<sup>3</sup> Disassociated from subjectivity, the body is understood as a unit and not as the totality.

The body became the centre in which discourse, conflicts and relationships happen, reflecting the significance of individualism, consumerism and narcissism. The body holds a place of prominence; it is a kind of capital that defines and is defined by the social context that attributes value, status and generates acceptance.<sup>4</sup>

From the moment the body became the space that limits and defines a person's choice and, moreover, a distinct object of invention and command, individualism became a structural fact. Therefore, initiatives motivated by culture are replaced by

individual ones or by those of groups, because the former can no longer keep up with the acceleration of social processes. Due to the lack of support once provided by culture, human beings are left alone to face the events inherent to their human condition. That is to say, advances in biomedicine and biotechnology feed the relentless pursuit of assigning the body an individual and independent meaning.<sup>3</sup>

Paradoxically, at the same time the skinny body is overvalued, obesity has gained epidemic proportions not only with respect to body shape and size, but also in epidemiological indices. Obesity is considered as one of the most serious public health problems of modern society because, in addition to biological complications, it has sociocultural and relational implications for those who experience it.<sup>5</sup>

Living with obesity means a constant attempt at being accepted in a social context that considers such condition as a moral failure. Obesity gradually affects self-esteem because obese people are condemned by an increasing narcissistic society that also excludes them.

Given that the body is more social than individual, people look for a fast transformation to be "happy" and accepted again.<sup>6</sup> By changing their body, people try to change their life, their identity, their perception of themselves and the one of the others' in order to feel fully accepted by society. Therefore, the body is seen as a "rough draft to be corrected".<sup>7</sup>

The need to standardize such body generates an individual quest which is not always positive. When people remove what makes them feel awkward and socially isolated, when they get rid of excessive weight, the scars of those many years of low self-esteem still remain.<sup>8</sup>

The authors believe that health professionals should use health care practices that take into account that people's universe, their values, their beliefs, their dreams, to be able to turn the process into an opportunity to exchange real experiences, always considering specific needs of the individual.<sup>9</sup>

People who are no longer obese thanks to bariatric surgery must learn to live and be accepted again, to be scrutinized by their social environment and feel they belong to it.

From this perspective the authors, as health professionals, ask: Have we managed to establish a dialogue with people living with obesity? Have we asked them about the meanings of living with such condition? What drove them to search in a bariatric surgery the solution to all their health needs?

The authors aim at gathering theoretical subsidies to reconstruct concepts and health care practices that can broaden health professionals' horizons towards more comprehensive and problem-solving care practices.

## METHOD

A qualitative approach based on hermeneutics was used in this study. Such concepts deal with daily life communication and common sense from the understanding of its context and cultural aspects.<sup>10</sup>

Verbal interaction with the participants through focal life story (FLS), enabled the researchers to go deep into their experiences, make discoveries and evaluate how those experiences were interpreted and established in the person's social reality.<sup>11</sup> The FLS was apprehended through the participants' speech, edited versions of what happened. It is not an individual experience, but it is dialogically constructed.<sup>12</sup>

To ensure the participants anonymity they were renamed Lily, Lily's mother and Amaryllis. Three meetings were held with Lily and two with Amaryllis. The participants were selected from a group of people who underwent bariatric surgery at a public teaching hospital in Mato Grosso, an institution accredited by the Unified Health System (SUS) to perform bariatric surgery. That hospital was chosen because it pioneered the procedure in Brazil and for its support to scientific research.

The following eligibility criteria were observed: bariatric surgery performed at least the year before through the Unified Health System (SUS) or a private health care provider (after such period weight loss slows down); BMI above 35 kg/m<sup>2</sup> at the time of the surgery – grade II obesity (surgery is recommended due to comorbidities); to reside in the city of Cuiabá or Várzea Grande, state of Mato Grosso.

The research was approved by the Research Ethics Committee (protocol No 025/CEP-HUJM 2011) in June 2011. It was carried out via in-depth interviews and direct observation of participants in their sociocultural contexts. Data was collected from June to September 2011.

Lily is 32 years-old, 5'5" (169cm) tall. After the death of a four year-old nephew, she enclosed herself at home and did not want to leave. In her mother's words: "she became involved with food". She reached 118 kg (260.145 lb.).

Amaryllis is 69 years-old, 5'18" (158cm) tall. She began to put on weight after fertility treatment. At the time of her first marriage, she weighed 54 kg (119.05 lb.). After "much hormone" intake she gained weight and did not manage to lose any. Afterwards she broke the femur in a car accident and had to undergo three surgeries. With 110 kg (242.508 lb.), physical limitations resulting from the accident (at that point she needed mobility aids) and the need to undergo another leg surgery, her

doctor recommend bariatric surgery for weight reduction and improvement of limitations.

The interviews were guided by the following questions: to the bariatric surgery patient "Tell us about your life"; to the family: "Tell us how involved you were in caring for that person". Despite the intention to consider the family caregiver's experience, the authors did not manage to define its characteristics. The only family caregiver was Lily's mother. However, due to her own experience with obesity and bariatric surgery, the caring process exemplified by her was much more related to her own experience with obesity, projected in her daughter's experience, than with a family caregiver.

The corpus comprised the transcription of interviews and observation notes in a field journal. Repeated readings of the speeches provided the necessary immersion in the text contents. The following core meanings emerged: *social burden of obesity* and *rebirth*. The researchers felt the need to put aside prejudices, "to let go of previous opinions and be willing to let this tell us something and turn our gaze to things as they really are"<sup>10</sup>

The merging of perspectives (the researcher's and the subject's) enabled the researchers to group similar segments and to organize them into categories, namely "*social burden of obesity*" and "*rebirth*". The final analysis represented a move, beyond the mere understanding, into the experience of obesity as a chronic condition.

## PRESENTATION AND RESULT ANALYSIS

The authors adopted hermeneutic theories that consist in *an opening to the experience* approach, understood "as the historical essence of man we all constantly acquire and no one can spare."<sup>13</sup> The researchers tried to consider the experiences as a horizon of not previously chosen possibilities.

The meanings that emerged from the talks with Amaryllis and Lily were that obesity is not only an excess of body weight, but also, and primarily, a social burden. It is so hard to bear that even in the face of all the sufferings of the surgical procedure, the return to weight limits socially accepted feels like a rebirth.

### "SOCIAL BURDEN OF OBESITY"

This category interprets the social constructions of obesity and defines how perceptions are elaborated, i.e. meanings and representations by the common sense. Firstly, it is necessary however to understand that the way people interpret the health/disease process is associated with their lifestyle and socio-cultural universe. The ability to feel, interpret and express a health problem is related to each person's subjective response to it and how he/she and others around them perceive this meaning.<sup>14</sup>

The nephew's loss and "food indulgence" is how Lily's mother interprets her daughter's obesity health problems. Medical anthropology refers to the subjective forms of interpreting a health problem by the nouns *disease* and *illness*, which have different meaning.

*Disease* relates to biomedical knowledge. Its aetiology, signs and symptoms, natural history of disease, treatment and prognosis are the same in every culture, there is no individual or group differentiation.<sup>14</sup> This type of knowledge cannot account for people's experiences because their concepts are unusual and the interpretation of an experience goes beyond its proper meaning.<sup>15</sup>

Obesity considered as a disease is the excessive accumulation of fat in the body; it has a high mortality rate and is associated with comorbidities. Amaryllis stated that she weighed 110 kg, "blood pressure was sky-high! I couldn't do anything because I was always tired". It can be said that people with obesity will not understand it as a health problem, it is considered exclusively as a medical-scientific condition. When obesity begins to affect a person's well-being it is then considered an *illness*.

Therefore *illness* is the subjective experience that often goes beyond biomedical knowledge. It is the personal value ascribed to a health problem which is influenced by the sociocultural context and personality traits.<sup>14</sup>

In this sense, Lily's obesity is recognized by her mother as a disease, showed not only by her considering her daughter's health poor but also by the different meanings given by her to such experience.

*[...] from that moment on she let things go. She didn't want to go out any longer [...] she didn't go out anymore, she stopped living. Then she started to indulge in food. Food, food, food... she forgot she had to live, [...] and she got to be as obese as she was. Then she got pregnant and soon after she had an accident and then a broken spine... she got worse and worse... Some days she couldn't even walk. She would start bending... bending... and couldn't walk [...]. (Lily's mother)*

This interpretation drawn from an experience of illness is the result of the different means by which people acquire their scientific knowledge. Such knowledge varies from person to person because it is permeated of and by different experiences and considers the individual's biographical details.<sup>16</sup> Thus, Amaryllis obesity story is unique because her reference points are unique and make sense to her:

*I started to gain weight the first time I got pregnant. It was an eight years wait. I did a lot of treatments and started putting on weight. (Amaryllis)*

The lived experience generates knowledge that ensues from individual observations and gains a new perspective within which it converts into something lived and experienced.<sup>10</sup>

People who experience obesity in a society in which the body's acceptance or rejection depends on its shape become ill regardless of the physical symptoms caused by excess fat. This happens because social discomfort causes pain, the feeling of illness, emotional damages, dismissing people that do not fall into current standards of physical appearance.

Interventions for obesity should not be restricted to anatomical and clinical aspects, but also, and especially, concentrate on socio-cultural aspects<sup>17</sup> that may lead to discrimination and social exclusion. Therefore, knowledge of the different meanings of obesity for women who underwent bariatric surgery could guide actions to minimize the suffering of such people.

The researchers' dialogues with the participants unearthed feelings of social acceptance or rejection within their group. The meanings of the body are a reality collectively experienced; its representations and images are built inside a similar symbolic universe. Those who experience obesity cannot get rid of its pejorative characteristics:

*We are discriminated! [...] when I went shopping [...] the vendor would look me up and down: "we don't have your size!" They didn't really want to know if it was for you or for someone else, right? That is what they only said. (Amaryllis)*

This undesirable stigma is an inherently social process – a personal characteristic is seen as unattractive or indicative of moral failure<sup>18</sup>, consequently obese people are stigmatized and socially devalued: they are generally considered lazy, greedy, lacking in self-control.<sup>19</sup> The process transcends negative evaluations and has psychological and well-being implications.

The participants' narratives revealed that obesity negatively categorized them as different in relation to other people. This stigmatization was felt in how they were treated on a daily basis:

*I always realized when people were looking and laughing at me, making comments and jokes. When you are fat you go through that, don't you? Being a joke, I mean. I lived through this. A bunch of nicknames! (Lily)*

Obese people are discriminated in the social group they belong to (family, neighbours, and friends). This leads to increasing isolation:

*I lost many friends, like that [...] I didn't look for them because it oppressed me. I felt ashamed to go out, to talk,*

*and look for new friends! [...] I thought: "Ah! I'll stay in". Then I enclosed myself inside the house. I guess I was a little depressed [...]. I didn't go out when I started putting on weight; I shut myself in my little corner (Lily).*

The concept of "perfect body" in Psychology highlights the social impoverishment of people who fail to achieve the ideal of a socially valued body.<sup>20</sup> This impoverishment may be due to social exclusion or self-enclosure. Lily's self-enclosure isolated her from social life and her seclusion made her gain more weight, as her mother says: "when you're obese, you want to go into hiding!"

Current beauty standards consider fat as an impurity, something out of place, a threat to social order.<sup>21</sup> A slim body is the main objective of every obese person. Losing weight enables us to find a personal balance in the face of our own social group. The need to put "things" in the right place means that an obese individual is always on the lookout for a miracle diet: "I followed a diet for two days. Stepped on the scale, nothing! I wanted results [...] and when there was none, I'd become discouraged and eat with a vengeance!" (Lily)

Failed attempts to lose weight are very common because people seek quick answers to solve the problem; they forget, or are unaware, that losing weight is not enough to achieve physical and social well-being. The search for an ideal body weight (socially and culturally imposed) leads to people becoming hostages to the consumerism of "healthy products".

Mass media, on the one hand, associates the image of slimness to happiness; on the other, it encourages the consumption of weight loss products and sells the idea that everyone is individually responsible for keeping a beautiful and healthy body. The systematic appeal to consume those products (and services) aims at convincing consumers to buy and does not take in account their constant efforts and failures.<sup>17</sup>

The focus is on obesity as a disease which is worth getting rid of at any cost and, at the same time, a constant incentive for worshipping the thin body. Paradoxically, the same emphasis is not applied in the establishment of health care practices to meet the needs of obese people and guarantee them, in the long term, a more fulfilling and comfortable social and cultural life.

When those people fail to achieve speedy results frustration, decreased self-esteem, helplessness or physical disability lead them to bariatric surgery as the quickest resource to achieve the status of being a new person. This is because there is no heavier burden than to carry a fat body around:

*I pursued it for a long time [...] I see myself better now! [...]. I did it for aesthetic reasons. No, not aesthetics, necessity more like. (Lily)*

*[...] So she told the surgeon that the therapist had not approved surgery, and then the surgeon said: "I am going to operate! I need their cooperation but I am going to operate, not her! I am the one who knows what is needed or not!" Then he referred her to do the exams [...] she did them. I thought it would take two, three years but God was so wonderful to us that it didn't. So she asked her orthopaedist for help; he gave her a report about her problems with her spine. And this helped a lot. It really did! Without even realising she underwent surgery. She could not believe it! (Lily's mother)*

Bariatric surgery is an effective treatment to return a person back to society; its powers are, however, psychologically and socially limited. Through the procedure people try to retrieve what they have lost when fat. The changing of the body means the changing of one's life and identity.<sup>7</sup> To the participants the bariatric surgery meant the resumption of life in a new body, the return to social life, improved health, self-esteem and quality of life. According to them the procedure meant *rebirth* which means to go back to a much desired normality and social inclusion.

However, it is important to note that although the surgery proved to be an effective way to reduce excess weight, the procedure is restricted to the biological aspects of obesity. Health care professionals involved in the process should consider psychological and sociocultural aspects not encompassed by the surgery. It is necessary to refer to those people's context and treat them according to their specific needs.

## REBIRTH

This category considers the meaning of bariatric surgery for the participants. For them, it is the fastest way to obtain the ideal body weight, but not always the ideal body.

Bariatric surgery is an effective procedure to treat, prevent complications and improve the quality of life of people who are obese. It is indicated in cases of class III obesity – (BMI) exceeding 40 kg/m<sup>2</sup> – and class II obesity – BMI between 35 and 39.9 kg/m<sup>2</sup> – and patients with associated comorbidities such as hypertension (HBP), diabetes *mellitus* (DM), among other diseases, whose control is facilitated by weight loss.<sup>22</sup> Lily confirmed these data stating that "my health was not good, because my blood pressure was always high [...] I was hypertensive, had a spine problem. After surgery no more high blood pressure [...]. It is normal now".

Surgery is understood as a possibility to solve health problems and as the meeting with a social identity lost when living in a body that did not fit in the beauty standards imposed by today's society.

In such society the body is reproduced and built to function as a product that conveys a person's performance. Having

a few extra pounds violates social norms.<sup>1</sup> Being obese is synonymous with unhappiness and laziness.

The discomfort of living in a “different” body drives people to search in bariatric surgery the right body to a specific sociocultural context. Difficulties such as long waiting lists and surgery-related complications – as difficult feeding in the first months – are not recalled. To Amaryllis complications were serious – a long-term ICU stay and constant relapses that required rehospitalisation:

*I had intestinal bleeding... thrombolysis, almost lost a leg. I had many problems. I stayed there almost four months; I was always in and out of hospital. I suffered a lot, a lot! [...] I went back home, felt bad and...back to hospital. Then, after that, I was hospitalized twice because I had anaemia. I had to go back and have blood transfusion! (Amaryllis)*

However, despite all her sufferings, she only highlights the fact that her body was back to normal standards, her interpretation of rebirth. This apparent obliviousness might be caused by the procedure’s efficacy in removing excess weight, a recognized limitation to personal autonomy. Beyond the above issue there are also contemporary meanings of a lean body:

*Thanks God I have much to thank for; because if I was fat I'd do it again. Yes, indeed! Sometimes I hear a fat young woman say "I can't do it no, I can't!" Are you' stupid? It is so good to be skinny! (Amaryllis)*

Bariatric surgery turned Lily into a new woman with a new zest for life:

*[...] the surgery gave me the chance to become a new person. [...] I feel happy with myself now; I want to do everything, to work, to go out!"*

Bariatric surgery gave these people the chance of a rebirth, of social inclusion where body image is a “passport to happiness”. The authors recognise that surgery is an effective treatment for obesity. Nevertheless, they highlight that it should be considered as the last resort treatment only indicated in cases in which lifestyle changes for weight loss, physical exercise and pharmacological treatment produced no effects.<sup>23</sup>

A careful preoperative evaluation should be performed by a multidisciplinary team – endocrinologist, nutritionist, cardiologist, pulmonologist, psychiatrist, psychologist and surgeon – as well as consistent postoperative clinical, laboratory and psychiatric evaluation.<sup>24</sup> The nurses’ role is vital in both stages for continuous monitoring, since they are the health professionals re-

sponsible for overall care coordination. The nurse is the qualified professional to assess the specific needs of health services users and to mobilize other health professionals (psychologists, nutritionists, physicians, social workers, etc.) according to the users’ needs.<sup>25</sup> Nurses should move through the various specialties, performing the necessary links between customers and doctors and facilitating the comprehensiveness of the caring process.

Required lifestyle changes and preoperative evaluations often cause delay in the procedure, increasing the dissatisfaction level of people who want to solve the issue quickly. Lily asked her mother to help her with the doctor who had performed the surgery. She asked for the doctor’s help and he referred her to preoperative examinations. The hospital’s psychologist however was not enthusiastic about approving such surgery:

*[...] It is very difficult to deal with the hospital's psychologist. She told my daughter that she would not give the approval. She said: "I am not giving you the papers because you are able to lose weight". My daughter said: "I don't think so. I took medicines, I was monitored. I dieted and I didn't manage. And she answered: "well, you have to. I am not going to approve it"; and she didn't. This girl got really depressed and desperate. (Lily's mother)*

Thus surgery becomes an individual need to solve a health problem. Lily believed that only surgery could solve her weight problem, compulsion for food, low self-esteem, as well as the sadness brought about by the loss of a loved one. Surgery, according to Lily, was a magical process for removing everything that was wrong in her life. The procedure is contraindicated by the Brazilian Society of Metabolic and Bariatric Surgery in psychiatric disorders, anxiety and psychosis.

In another desperate attempt to help her daughter, Lily’s mother asks for the doctor’s help: “I would like you to help me. Now I’m begging you, for the love of God! Help me with my daughter because I don’t want to lose her. She’s the only one I have. I do not want to lose her!”

They finally managed to get the surgery approved. It is important to mention that this procedure is not consistent with the fulfilment of the right to health; its effective exercise requires the provision of good professional practice directed by the principle of integrated health care and, in this case, focused integrated care.

Hermeneutics offers a range of possibilities for understanding human problems, limits and perspectives. According to its concepts, the person is at the centre of certainty, hence the need for careful listening to the participants’ health problems. The authors wonder whether health professionals were able to hear Lily’s cry for help. They also question if there was adequate interaction between health professionals, services

and patient, which could have been a unique moment to identify sufferings and to strive to achieve the person's well-being.

This interaction/understanding should not be submitted to the professionals' own previous opinions; those individuals should be allowed to speak up so health professionals might manage to interpret the information according to each case.<sup>26</sup>

Lily and Amaryllis sought through the surgery not only to eliminate or mitigate associated diseases, but to fill areas lost to the disease, such as self-esteem, social inclusion and performance of daily activities:

*I want to go out [...] now I want to go out; some people say that I want to go out to show off. It is not that. I want to go out because now I can. (Lily)*

*It's so good to be thin! So good! It is so good to work when one is thin. I can dress what I want. Now I am a size 42. How good is that! I had never used jeans in my whole life. (Amaryllis)*

The possibilities opened by weight loss are reflected on the wish to display recently acquired normality and feel like the others. The normalized body is reflected in their self-image and self-esteem, creating the feeling of being socially and emotionally accepted.

*[...] now everything has changed. I have more energy, I want to talk, I want to tell about the surgery, how much I weighted before and how much I weight now! I like when people say: "I wouldn't have said you weighted that much!" well, I did (she sounds proud) [...] I have more taste for life now. Now I feel pleasure in living! (Lily – observation notes)*

Getting back to being "normal" means to resume a life interrupted by the dictations of the social context and be accepted, leaving aside the abyss of suffering and disability where they lived for a time.<sup>15</sup> Those individuals must decide by themselves what normality is, since they are the ones who live with the consequences of being different. The normalization brought about by bariatric surgery puts the person back within agreed social standards; but the procedure cannot promote the re-encounter with society<sup>8</sup> because it solves only the physical aspects of the illness.

It is worth noting that this emotionally devastating disease is not cured exclusively by the removal of excess weight because the disease is not in a single part of the person, but in the person as a whole.<sup>15</sup> After surgery they will have to deal with negative manifestations resulting from the long period living with obesity:

*[...] I do not see myself thin. It happens only when I chose an outfit and others say: "you're too skinny." But I don't think I am that yet. [...] "Yeah, we can see your bones". But I can't see myself thin yet. (Lily)*

A detailed multidisciplinary monitoring is necessary to meet the social, cultural, psychological, clinical and nutritional needs of those people. Despite the abundance of medical specialities, the use of a multidisciplinary or an interdisciplinary approach is timid since the organization of the health system does not favour their implementation.

Currently, in the city of Cuiabá, there is no consistent interdisciplinary team (including a nutritionist and psychologist) dedicated to postoperative monitoring of patients. The researchers could not identify in the participants' narratives any interdisciplinary team that monitored them after surgery. The surgeon was the only professional present during the whole process and he did not press for any systematic monitoring. Lily even states that "I didn't think I had to run after a psychologist. So far no one referred me to one or told me what I needed precisely. So I guess I don't need to look for one."

Public health practices need an effective and thorough reorganization especially with regard to its fundamentals and premises.<sup>27</sup> As long as health practices are detached from people's experiences, health interventions will be restricted to the biological dimension.

The reconstruction of health practices presupposes the combination of biomedicine and other scientific knowledge. Based on this research, the authors highlight the pertinence of socio-anthropological concepts, such as the symbolic representations conveyed in each social group. Cultural knowledge is needed to discuss the body; such knowledge depends of a certain worldview and a specific value system.<sup>3</sup>

Understanding the logic and dynamics of obese people health needs contributes to an ethical professional practice that rescues the voice of the individuals who experience the disease and appreciates their experiences.<sup>28</sup>

## FINAL CONSIDERATIONS

Trying to understand obesity from the perspective of those who experience it, the authors observed that it affects people on a biological and, mainly, psychological and social level – living with obesity causes indelible marks. For this reason, obesity treatments should focus on human beings and their different aspects, i.e. health care professionals should develop health care practices that consider other issues not included in the biological area.

From such perspective, the present study highlighted the necessity for building knowledge that would make obesity be seen as an illness, contemplating the experience of illness

through the dialogue with the obese person as a means to understand that person's perspectives and consequently broaden our vision of what it means to live with this chronic condition.

A dialogic approach would enable health professionals to listen: professionals must recognize the individuals' interpretation about themselves and their ways of explaining the illness and, through constant interaction, seek the most effective health care methods according to the principles of comprehensiveness.

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