

Understanding the Life Experiences of Brazilian Women after Bariatric Surgery: a Qualitative Study

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Abstract

Background The increase in bariatric surgeries has called into question the aspects that contribute to or impair the results. Psychosocial factors directly influence the results of the surgery, but a lot of controversy exists in relation to the degree of influence of these factors. We propose a qualitative investigation to understand the significance of the surgery for women and how these factors influence the outcomes.

Methods This study is a clinical–qualitative method, through the semi-directed interview with open-ended questions in an intentional sample, closed by saturation, with seven women operated in a period of 1.5–3 years, following the definition of emergent categories and qualitative content analysis.

Results The experience of acceptance and social reinsertion is a motivating factor to keep up the challenge of weight loss; social discrimination is a risk factor leading to losing the stimulus to continue the process; the recuperation of

self-esteem and personal identity is a factor that improves the quality of life and psychopathological symptoms; disillusionment is an important risk factor, linked principally to the experiences of failure.

Conclusion We observe the necessity of qualitative studies that serve the health team in the handling of these patients, aiming for a greater understanding of their psychological dynamics and of the meanings that weight loss has for them.

Keywords Bariatric surgery · Obesity · Qualitative method · Morbid obesity

Introduction

Obesity is a growing problem in public health worldwide [1, 2]. In Brazil, population evaluations have shown a clear increase in obesity [3]; however, the prevalence has an irregular standard distribution due to the fact that in the poorer regions the prevalence of malnutrition is still high. [4]

Throughout the world, the increase in the prevalence of obesity together with the failure of conventional treatments has led to a marked increase in the number of bariatric surgeries [1].

Even after the surgery, we know that the long-term maintenance of weight loss is not a guaranteed result [5] since the success depends on significant behavioral changes, as well as acquiring the capacity to diminish the use of food as a means of fulfilling emotional needs. [6, 7] A significant number of patients present a premature cessation of weight loss, development of eating disorders, psychopathological symptoms, and the deterioration of the quality of life. [6, 8–10] This is still a controversial topic and a better understanding of the meanings that obesity and the surgery have is an urgent necessity. Thus, it is

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fundamental to know the psychosocial factors involved in the patient's evolution. [11, 12] The objective of bariatric surgery is, also, to provide an improvement of the psychosocial functioning and in the quality of life. [7, 9, 10, 13, 14]

The aim of the present study is to understand the meanings for women when undergoing bariatric surgery and, from a comprehensive–interpretative approach, examine what sustains therapeutic successes and failures. We believe we can fill in some of the blanks in the literature using the clinical–qualitative method. [15–19]

Subjects and Method

This study had a clinical–qualitative design, a particularization of the qualitative method applied to a specific health framework that permits us to understand the life experiences and the process of the suffering of the individuals in relation to a determined problem in the health–illness process. Thus, this method adopts a humanistic model, seeking to interpret scientifically the meanings that individuals' life experiences acquire [15]. Hence, the present work had an exploratory nonexperimental character. We believe that it is extremely useful for physicians themselves to make use of qualitative methods. Qualitative researchers study things in their natural settings, in an attempt to interpret phenomena in terms of the meanings that people attribute to them. [19] Such methods have their own characteristics in relation to sample composition, data analysis, and the possible generalizations from the results. The data collection instrument was the semi-directed interview with open-ended questions [20] in an intentional sample, in other words, one which is made up of a small number of people, chosen deliberately in function of the importance they have in relation to the given theme and considered bearers of social representation. [15, 16, 20]. This approach had the aim of ensuring that the matter was discussed in depth with the interviewees. The sampling technique used for qualitative research does not require statistical representation in relation to the subject population, i.e., it does not need the use of randomized studies. This produces data with the aim of reformulating, deflecting, complementing, and/or clarifying initial hypotheses. The study sample consisted of seven women operated in the surgical service of the General Hospital of University of Campinas (UNICAMP), a tertiary public university hospital, located in the city of Campinas, state of São Paulo, in the southeast region of Brazil, in a period of 1 year and 6 months to 3 years. This interval was previously established and excludes the first postoperative 12 months, during which time strong elements of denial and a disproportional increase of self-esteem occur (Table 1).

Table 1 Sample characterization by individual: gender, age, marital status, and time since surgery

Name	Age	Sex	Time since surgery	Civil status
P1	49	F	3 months	Married
P2	33	F	2 years and 2 months	Married
P3	37	F	1 year and 6 months	Married
P4	39	F	1 year and 11 months	Single
P5	45	F	2 years and 11 months	Separated
P6	28	F	1 year and 6 months	Married
P7	49	F	1 year and 11 months	Widow

The sample was closed at this number by utilizing the saturation criterion [21]. Thus, it was considered that the incorporation of additional interviews would make little significant contribution with regard to the objectives initially considered. The interviews were taped with the permission of the patients. The transcriptions from the interviews formed the corpus for the study and were subjected to qualitative content analysis [22]. After applying the categorization strategy [15, 16], the categories for this study were selected. Qualitative analysis of a text does not infer categories from the frequencies of the analysis units (or from other mathematical approaches). The phenomena thus identified can then be interpreted so as to generate concepts capable of generalization in other settings. The emerging categories were validated by peer reviewers from the Laboratory of Clinical–Qualitative Research, UNICAMP.

The research project was approved by the Ethical Research Committee of the Faculty of Medical Sciences of UNICAMP.

Results

Social Reinsertion

Obesity is associated with high indexes of dissatisfaction in relation to quality of life [8, 23] and the improvement related after bariatric surgery is very significant. [24, 25]

The social structure, adjusted for a nonobese individual, causes constant embarrassment for the obese. The reduction in life options leads to a state of exclusion, discrimination, and the loss of self-esteem [26–28] that form a vicious circle inside of which the individual withdraws.

The surgery presents itself as an option to restart the process of an active social life. Many patients arrive with the hope of solving all the problems of their lives after the surgery [29].

“I thought that I would solve my problems, that I would be happy, get a boyfriend...” P5

On the contrary, a complexity of feelings emerged, sometimes ending in an outbreak of psychic symptoms.

The first source of relief, after postsurgical recovery, comes from a strong sensation of acceptance and social reinsertion. They feel that they are part of a world which they were not a part of. They experience a feeling of genuine happiness.

“...I go by bus just to go through the turnstile; it seems that you ate a chocolate bar from so much happiness”. P6

The Recovery of Self-esteem and Identity

Elevated self-esteem is a strong factor linked with the best results of bariatric surgery [11] and the surgery provides a significant improvement in self-esteem. [12]

The sensation in finding themselves again is lived with great pleasure and relief.

“...everyone says: wow, how you have changed! Ah, now you are back to how you were before!” P3

This process of the recovery of identity is lived as a born again, that the patients relate to a new life that begins after being operated. It is a phase that is experienced with a lot of satisfaction.

“After I was operated, I was born again. I was born for a happy life. Before that, I was sad...” P6

We believe that this possibility of reconstructing their identity is the most important factor in the recovery of self-esteem, closing the virtuous circle that leads to a greater motivation to continue the struggle against regaining weight.

The Risk of Disillusionment

The loss of the illusion of having solved all one's problems can be implicated in the weakening of the psychological gains in the medium term.

In the postoperative period, the women have to face new life experiences, such as jealousy, mistrust, fear, and envy that, until recently, had not existed.

“Now my husband has started to talk like this: go out for what, to show off? So, another phase has already started and I still have not learned how to deal with it...” P3

When these reactions of others start to become evident, reactions of those very people whose “acceptance” they

believed to guarantee by their getting thin, they can feel profoundly disillusioned, sometimes confused.

“Before they did not like me because I was fat. Today I am thin ...they will think that I am stealing their scene! I did not operate for this ...” P4

Discussion

Habitually, the results of bariatric surgery have been evaluated by the weight loss, by the improvement in general health, and by the psychosocial benefits attained. It appears clear to us that other forms of evaluation that take into consideration the significance that it has for these women are necessary. We could identify some areas on which the attention of the team should be focused.

It is fundamental that the team understands how bariatric surgery influences the new life experiences of these women. We ought to be attentive to the great influx of new life experiences, some of which the patients are not prepared for, such as feelings of jealousy, envy, and competition.

The most significant gain of the surgery is the experience of reinsertion and social acceptance. This is a point that should be rapidly identified since it directly influences self-esteem, which is a strong positive predictive factor. Self-esteem ought to be always the center of attention of mental health professionals since it is the starting point for the vicious circle: low self-esteem–anxiety–search for food.

Discrimination acts as a strong discouraging factor. This can lead to mental isolation that is a factor that can cause the outbreak or even the relapse of a psychiatric disorder.

The problem with disillusionment becomes very important when the patient comes to the service with unreal expectations. It is strongly reinforced by the necessity that these patients have to believe that this is the solution to all other problems, especially when you consider that many of them come to the medical service after an interminable succession of unsuccessful treatments. We believe that the best manner to approach this question is a psychotherapeutic preoperative workup, during which the patient will be made aware of the meanings that the treatment has for her.

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