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PERCEPTION OF OBESE WOMEN IN RELATION WITH THEIR BODY

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ABSTRACT

Background: The obese person besides being affected to suffer physiological damage, may also have psychological and social changes. So the obese person suffers and develops self-deprecating feelings of self-indulgence, anxiety and changes in feeding behavior, thus taking it, can progress to the state of depression, leaving it susceptible to social isolation. **Aim:** This study aimed to investigate the perception of obese women in relation to its body and the influences in their lives and affective. **Method:** It is a descriptive, exploratory and qualitative research involving 20 women attending Basic Health Units in the municipality of Cuité/PB, through semi-structured interview, conducted in February 2013. Data collection only started after approval of the project by the Research Ethics Committee of the Health Sciences Center of the Federal University of Paraíba, under CAAE 06662222.4.0000.5188. **Results:** The data were analyzed using the technique Bardin Content Analysis. Analysis emerged the following categories: Distortion of body image, discrimination and social restrictions, limitations on work activities and dissatisfaction in love life. **Conclusion:** We conclude that obesity, besides causing physical changes, leads to discrimination and prejudice, promoting social exclusion.

Key words: Women; obesity; social stigma.

INTRODUCTION

Obesity is a chronic disease, with a multifactorial etiology, besides being characterized as psychosomatic, presenting risk factors for some serious diseases, such as dyslipidemias, diabetes mellitus, systemic arterial hypertension, osteoarthritis among others. Obesity presents genetic, neuroendocrine, metabolic, nutritional, environmental, social and family approaches and has been considered one of the public health problems of modernity^(1,2).

Obesity is classified in adults by the ratio between weight (in kilograms) and height (in meters), called Body Mass Index (BMI). It is considered obese, the person who has a BMI ≥ 30 , and it is worth noting that the higher the BMI, the greater the severity of its pathology⁽³⁾.

A study released by the Ministry of Health in Brazil indicates that overweight and obesity presented high rates in the country from 2006 to 2011. According to the survey of Risk Factors and Protection for Chronic Diseases by Telephone Inquiry (VIGITEL), the proportion of overweight people in Brazil rose from 42.7% in 2006 to 48.5% in 2011, while the percentage of obesity rose from 11.4% to 15.8% in the same period⁽⁴⁾.

The epidemiological profile of obesity in the contemporary world has been closely related to the current lifestyle of the population, characterized by high consumption of industrialized foods, caloric meals, rich in carbohydrates and fats, sedentary lifestyle and low adherence to physical activities⁽⁵⁾.

In relation to obesity among genders, an increase in the percentage is observed as the age advances, since 6.3% of men between 18 and 24 years old fall into this category, against 17.2% of men aged 25 to 34 years. Among women, 6.9% of those between the ages of 18 and 24 are obese; the index almost triples in those aged between 35 and 44 years (17.1%). After 45 years, the frequency of obesity remains stable, reaching about a quarter of the female population⁽⁴⁾.

The obese person, besides suffering physiological damage, can also present psychological and social changes. Sociocultural norms have perpetuated the stereotype of the association between thinness and positive attributes, especially among women, where the desire to improve physical appearance, decrease discontent with the body and cease to be discriminated against appears to be the main motivations for changes in body size and shape^(5,6).

An exploratory study carried out with people about the perception of body size and shape, demonstrates the correlation between BMI and the differences of the real and ideal perceptions of the body image of these women. The obese participants presented underestimation of the weight, signaling the difficulties related to their self-perception, showing a feeling of dissatisfaction with their body⁽⁷⁾.

The perception of obesity usually occurs when clinical complications arise, impairment in daily life activities, adding to the negative perceptions that some obese people present, such as the feeling of incapacity, shame and self-deprecation, resulting in a lower search for treatment and of social interaction, predisposing to psychological disturbances such as anxiety, depression, social isolation, sedentary lifestyle and preference for food as comfort and self-satisfaction^(8,9).

On the social side, it is emphasized that although obesity affects all economic strata of society, there is a growing association with people with a less favorable economic condition, because they consume foods that are more affordable and are usually more caloric, since food labeled as healthy, such as fruits, vegetables, whole foods, among others are considered more expensive⁽¹⁰⁾.

Obesity also contributes to social exclusion, which leads to discrimination and prejudice, since the construction of this phenomenon is not only due to individual or social factors belonging to the individual, but also to its interactional dynamics as well as the assimilation

and accommodation of the information to respect of the social category of being obese. The person is seen as incapable of working, without talent, not skilled in public transport (he occupies a lot of space or does not fit properly in the seats), being a victim of achincalhes, capable of causing a decrease in self-esteem⁽¹¹⁾.

In this context, it is a fact that the obesity of the population constitutes a real and worrying situation, which requires a different look from the multiprofessional team, studies that address not only the implications of obesity for health of these people, but also the sentimental aspects that have strong influence on adherence and maintenance of healthy living practices.

Based on these premises, the question of research for the development of this study emerged: How do obese women perceive themselves? What influence does obesity have on your daily and affective life? With this study, we intend to envisage the possibility of a greater and better understanding of the subjective aspects that permeate people with obesity, in order to subsidize actions aimed at behavioral changes and necessary to maintain a healthy life. In this perspective, the objective of the research was to investigate the perception of obese women in relation to their body and the influence in their daily and affective life.

METHOD

This is an exploratory research, with a qualitative approach, carried out in two Family Health Units (USF) - USF Ezequias Venâncio and USF Luiza Dantas de Medeiros - linked to the Municipal Health Department of Cuité, in the state of Paraíba.

In this study, 20 women with a medical diagnosis of obesity participated, ranging in age from 18 to 78 years, 13 (65%) of whom were between 18 and 28 years of age. Regarding BMI, 11 (55%) women presented with grade I obesity (between 30 and 34.99 kg/m²), three (15%) with grade II obesity (between 35 and 39.99 kg/m²) and six (30%) with grade III obesity (index greater than or equal to 40 kg/m²), according to the classification adopted by the World Health Organization⁽¹²⁾.

It is noteworthy that the sample was obtained by accessibility, characterized as the one in which the participants are allocated during the determined period for data collection⁽¹³⁾. The quantitative of participants was determined by the saturation of the data, identified in the speeches during the interviews.

Regarding the labor situation of the study participants, it was verified that 10 (50%) were students and did not work, two (10%) were domestic; and that there was a farmer, merchant, manicurist, public employee, pensioner, teacher, attendant and retiree, represented by one (5%) woman in each activity.

In relation to the family income based on the minimum wage (SM), it was found that eight (40%) of the research participants make income from one SM, five (25%) from two SM, two (10%) from three SM, two (10%) receive four SM, two (10%) receive six SM and one (5%) less than one SM.

In the anthropometric evaluation, the weight was verified through the Filizola brand digital scale and with the participant barefoot, the values described in kilograms (kg); the height was obtained through measurement with tape measure. The participants were placed against the wall where the measurement was placed, supported on the lateral area of the thighs, head and eyes directed forward, the value recorded in centimeters (cm). The BMI was calculated with data obtained from weight and height described previously.

Data collection took place in February 2013, using the interview technique, recorded, previously scheduled with the participants, guided by a semi-structured form, containing data of sociodemographic characterization of the participants and subjective data according to the objectives proposed for the study, with an average duration of 30 minutes.

Data collection only started after approval of the project by the Research Ethics Committee of the Health Sciences Center of the Federal University of Paraíba, under CAAE No. 06662222.4.0000.5188, through the Brazil platform, as recommended by Resolution 466/2012, which contemplates the guidelines regulating research with human beings. The participants of the research were informed about the purpose of the study and its voluntary nature and gave their consent by signing the Term of Free and Informed Consent.

The empirical material was qualitatively analyzed, guided by the technique of content analysis, in the thematic modality, proposed by Bardin, from the following phases: the pre-analysis, with the objective of organizing the initial ideas and elaborating indicators that supported the final interpretation; the exploitation of the material, which corresponds to the procedure of several readings of the empirical material, in order to group the initial ideas and hence the categories, and from them, the subcategories; and the treatment of results, where the researcher concretizes the inference or interprets and presents the data in categories⁽¹⁴⁾.

To better understand the data analysis, the categories generated from the answers to the questions proposed for the study will be presented. It should be mentioned that, in order

to maintain the anonymity of the women enrolled in the study, the statements from this form were identified by the letter "E.", followed by numbers from one to twenty. Example: the first woman interviewed was coded as follows: "E1"; the second professional, "E2" and so on.

RESULTS AND DISCUSSION

From the course of the study analysis, considering the proposed questions and the empirical material obtained, four thematic categories emerged: **Distortion of the body image**, **Discrimination and social restrictions**, **Limitations in the work activities** and **Dissatisfaction in the affective life**.

Category I - Distortion of body image and feelings generated by this perception.

The women participating in this study express, from their speeches, how they perceive their body image and how they feel dissatisfied with their obese bodies, according to some excerpts from their lines:

[...] I look fat, I'm very ugly. E1

[...] I see that image distorted. E2

[...] Everything is wrong. E3

The image of the body is structured by the contact of a person with himself and the world that surrounds him. Anatomical, physiological and sociological contributions also come into its formation. However, the body image is susceptible of transformations, and is established from the perception, that is, from how the person perceives his body, in short, his self-image⁽¹⁵⁾.

Recognized as the totality of the human being, body image involves three components: the precision of body size perception; the degree of anxiety associated with the appearance and behavior of avoiding body exposure^(8,16). Thus, the body image that the obese person presents in a negative way is related to the psychological experience of someone about the appearance and functioning of his body. Weight-related discontent leads to a negative body image, which comes from a cultural emphasis on society's thinness and stigma⁽⁶⁾.

From this perspective, it can be believed that the body is the abode of meaning and feelings, and it is from this that the feeling of uneasiness felt by women inserted in the research, when they emphasize that they feel bad, humiliated and ridiculous, as you say below:

[...] *I feel nothing, I feel terrible, humiliated.* E5

[...] *I'm always unsatisfied with what I see.* E7

[...] *I feel ridiculous.* E9

Body image is the sum of the conscious and unconscious attitudes that a person has in relation to his own body. It is characterized by being dynamic because it is being continually modified by new insights and experiences, as well as being useful for projecting emotions, anxieties and highly significant personal values. As the body image develops, the body's extensions become significant; any aspect that enhances the effectiveness or control of the body's own function can be considered relevant to the person^(6,10).

The relationship between obesity, functionality and body image should be well elaborated, since the negative impact on body image can lead to loss of connection with their internal sensations and perceptions, compromising the formation of their bodily identity⁽¹⁷⁾. In this regard, an excerpt from the speech corroborates this statement:

[...] *I feel nothing.* E12

Our body is, first of all, our first and greatest mystery. To be truly present in the world, we must recognize that we are a body in its immensity of complex processes that make us rich in its disconcerting and pragmatic consciousness and unconsciousness and in its attitudes, which are always corporeal. We construct and destroy bodily discourses that result in a knowledge of our life. The body, then, is the place where there is the breaking of symmetry, where everything can and does happen⁽¹⁶⁾.

In the discourses of the research participants, the description of their bodies is related to their perceptions of them and how they are influenced and determined by socio-cultural factors.

In this respect, two studies^(18,19) were carried out in order to investigate people's perception of normal, real and ideal body size and shape. The results showed that non-obese people are more satisfied with their body shape, as opposed to those who were obese, who showed dissatisfaction with their body measurements and the image before the other.

The importance of body image for the understanding of obese people, mainly female, following the impositions of the social stereotype, is outlined above, since these determine their status and safety, in relation to the degree of attraction that it exerts on the man. When a woman feels that she is not beautiful before the other, this fact can lead to loss of self-esteem and insecurity, because the ideal of beauty is dynamic as time, that is, not to stop, and in this way accumulation of guilt, frustration and anxiety in these individuals⁽²⁰⁾.

The strength of the imperatives of thinness prevails and brings with it another determinant for the constraint of the obese body, in which fat appears as a mechanism for not knowing sexuality, forming an obstacle between the body image of the obese with another person⁽²¹⁾.

In short, the lean and young body cult dictated by the current society makes the obese being like being a participant of a specific social category to be treated differently. Being outside sociocultural patterns means not being interested in and suffering from the contempt of the other⁽²²⁾.

As human beings inserted in the universe, people are analyzed by themselves, by the world and by the other. The latter has a differentiated weight because people live in a society that determines behaviors, rules and values that have to be followed in order not to become marginalized social and cultural. The person has his own vision, his personality, his ego, tendencies, qualities and defects. One's view of one's self can be distorted by several factors: self-criticism, inferiority complex, and stress⁽¹⁵⁾.

The human being idealizes his body according to his perception of image and esteem. In this sense, obesity causes a negative expectation about the physical body, causing the obese to develop body image disorders, expressed by depressive mood, anxiety, exclusion, deprivation, discouragement and problems of eating behavior, facing difficulties in body acceptance and in the fact that one perceives obese⁽⁶⁾. This is what we see in a passage from the speech of one of the participants:

[...] I look fat, I feel depressed, I'm very ugly. E14

An important common feature among obese people is that they have conflicting feelings about their bodies, which manifest themselves in the form of an explicit fear of looking in the mirror due to body dissatisfaction⁽¹³⁾. In this respect, it is worth mentioning the following lines:

[...] I see that image distorted. E15

[...] I'm always unsatisfied with what I see. E16

Body dissatisfaction can be understood as a nuisance that a person experiences in relation to their physical appearance. The depreciation of one's own image, feelings of insecurity towards others, and the imagination that they see with hostility and self-loathing are frequent characteristics of obese people with body dissatisfaction^(17,23).

In this aspect, studies^(1,24) evaluated people's perception of their own physical type, the current silhouette, and the desire regarding the ideal physical type, or ideal silhouette, in which the number of people of each gender and their ages they remained balanced. They used anthropometric measurements, such as body mass index, fat percentage, height and skinfold measures, together with questions and figures that investigated the desirable measures for a silhouette of the hikers of a city located in one of the states of the country⁽¹⁾.

The researchers⁽¹⁾ found that the individuals surveyed demonstrated a notion of their physical type, presenting a normal level of fat and body mass index, albeit in need of control, as opposed to the choices made on the ideal silhouette that signaled the desire of men to acquire a more muscular and low body fat, while the women idealized a body containing reduced and low fat measures, denoting that the majority of individuals surveyed had an index of dissatisfaction with body image. In this study, it is possible, with based on the above, state that the obese women participating in this study present malaise related to their obese bodies when placed in front of the mirror.

Category II - Discrimination and social restrictions

The women participating in this study reveal in their discourses that they are marginalized and that society presents discriminatory attitudes towards their obese bodies, like the achincalhos. They also point out that discrimination is so intense that they become isolated and remain at home. The fear of being looked at differently and being verbally assaulted is size, which they prefer not to be seen in order to avoid such aggressions, evident in their lines, as follows:

[...] I feel discriminated against, because there are always those who make a joke, a scoundrel. It's awful! E1

[...] No one looks at me; just look at swearing I feel ashamed. E4

[...] Nowadays, the people only want to know about a slim, beautiful woman. Ah! Nothing is easy. I feel marginalized, abnormal. E7

[...] I face the obstacles of life, but I feel humiliated; I live at home, I leave little because the clothes do not enter anymore. E11

Some aspects concerning the feeling of shame and the body should be emphasized: the feeling of shame is established through the judgment of the other (judgment of others); directs to its bearer a sadness that is associated with the idea of censorship by others and triggers feelings of guilt, ridicule and humiliation originating in the psyche of its bearer^(16,20).

Therefore, one should not allow oneself to succumb to the dynamism of shame, only understanding it in its correspondence with external controls. Nevertheless, the impulse of self-judgments are the most severe, which infringe the greatest penalties, in regard to the feeling of shame, that is, the same presupposes a self-control: who feels shame, judges himself^(16,20).

The sense of shame is the result of a repressive and punitive force coming from the person, through self-judgment, that is, self-censorship. When a person shows a sense of shame, it has the purpose of hiding some deficiency, be it biological or psychological^(15,20).

The sense of shame that pervades the whole existence of the obese person, who suffers from the discriminatory and prejudiced looks imposed by society and by the cultural standards of beauty that idolize the slender body as being beautiful, becomes noticeable in the participants' speeches.

The pressure and judgment that postmodern society exerts on aesthetic standards are predominant for social exclusion. In this sense, it is verified, through the lines, that the perception of self as obese body is altered due to the negative body image. Because of this, research participants felt as if their 'worlds' could not coexist with reality, leading them to resort to defense mechanisms that made them suffer, such as denial and isolation⁽²¹⁾.

In this perspective, the vision of society with being obese is based on the concept of body image, which is susceptible of transformations. The unit 'body image' refers to the possibilities of uniting diverse experiences that are developed throughout life, in which search for a totality of the body and image of the individual in constant transformation⁽¹⁶⁾. The body image only acquires its possibilities and existence because the body is not isolated. A body is necessarily a body between bodies.

Another relevant aspect is the dissatisfaction with body image, which is constant among obese patients, especially among women, because there is no awareness that each individual has a concept of body image and, above all, the responsibility to develop and strengthen the qualities of the image itself. Due to dissatisfaction with body image, a part of the obese feels sadness, a recurring state that can isolate them from the collective conviviality, preventing them from taking a differentiated attitude on their own health. In other cases, these individuals present an aggressive behavior, even if the anthropometric measures present in the therapeutic group are similar; this is because in most cases the person inserted in one group does not like to obtain a lower physical or psychological performance than the other⁽⁹⁾.

The progression of body image is hampered by the social distance experienced by the obese person. She suffers not only with physical pain but also with pain at the desire of the lean body; feels that his body suffers from being seen by others with hostility and presents feelings of strangeness, denial of his body and negative impacts on self-esteem and body image^(21,23).

The evaluation of the body itself is made constantly through interaction with the environment, so self-image is continuously developed and re-evaluated throughout life, but the needs of social order concealing individual needs. The individual is pressed to concretize, in his own body, the body idealized by culture. The body is impaired by knowledge/power politics that form and deform the individual's own and others' images⁽²⁵⁾. In this way, the human being lives his body according to social approval, and not his way and will. From this point of view, the speech of one of the participants should be highlighted, which corroborates with this premise: *"Today, people only want to know about a thin and beautiful woman."* E12

In this context, in a social environment, the obese person does not fit the standard of aesthetic normality, nor by science, much less by society. The patterns of aesthetic culture contemplate the healthy, the beautiful or the 'normal' as people who have a lean body. The person who is obese is considered to be deviant from these patterns, so he becomes stigmatized and even more discredited, because his problem or his physical difference is a visible stigma⁽²³⁾. Here it is worth noting that stigma is the relation between attributes (derogatory) and stereotypes. In this premise, the following excerpt is highlighted:

[...] I feel discriminated against, because there are always those who make a joke, a scoundrel.
E18

In Western society, it is recommended that what is beautiful is good and that thinness is synonymous with beauty, that is, valued by society; and its opposite, obesity, is strongly rejected. Women have sought to change their bodies in order to follow the standards of beauty demanded by society in each age, so that as social pressures to lose weight and adjust to the ideal of thinness became popular, women began to accept increasingly these ideals as goals and to pursue the slender body, providing greater rejection of their body image^(26,27).

Loneliness and sadness are feelings experienced by the obese, because they are products of social exclusion, as a result of prejudice, discrimination, isolation and debauchery, living under the umbrella of the fat tissue covering it. All this reveals the sociocultural context, according to which the standards of beauty demanded presently refer to the outlined, robust and beautiful body. It is in this culture of social exclusion that there is space to search

for a place in society, an objective that can only be achieved through a respectful and dignified treatment⁽²⁶⁾.

The obese person, from childhood, is subject to discrimination and prejudice, resulting in psychosocial disorders. Society perceives this individual as indulgent and incapable of self-control. In this way, obesity is visualized as an autoimmune disease, which can cause suffering, depression and social avoidance behaviors^(17,27).

In this context, the participants' discourses reveal in a subjective way the confirmation of stigma, prejudice, and social exclusion when they verbalized that they left home, because they were treated pejoratively. Who are often rejected, a victim of jokes and their existential course is marked by prejudices, humiliation, pity and hostility.

Category III - Physical limitations on work activities

The participants included in the research revealed in the interviews that they feel physical limitations to perform work activities. They report a lack of agility and musculoskeletal pain during the activities, in addition to feeling contempt for others in the work environment. The difficulties faced by the obese are arising due to their weight, in which there is a marked decrease in the physical conditioning, making daily activities quite difficult, as evidenced in the following statements:

[...] the weight really bothers me with pain in the legs, the feet and the bones. E1

[...] If I continue to put on weight it will be very difficult because I will have to have agility and fat we do not have right? E4

[...] Everyone, I do not know, looking, treating you differently! E9

[...] I only feel tired when I work in excess. E20

There is a belief that obese people are 'less active, less intelligent, less popular, unsuccessful, less athletic', and less professional, less productive, disorganized, undecided, inactive, of less initiative, less aggressive, little perseverant, mentally slow, self-undisciplined, and absent from work, for health reasons. Consequently, the probability of being hired for a job and of having a social ascension becomes smaller, according to the perspective of being obese⁽¹⁵⁾.

In the professional context, besides the advances in the fields of its technique, organization, structure and performance of tasks, obesity is one of the points of greatest impact in relation to personal relationships and the execution of work activities. These variables, together with the cultural contribution of organizations in general, end up interfering in the quality of life of the professional, making it the convergent point of discrimination and prejudice⁽¹⁷⁾.

In addition to the physiological and endocrine problems caused by obesity, the people affected by it are also victims of discrimination and social exclusion, as well as being called incapable of working and not very talented people. Pejorative adjectives such as “relaxed,” “lazy,” “ugly,” “unsuitable,” among others, are referred to obese people from childhood, denigrating their image, even before the person has had the opportunity to expose his works and behaviors⁽¹⁵⁾.

Obese people are seen in a negative way when related to non-obese people with regard to intelligence and success, thus, are avoided by society or even repelled for certain job functions^(17,28). Thus, in being obese, body dissatisfaction is common, leading to difficulties in interpersonal and professional relationships, away from those who fit the standard of normality⁽⁶⁾.

It is important to emphasize that working means building and extending pleasant relationships, improving self-knowledge and constantly redesigning identity, as well as being a path to human dignity.

Category IV - Dissatisfaction in the affective life

Between the lines of the participants' speeches, it is evident the dissatisfaction in the affective life and expresses the difficulty of having satisfactory affective relationships. In general, those who are above ideal weight have difficulties to relate intimately to another person, as implied in the following statements:

[...] I do not have a boyfriend; It's been a long time since I've been single, because it's difficult to arrange, because I do not like going out and when I go out I do not like to approach anyone, I already have that fear of jokes. So it's difficult, it's very difficult. E6

[...] Whether you want to or not when intimacy happens, you're always more inhibited, with a bit of fear, always worried about fat. E10

[...] How things are reflecting on each other is always cause for concern. E17

The path to healthy sexual intercourse is seduction. If the woman is dissatisfied with her body, she does not feel beautiful and attractive, and self-esteem is low, she avoids more intimate contact with others, reducing the chances of a positive sex life. In this way, the obese woman who has these feelings exchanges sexual pleasure for the pleasure of feeding herself, further aggravating the problem. Therefore, more than an aesthetic question, one must be aware that weight loss is essential for a healthy life⁽¹⁵⁾.

In this sense, it is worth mentioning that the feelings of inferiority, insufficiency and shame are related to obesity. Therefore, these associated feelings and obesity justify all the failures in interpersonal relationships that the obese person has and can be used as a form of rationalization in order to avoid any further contact with people and threatening situations. At this juncture, food exerts its role of mitigating tensions, awakened for any reason⁽¹⁵⁾.

Thus, obesity can be considered to be linked to emotion, the feeding mechanism being used unconsciously in the search for tension relief, that is, when feeling anxiety, longing, fear or any kind of emotions, the obese go back to eating.

On this aspect, a study⁽²⁹⁾ with obese people pointed out that, in an attempt to ease suffering and avoid frustration, food would be sought as a tranquilizer, a lost childlike pleasure (represented by weaning), which may serve as protection against fears and insecurities.

The words of the participants of the research express that they do not feel attractive, and because of this emotional suffering they avoid dealing with affective relations. With regard to sexuality and pleasure as indicative of obesity, food is in itself a pleasure. However, it can be transformed into a substitution for sexual pleasure. Excessive food intake is related to sexual pleasure in several ways: it may be related to a response to sexual dissatisfaction; can be a way of hiding sexual desires or is under the aegis of avoiding sex⁽¹⁷⁾.

Obesity is considered as an obstacle to sexuality, by means of the beauty standards present and demanded by society, therefore it ends up undermining the self-image of obese people, affecting, also, their sexuality and the quality of the relationships with themselves and with the other⁽²¹⁾.

Under this approach, a study was carried out⁽³⁰⁾ in which it was detected that the obese person who does not have his/her physical qualities reinforced throughout the life begins to feel inferior before the other, since each person has a psychological structure, influenced by the contact with the social environment. The obese person is discriminated from childhood, because he is seen differently by the other, and especially because he allows this difference to put him on the margins of society.

FINAL CONSIDERATIONS

In Western culture, feminine beauty is highly worshiped, and the media set standards, and those who do not adhere are marginal to the social sphere. This stigma is experienced by obese people who are considered unfit for certain work and/or social activities.

The difficulty of the obese person occurs in the compulsion for food, that is, the anxiety is hidden, showing that the problem goes beyond the physical dimension. The obese person incorporates prejudices in the most varied spaces of coexistence.

In this study, the results allowed to understand the perception of obese women in relation to their body and its influence in their life, emerging the following categories: "Distortion of the body image"; "Social discrimination and restriction"; "Limitations in work activities" and "Dissatisfaction in the affective life".

Regarding body image distortion, the women participating in the study expressed that they are dissatisfied with their obese bodies. Thus, it is emphasized that it is inseparable, the physical and the psychological, and that the two maintain dependence on each other, in concomitance, the preservation of the lean, lean and athletic body dictated by contemporary culture are relevant factors for body dissatisfaction of the women interviewed in the study.

With regard to discrimination and social restraint, the women participating in the survey revealed that they felt marginalized and that society had discriminatory attitudes towards their obese bodies and that discrimination was so intense that they became isolated and remain at home. The fear of being looked at differently and of being verbally assaulted is size, which research participants prefer not to be seen to avoid such aggressions. Thus, the feeling of shame expressed in the interviewees is very evident.

Concerning the restriction in the labor activities lived, the participants of the study refer limitations in the labor activities. The difficulties they faced arose because of their weight, in which there is a marked decrease in physical conditioning, making daily activities difficult, due to joint pain in the legs, feet, bones and the limitation of freedom of movement.

When dealing with affective life, they report dissatisfaction and express the difficulty of having affective relationships. In general, those who are above ideal weight have difficulties in relating sexually to another person.

After conducting this work, the researchers although they had difficulties in the search of literature on the subject, considered it relevant whose contribution to teaching and research is evident. This work provided a deeper look at obesity, at the same time, generated knowledge to elaborate other studies that could provide greater subsidies for understanding what it is to be obese and reflections to health professionals, so that they can promote mental health and better quality of life. people's lives.

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