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'Who am I now?' the lived experiences and identity construction of individuals following bariatric surgery

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ABSTRACT

Mediatized standards of beauty in contemporary western societies contribute to stigma and discrimination of individuals labelled 'obese' by medical professionals. Most people who undergo weight-reduction treatments, including bariatric surgery, choose it due to serious health conditions, often unable to lose weight in any other way. However, they are commonly constructed as 'cheaters' and blamed for lacking will and self-control. Cultural beliefs demonising fat and fat people produce the perceptions of an inferior identity, often leading to internalised fatphobia among such individuals. This study investigates the lived experiences of 11 individuals after bariatric surgery using semi-structured interviews analysed via narrative framework. The findings demonstrate paradoxical effects bariatric surgery can have on identity, through a persistent 'obese' view of self and body perception challenges, indicating long-lasting harmful effects of symbolic violence these individuals experience due to stigmatisation and medicalisation of fat and highlighting hegemonic discourses inscribing normative views on human bodies.

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Introduction

Since the promotion of thinness by high fashion models in the 1990s, further enhanced by the manipulation of photos and airbrushing, western societies have been obsessed with the image of a thin and slender body, despite medical evidence pointing to extreme thinness being unhealthy and often impossible to achieve. While encouraging healthy lifestyle and eating habits, the World Health Organisation (WHO) (2018) developed specific indicators of what a 'healthy weight' and, consequently, the body size, are meant to be. This, in turn, has catapulted the narrative of an 'obesity epidemic' in most OECD countries (Gailey, 2022; Monaghan, Rich, & Bombak, 2022). WHO (2018) described obesity as one of the leading causes of preventable death throughout the western world, which goes beyond the notion of a body size and enters the realm of a disease, further dramatised during the COVID-19 pandemic (Gailey, 2022; Pausé, Parker, & Gray, 2021). While it is argued by some

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medical professionals that excess weight can lead to grave health consequences and comorbid health issues such as diabetes, heart conditions, hypertension, fertility issues, and some cancers (Groven, Råheim, Braithwaite, & Engelsrud, 2013), during the COVID-19 pandemic, it was the diagnosis of obesity, and not of any comorbid conditions, that was blamed for worse health outcomes, 'within an overall temporal shift in classification of obesity: from that of a risk factor for eventual death to that of an emergent threat' (McPhail, 2024, p. 20).

With the focus of medical practitioners on helping people reduce their weight and increase health benefits, one initiative, proposed as the 'gold standard', is a bariatric surgical intervention, also known as weight-reduction surgery (Buchwald et al., 2004). Rapid weight loss as a result of bariatric surgery has been implicated in many beneficial outcomes, both physical and psychological, especially for those people who are unable to lose weight in any other way (Buchwald et al., 2004; Chang et al., 2014). However, past research indicates that many of those who undergo bariatric surgery face challenges adapting to their new weight and body size, potentially due to 'a body-image distortion' (Alegría & Larsen, 2015), or a 'mind-body lag' (Perdue, Schreier, Swanson, Neil, & Carels, 2018) – a disconnection between mind and body. Perdue et al. (2018) suggest that a mind-body lag occurs when an individual still views themselves as they previously were, as an 'obese' person, unable to perceive their image as a 'smaller' person, despite weight loss. However, no clear explanations are offered for such perceptions, with some medical researchers arguing for more nuanced psychological treatments aimed at addressing such 'cognitive distortions'. It is important, therefore, to explore why these people have difficulties shifting from their past self-perceptions of being obese towards self-evaluations of having an average or 'normal' weight. Thus, the purpose of this study is to investigate the perceptions of individuals who have undergone bariatric surgery and experienced a significant weight loss and to explore their understanding of changes to their identity as a result of that.

Fatphobia and the obesity epidemic discourse

In the wake of the COVID-19 pandemic, WHO (2020) added 'severe obesity' to the risk factors for developing serious health issues and side effects of contracting Covid-19, contributing to even stronger stigma and discrimination of people labelled over-weight or obese (Monaghan, 2021) and hyping up fatphobia (Pausé et al., 2021). Gailey (2022) argued that the 'obesity epidemic' declared by WHO has strengthened the discourses of demonisation of fat and fat¹ people, who are blamed not only for their own health problems but also for burdening public healthcare systems, as well as for many other ills of contemporary societies. Monaghan (2021) suggests that public health messages about linking obesity to COVID-19 health risks have provided mass media with discursive resources to fuel health fears, consequently aimed 'to degrade bodies labelled over-weight or obese, positioning them as deficient and requiring correction' (p. 2). Excess weight is constructed as a dual health threat – as a threat to an individual's health, as well as a threat to population well-being (Oswald, 2024), through implied burdens on medical systems (Mayes, 2016). The latter contributes to cultural discourses of ethical or moral condemnation of fat people, creating 'a saliently moralized stigma' (Oswald, 2024, p. 132).

Commonly represented in the media as ‘figures of fun or failure’, fat people are perceived as morally dubious, lazy, and lacking self-respect; where ‘the obese body represents the failure of will in a culture in which self-direction and choice are paramount, and a failure of self-esteem where confidence is fundamental to that self-direction and choice’ (Sender & Sullivan, 2008, p. 582). With such shows as *The Biggest Loser* portraying how contestants compete to lose most weight via extreme workouts and low-calorie diets, media construct a parallel between willpower and self-control, and the desired image of a body shape and size that is presented as a norm. Consequently, those who are deemed unable to lose enough weight to fit in with the prescribed ideal are seen as lacking self-control, and therefore as ‘failures’ (Sender & Sullivan, 2008) – an undesirable, unattractive, and feared identity label in contemporary western societies.

Fatphobia that represents fat-hatred (of others), as well as ‘fat panic’ (as the fear of getting fat oneself), leads to stigmatisation of fat people, which entails a form of symbolic violence (Gailey, 2022). Based on Bourdieu’s (2000) conceptualisation of symbolic violence, individuals’ perceptions of their own inability to fit in with an ideal body image prescribed by societal assumptions cause them to internalise the stigma and experience self-hatred as internalised fatphobia. Anti-fat rhetoric existing across multiple layers of society, including healthcare, often leads fat people to embrace the responsibility for their own oppression (Gailey, 2022). As ‘obesity’ is constructed by society as not only a physical but also a psychological problem, in the form of specific undesirable personality traits assigned to such individuals, it is clear how the terms ‘obese’, ‘over-weight’, and ‘fat’ may become entrenched and intertwined within individuals’ identity (Alegría & Larsen, 2015; Faccio, Nardin, & Cipolletta, 2016; Hunger, Major, Blodorn, & Miller, 2015). Burr (2015) states that a person’s identity is constructed through shared discourses within a society, rendering identity as ever evolving and dependent on discursive resources, existing within the specific time and context. Hunger et al. (2015) indicate that when an ‘obese’ or ‘fat’ identity is adopted, individuals often experience, anticipate, and suspect weight-related stigmatisation from various layers of society. Such experiences of stigmatisation and marginalisation further strengthen the perceptions of an inadequate and ‘spoiled’ identity (Goffman, 1969), subconsciously accepted as what they deserve and should expect in the first place.

Bariatric surgery as the ‘gold standard’ in healthcare

While many methods of weight-loss intervention exist, bariatric surgery has been the most used strategy in weight-loss treatment (Berg, 2020; Cummings, Overduin, & Foster-Schubert, 2004), often described as the ‘gold standard’ of weight-reduction intervention (Buchwald et al., 2004; Faccio et al., 2016). Currently, this medical treatment appears to be overtaken in popularity by weight-loss prescription drugs, such as Ozempic, but there is still not enough research about how cultural attention to these drugs affect self-perceptions of those who are prescribed them for medical reasons (Oswald, 2024). Bariatric surgery is performed on the stomach and/or the intestinal areas within the body. The aim of the surgery is to rapidly reduce weight and health risks associated with it through restricting the capacity of the stomach and/or malabsorption changes (Buchwald et al., 2004; Chang et al., 2014). While bariatric surgery can cause some serious side-effects and medical problems (Berg, 2020), it is considered a very effective

form of treatment that leads to long-term weight-loss results (Buchwald et al., 2004; Willmer & Salzman-Erikson, 2018), including 50–80% reduction in weight, enhanced health and wellness outcomes, and a reduced rate of mortality (Sjöström, 2008). In Aotearoa/New Zealand, individuals who seek bariatric surgery as a weight-reduction intervention must meet specific criteria before they are considered for surgery, and they also must prove that they have previously tried but failed non-surgical weight-loss methods for at least two years prior (The New Zealand Ministry of Health, 2017).

Whilst bariatric surgery is reported as a ‘life changing’ opportunity for people with extra weight (Willmer & Salzman-Erikson, 2018), not all perspectives on bariatric surgery are positive. Obesity is constructed as a ‘self-inflicted’ condition, that is not ‘normal’ (Hansen & Dye, 2018), and is also perceived as a problem that is up to an individual to find a solution for (Rahiri, Tuhoe, MacCormick, Hill, & Harwood, 2019). Consequently, bariatric surgery has been described as ‘cheating’, with those individuals undergoing it seen as ‘taking the easy way out’ (Groven et al. 2013; Vartanian & Fardouly, 2014). The current societal preoccupation with ‘working hard’ for an idealised (slim) body through extreme diet and exercise appears to play a part in the formation of stigma associated with bariatric surgery (Trainer, Brewis & Wutich, 2017), which is widely believed to remove the need for an individual to actively participate in diet and exercise. It is considered an ‘effortless’ approach to taking control of one’s weight, disregarding specific lifestyle changes individuals must adhere to after bariatric surgery. Consequently, the stigma exists that those individuals who undergo bariatric surgery will not maintain a sense of responsibility or ownership of their weight loss, due to the preconceived idea that it is only the surgical procedure that enables the weight loss to occur, with minimal efforts from the individual (Rahiri et al., 2019; Trainer et al., 2017). The recipients of bariatric surgery are perceived as being lazier, sloppier, and less competent than those who lose weight via diet and exercise (Vartanian & Fardouly, 2014); and they are often labelled as ‘cheats’ and perceived lacking willpower to engage in dieting and vigorous exercise regime (Hansen & Huey Dye, 2016).

Identity challenges following bariatric surgery

The effects on identity changes have been only briefly touched upon in the literature on bariatric surgery (Chan et al., 2020; Faccio et al., 2016; Griauzde et al., 2018; Magdaleno, Chaim, & Turato, 2010), but even those few studies exploring identity from an individual’s perspective followed the essentialist approach to identity (Alegria & Larsen, 2015; Faccio et al., 2016; Perdue et al., 2018). Within the social constructionist paradigm, identity is socially situated and is constructed through discourses dependent on the historical time, space, and context (Burr, 2015). While it is impossible to avoid interactions with others, it may be possible to conceal some minority identity markers that are not clearly visible or detectable straight away. Goffman (1969) suggested that individuals may attempt to hide their stigmatised identity from the outside world; however, for a person labelled as obese, body size is difficult to conceal, therefore hiding this identity could be challenging, if not impossible (Giardino, Keitel, Patelis, & Takooshian, 2019). For some recipients of bariatric surgery, a large portion of their lives is located within the ‘obesity epidemic’ discourses. Such discourses can become deeply entrenched within an individual,

leading to the development of a 'fat' identity (Alegría & Larsen, 2015; Faccio et al., 2016; Perdue et al., 2018). Bariatric surgery appears to offer a chance to escape stigma and gain a sense of idealised 'normality' (Trainer et al., 2017).

Undergoing bariatric surgery and therefore losing weight would assume that an individual would no longer be identified or identify themselves as fitting within the 'obese identity', as their physical appearance would no longer match the characteristics produced by obesity discourse (Alegría & Larsen, 2015). However, research suggests that many individuals who undergo bariatric surgery have difficulties in reconstructing their identity based on their new physical appearance (Griauzde et al., 2018). They often struggle to view themselves smaller and slimmer and instead retain their self-perception of being 'obese' despite having lost weight (Alegría & Larsen, 2015; Faccio et al., 2016). Some of them describe their experiences as 'being lost within the world', and as their identity shift from the societal perspective of 'obese' to 'normal', they struggle to establish their 'place' within society, also reflecting on leading 'dual lives' (Chan, King, & Vartanian, 2020).

Perdue et al. (2018) argue that retaining an 'obese' identity after bariatric surgery is associated with a diminished quality of life in relation to overall health and wellbeing. It is also suggested that the reconstruction of identity after surgery is central in gaining higher self-esteem, which should lead to motivation towards continuing on a journey of maintaining a healthy weight (Magdaleno et al., 2010). Therefore, it is necessary to investigate the reasons behind the difficulties of embracing a positive self-image after bariatric surgery. Consequently, this study aims at answering the following research questions: 1) What are the participants' reasons and motivations for undergoing bariatric surgery? 2) What changes and/or challenges the participants experience as a result of bariatric surgery? 3) How do the participants construct their identity following bariatric surgery?

Method

This research follows the main principles of narrative inquiry (De Fina, 2015) within the social constructionist framework (Burr, 2015). Narrative inquiry focuses on individuals' lived experiences, as told through their narratives, exploring the social, cultural, and institutional influences behind the stories that affect identity. The social constructionist approach entails that identities are fluid, changeable, and constantly being constructed and reconstructed depending on the time and space (Bamberg, 2012).

Eleven participants in this study were recruited via a poster displayed on Facebook pages of a Aotearoa New Zealand based weight-loss surgery clinic and a private weight-loss surgery support group, as well as through snowballing. Following the full ethics application approval, we aimed at conducting audio-recorded semi-structured interviews with up to 20 participants. However, some participants withdrew before being interviewed, and overall, it was difficult to get participants, potentially due to COVID-19 restrictions, with most interviews held online and only three of them face-to-face.

The data were analysed following Thematic Analysis (Braun & Clarke, 2006) within the wider narrative framework (De Fina, 2015). First, we identified most common themes and sub-themes across the dataset, and then, used narrative inquiry principles to analyse the meanings constructed by the participants under these themes, focusing on their lived experiences related to identity constructions.

Guided by the research questions, we identified three main themes: 1) *Last resort*; 2) *Positive changes to wellbeing and self-image*; 3) *Stigma and challenges to a new Self*. In the following discussion, direct quotes from the participants are assigned pseudonyms.

Findings and discussion

Last resort

Bariatric surgery is considered a major procedure, often causing medical complications and requiring a strict recovery regime (Berg, 2020). Apart from requirements of meeting the eligibility criteria, potential candidates are provided with explanations of possible risks associated with surgery (The New Zealand Ministry of Health, 2017), so the motivation to undergo it is a very serious decision. The participants in this study explain the reasons behind their decision, pointing to serious medical conditions, as well as inability to lose weight in any other way. For many of them, the bariatric surgery has been the 'last resort' and often recommended by their doctors after many years of the diminished quality of life and medical problems:

I tried every diet under the sun ... I've spent thousands and thousands on other options ... My doctor said to me ... I'm not going to find it easy to actually be able to lose weight by myself and just asked if I'd thought about weight-loss surgery. (Jane)

At that stage I was 129 kilos and ... it was just an impossibility. ... I had been struggling with my weight since I was 11 years old and I'd done all the diets, I'd lost weight and regained weight ... (Anne)

I suffered from polycystic ovaries and endometriosis really bad, and from the age of 16, I was averaging having a surgery every year ... my weight just fluctuated so bad, that my gynaecologist was just begging me to have the surgery ... I desperately wanted children, so that was a big factor. (Claire)

For me it was all for the health reasons. I had type 2 diabetes, high blood pressure, sleep apnoea ... I've got four kids and I wanted to be ... around longer. (Daniel)

The participants clearly indicate that before deciding on bariatric surgery, they had multiple unsuccessful attempts to control their weight differently, often due to medical conditions preventing weight loss. For example, such comorbid conditions as polycystic ovary syndrome and type 2 diabetes form a vicious circle causing further weight gain, which is very hard to address without weight-reduction medical interventions (Cummings et al., 2004). However, the stigma attached to people considered fat or obese contributes to the belief that 'an obese body is evidence of an inner malaise' (Sender & Sullivan, 2008, p. 573). Mediatized representations of fat and fat people add to the overall lack of knowledge in general population about the eligibility criteria for bariatric surgery and other significant indications from medical science. Fat people are continuously represented in media as having no self-control or desire to look after their health and appearance. Such shows as *The Biggest Loser* cement the idea that everyone can achieve a beautiful (and slim) body if they apply themselves to proper exercise and diet (Sender & Sullivan, 2008). Consequently, those who cannot lose weight through diet or exercise are considered lazy, unintelligent, lacking discipline and self-control, regardless of any previous attempts or restrictive health conditions, while many health

professionals see bariatric surgery for some individuals as ‘the last resort’ (Berg, 2020). Starkly, for some participants in this study, the choice of whether to undergo bariatric surgery or not was the question of life or death:

I had gotten to a point where I couldn’t continue the way I was going, my health was suffering and my husband said if I didn’t go for and have the surgery, I’d be dead. (Kylie)

And I think it was what my doctor said to me, you know you won’t make it to 50 and that was the actual cruncher . . . (Louise)

While media and wider society consider recipients of bariatric surgery as ‘cheaters’ (Groven et al., 2013; Vartanian & Fardouly, 2014), it is clear that by undergoing surgery some of them manage to cheat only on one thing – they cheat on death, by lessening life-threatening medical conditions and consequently extending their life.

Positive changes to wellbeing and self-image

As bariatric surgery allows for a rapid weight loss, this straight away helps relieve existing health issues, improving individuals’ quality of life and wellbeing. Among positive changes following the surgery, the participants talk about their ability to lead a more active life, engage with friends and family members in various social activities, pointing to increased energy levels and an overall feeling of satisfaction with life. Positive identity constructions recounted by them include increased confidence and feeling better about their self-presentation. Kyle explains how weight loss has contributed to the change of his negative self-image:

I just didn’t feel attractive or why anyone would feel attracted to me, in that position, because I had such a negative self-image. I have a lot more confidence now, I do see myself as fit and strong . . . I probably see myself as more attractive and more like I am worthy of being loved by someone else.

The participants also state that they have started feeling ‘normal’ in those contexts where they had previously felt outside the ‘normality’ of people with common body sizes. Attaining a sense of ‘normality’ or being considered a ‘normal person’ in relation to weight and body size indicates that most participants felt a sense of being ‘not normal’ prior to surgery:

Being a normal person, not the odd one out, being able to go into normal dress shops and the ladies come up to you and say, do you need a hand, whereas when you’re bigger they just ignore you. (Louise)

. . . to just do anything I want with no barriers, either physically or mentally, to feel like you’re considered normal, and no one looks at you. When I got really fat, I wouldn’t leave the house because, again, I thought everyone would think I was that fat potato in the corner, whereas now I’m a lot more like, no one is looking at my weight, no one cares. If someone looked at me in the street a year ago, I’d be like, it’s because I’m fat, whereas now if they looked at me it would be like, oh yeah, I’m walking past them, you know, it’s an amazing feeling to just feel normal. (Emma)

The sense of ‘normality’ located in specific body images dictated by societal norms is internalised by those who are pushed outside of these norms and leads to their negative self-image and self-hatred. Gailey (2014) talks about the concept of hyper(in)visibility of

those considered fat or obese by the rest of society with more ‘acceptable’ body sizes. While being objects of ‘hypervisibility’ in society that demonises fat and fat people and clearly places them in the ‘abnormal’ category, such individuals also experience being ‘hyperinvisible’ in their attempts to get similar rights to others, for example, to be served in a clothes store or to get medical treatment. Losing weight and reaching a ‘normal’ body size and shape allows them to choose whether to become visible or invisible depending on contexts; a privilege of those with a default normalised identity – slim, white, middle-class, and cis-gender (Gailey, 2022).

Stigma and challenges to a new self

With multiple positive changes individuals experience after surgery, many of them talk about some challenges they face, including the difficulty to see themselves embodying somewhat different, that is slimmer, body size and shape. Past research attributed this difficulty to the mind-body disconnect or body-image distortion (Alegría & Larsen, 2015). This, however, places the responsibility for such ‘distortions’ on individuals themselves. Self-blame and responsibility for one’s own health are driven by the medicalisation discourse of body image and size that dominates health practitioners’ interactions with patients, as well as media representations and overall perceptions of general population (Gailey, 2022). It is then no wonder that those who face difficulties adapting to rapid weight loss after surgery consider themselves ‘messed up’ and in charge of their own identity (re)construction, which they arguably fail to achieve:

You know, I still think of myself as fat, even though I wear a size 14, which is kind of pretty average. I’m average, and it still freaks me out when people go, Oh, god, you look amazing, and I go m-m-m, no, I don’t, look at this, look at that, you know? I remember walking across the road one day and thinking to myself, gosh, I like that woman’s top, and then I realised it was me, but I didn’t recognise myself in the shop window, because it was a slim woman walking across the road, that part of it really messed with my head. (Renee)

It was a massive mind fuck, it is the biggest mind fuck ever, because you don’t recognise yourself, you don’t know who you are anymore, I suppose it’s like you have this massive identity crisis ... For me to have the physical transformation that I have had, and the reaction to my physical transformation, it’s been quite uncomfortable, it’s an uncomfortable place to be in, and it’s just you, you look at yourself in the mirror and you don’t realise, that that’s actually you ... my weight was actually a bit of a safety blanket for me as well, it was a bit of a protector, so you feel very vulnerable, you feel exposed and just you’re no longer that big bubbly girl, but who are you now? Where do you fit now? (Jane)

The identity crisis Jane refers to suggests that she feels responsible for the transformation her body has been going through, with all identity labels (‘that big bubbly girl’) assigned to her previously no longer valid or meaningful. Clearly, for her inner sense of self, she does not need to perform a ‘big bubbly girl’ identity, which has been enacted by her in the presence of others. She has constructed a lovable image out of a stigmatised ‘fat identity’ by performing a ‘bubbly’ personality as a kind and well-natured person, that served her as ‘a safety blanket’ and ‘protector’ against stigmatisation and humiliation, which now she feels she has no protection for. Marginalised groups have been found to resist oppression by reclaiming stigmatising labels and slurs, for example, ‘gay’ and ‘queer’ within LGBTQIA+ communities (Seidman, 1996).

However, the identity crisis Jane experiences is not only rooted in her inability to keep using the reclaimed marginalised identity of a big bubbly girl. It also potentially indicates the deeper processes of internalised fatphobia and trauma from past rejections as a member of a marginalised group. As stated by Gailey (2022), people constructed as ‘fat’, ‘obese’, or ‘over-weight’ often consider themselves responsible for their own marginalisation and stigmatisation, entailing symbolic violence. And if one subconsciously feels responsible for their own oppression, even when it visibly diminishes, they may still feel as if they deserve it. Therefore, the stigma of being ‘fat’ or ‘obese’ does not vanish instantly with weight loss or change to a smaller body size.

Additional to stigma of fat and fat people, stigma of bariatric surgery follows those who decide to undergo it. Several participants point out that experiencing a rapid weight loss after bariatric surgery is not ‘an easy way out’ or ‘a quick fix’ as it is often portrayed in media that hail losing weight by extreme exercise regimes and restricted diets as the only honourable method (Sender & Sullivan, 2008). As candidates for bariatric surgery get instructed, they must engage in active lifestyle and exercise, as well as make critical changes to their food regimes and nutrition. Daniel notes that, ‘This is not like a quick fix, it’s a tool to help you, to help you get going and you cannot rely on the surgery only, you do have to be active’. It is also common to experience other health issues that did not exist prior to surgery, such as those caused by excess skin or dumping syndrome, which leads to uncontrollable vomiting or diarrhoea (Berg, 2020). General perceptions of bariatric surgery providing a lazy and quick ‘fix’ have been disputed by many participants, for example, Louise admits: ‘It’s not an easy fix . . . don’t think you’re going to have the operation and all of your problems will be solved . . . you’ve still got to work at it’. The humiliating and unjustified perceptions of bariatric surgery as a ‘quick fix’ have been attributed by several participants to stigma that is prevalent in western societies – stigma attached not only to fat and fat people but also to those who are blamed for a ‘quick fix’ of removing fat from their body – stigma of losing weight by surgery:

There is still such a stigma about weight-loss surgery, but what people need to understand, for people who have surgery, it’s not the easy way out, we completely reroute our intestines, we have to learn how to eat again, we have to completely rediscover our identities and we can put all the weight back on if we’re not careful. (Jane)

There is such a stigma in society that weight-loss surgery is the easy way out, is an easy option, and I just think those people are really naïve, because they obviously have no knowledge about the surgery . . . people out there who have classed us as cheats, not doing it the natural way, and the easy way out, they just need to be educated on it that it is really hard, it’s not easy, it’s really-really hard, that’s a massive thing. It’s not a quick fix, and for people who say it’s an easy way out, I would say it’s the hardest way to lose weight, because there’s a lot of mental stuff that comes with it . . . I do get pissed off when people say, oh, you’ve had the easy way out, and I wish I could have lost weight naturally, but I couldn’t. (Claire)

The stigma attached to bariatric surgery is so damaging to the sense of self that some individuals do not reveal this aspect about themselves when they interact with new people, sometimes even changing their jobs to be able to reconstruct their identity in a new environment where their colleagues would only know them

the way they look now, after having lost weight. Goffman (1969) suggests that stigmatisation has been something individuals will try to conceal as a means to escape or 'exit' from. This often serves as a protection mechanism, as explained by Kyle: 'I ended up telling more people than I anticipated at the start, because I sort of had to give people a reason [for weight loss], because people are sticky beaks'. Thus, the recipients of bariatric surgery are caught in a double stigma – the stigma of previously deemed as 'obese' and embodying a 'failed' identity, as well as the stigma of bariatric surgery that labels them as 'cheaters', lazy, and getting 'an easy way out'. This demonstrates that the symbolic violence of fatphobia enacted on them persists even after weight loss, preventing the reconstruction of identity as a functional, valid, and worthy of love and respect.

However, to decide to undergo such a drastic surgery despite all stigmatisation requires a lot of courage and perseverance. As the participants illustrate in their narratives, fighting fat stigma builds resilience and, in the end, allows for constructing a strong and confident sense of self:

I'm still trying to tap myself on the shoulder . . . that that's really me . . . and you know, maybe I should have looked like this in my 20s and I never did. So, I think that that's been a big, huge obstacle because I still see the old me. But then . . . I still see a youthful me now (Hannah)

I think it just makes me feel less judged . . . by everyone I walk past, but for me it is still an adjustment. I am only a year and one month out, and I am still adjusting, and I am actually still fighting, because I am really struggling with some of the guidance things, and to be considered normal . . . I still look in the mirror and see the fat girl and . . . it's hard to see this person you're looking at . . . that *everybody* else sees . . . (Paige)

It is clear that the construction of a new, 'normal', identity requires a lot of effort and a lot of time, as the participants need to fight not only their own perceptions but also the societal prejudice towards fat people, and it may take a while until they manage to resist the symbolic violence and free themselves from internalised fatphobia and self-loathing. The participants point to the need in educating general population on the social and cultural effects of negative stereotyping and stigmatisation of fat people, in order to construct a valuable and valid identity. As the participants' main motivation to have the bariatric surgery has been to improve their health, their new identity is first and foremost a healthy one, as indicated by Emma:

I personally think it's something that should be talked about a bit more, and not have this taboo around it . . . but then if you get negative comments, don't give a fuck about what anyone else thinks because, you're the one who's going to be healthy at the end of the day . . . (Emma)

Conclusion

In summary, all participants indicate that the decision to undergo bariatric surgery was the right choice, resulting in many physical and psychological benefits, including diminishing medical problems and risk of mortality, as well as improving quality of life, increasing confidence and social opportunities. To make such a life-changing decision as undergoing critical surgery for rapid weight loss is not an easy choice and demands a serious commitment to engage in strict diet and exercise regimes post-

surgery, as well as embrace any potential side effects and changes. Unfortunately, as the participants note, the perception of bariatric surgery as ‘cheating’ and ‘the easy way out’ contributes to further stigmatisation of its recipients who often struggle to see themselves differently from the way media and society construct their identity – as cheats, lazy, lacking willpower and self-control. The participants point to challenges in reconstructing their identity as individuals of ‘normal’ weight and body size, having to fight persistent perceptions of a negative self-image as an ‘obese’ person, which appears to be a very difficult and long journey, requiring a lot of effort and determination.

In conclusion, those who are labelled ‘fat’, ‘obese’, or over-weight’ are stigmatised and marginalised not only by mediatised normative prescriptions on body shapes and sizes but also by medical professionals, who, through the ‘obesity epidemic’ discourse, inadvertently contribute to proliferation of erroneous beliefs that assign blame and responsibility for being fat to fat people themselves (Gailey, 2022). At the same time, when such individuals are pushed by doctors or decide themselves to undergo bariatric surgery, they do not escape the demonisation of fat or obesity stigma, as they end up in a no-win situation, reflected by Hansen & Dye (2018) as the ‘Damned if you do, damned if you don’t’. The participants suggest that general population, as well as media sources, need to be educated on the nature of bariatric surgery and all related to its aspects and conditions, which would provide new resources for them to resist the symbolic violence and internalised fatphobia and allow to reconstruct a valid and valuable identity worthy of love and respect. Future research may consider expanding on those aspects, as well as investigating the current popularity of Ozempic and other weight-reduction drugs that appear to emphasise the anti-fatness narratives and ‘reification of neoliberal norms of thinness’ (Oswald, 2024, p. 129). At the same time, Oswald (2024) points to potential cultural and socio-economic contexts that privilege Western, white and affluent individuals in their access to medical treatments. In this regard, our research is limited to capturing the lived experiences of eleven recipients of bariatric surgery in one region of Aotearoa New Zealand, who were able to get it. And while it indicates the impact of symbolic violence of fatphobia that continues stigmatising bariatric surgery recipients, the strength of our project is in the rich personal experiences shared by the participants for the purpose of further education of society on the value of human diversity in any shape or size.

Note

1. The word ‘fat’ is used not in a pejorative meaning but in the way it is conceptualised as human diversity in Fat Studies/Critical Weight Studies (Pausé, 2014).

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