Research

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THERAPEUTIC ITINERARY OF PEOPLE WITH GRADE III OBESITY: A SOCIAL PHENOMENOLOGICAL STUDY

ITINERÁRIO TERAPÊUTICO DE PESSOAS COM OBESIDADE GRAU III: ESTUDO FENOMENOLÓGICO SOCIAL

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Abstract: The objective of this study was to understand the therapeutic itinerary of people with obesity grade III in a secondary care service in a city of Minas Gerais. Qualitative research, anchored in Social Phenomenology, carried out with 17 people in a situation of obesity grade III. Data collection took place from November 2021 to February 2022, through interviews, being analyzed in the light of Alfred Schutz and thematic literature. The participants' therapeutic itinerary involved their search for weight loss in and out of health services, their experiences with various professionals and also with discontinued practices for changes in life habits. They brought as expectations to lose weight to recover health, to rescue self-esteem and to resume social interaction. It is inferred that there is a gap in the health care networks regarding the

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care of the person with obesity, evidenced by the understanding of the therapeutic itinerary traveled by the participants.

Keywords: Obesity; Comprehensive Health Care; Health services; Sociology, Medical.

Resumo: Objetivou-se compreender o itinerário terapêutico de pessoas em situação de obesidade grau III em um serviço de atenção secundária de um município de Minas Gerais. Pesquisa qualitativa, ancorada na Fenomenologia Social, realizada com 17 pessoas em situação de obesidade grau III. A coleta de dados ocorreu de novembro de 2021 a fevereiro de 2022, por meio de entrevista, sendo analisados à luz de Alfred Schutz e da literatura temática. O itinerário terapêutico dos participantes envolveu suas buscas para emagrecimento dentro e fora dos serviços de saúde, suas experiências com diversos profissionais e, ainda, com práticas descontinuadas para mudanças de hábitos de vida. Trouxeram como expectativas perder peso para recuperar a saúde, para resgatar a autoestima e para retomar o convívio social. Infere-se que há uma lacuna nas redes de atenção à saúde no que tange ao cuidado à pessoa com obesidade, evidenciada pela compreensão do itinerário terapêutico percorrido pelos participantes.

Palavras-chave: Obesidade; Assistência Integral à Saúde; Serviços de Saúde; Sociologia da Saúde.

1 Introduction

Obesity is a global public health problem, being pointed out as an issue whose genesis has social character, since the disease involves social, environmental, behavioral and emotional factors that interact in a complex relationship (Brazil, 2021; World Health Organization, 2024).

The increase in the consumption of ultra-processed foods, the reduction in the consumption of basic foods, together with the stressful routine, induces the population to opt for ready-made food that is not always the best option to maintain health. This has been manifested in important nutritional deficiencies, followed by a significant increase in obesity and other comorbidities (Jesus *et al*. 2022).

Globally, overweight affects more than 2.5 billion adults (18 years or older), and 890 million live with obesity. This represents approximately 16% of the global adult population, which highlights the magnitude of this problem. It is worth mentioning that the prevalence has almost tripled in the last 40 years (World Health Organization, 2024).

In Brazil, the situation is equally critical. Data from the latest study of the Surveillance of Risk and Protective Factors for Chronic Diseases by Telephone Survey (Vigitel) report an increase of 67.8% in the index of obese adults between the years 2006 and 2018 (Brazil, 2020).

In this context, attention should be drawn to the therapeutic itinerary (TI) of people with obesity. By TI, the paths taken by the patient to solve health problems are understood, following as a complex network of choices, according to the context in which

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the person is inserted and with the possibilities of access to care (Gerhardt *et al*. 2016; Brazil, 2024).

The TI of people with obesity can be extensive, exhaustive and complex, considering that it involves multiple steps, from the recognition of the problem to the treatment and maintenance of health. Globally, this IT is influenced by socioeconomic and cultural factors and the availability of health services (Younes; Rizzotto; Araújo, 2017; Roomy *et al*. 2024).

Regarding obesity, the search for help may be delayed due to stigma associated with weight and lack of awareness about the risks of obesity. Access to the health system varies widely. In high-income countries, there are more treatment options such as specialist consultations and bariatric surgery, while in low-income countries, the infrastructure often does not support the specialized treatments needed (Ameye; Swinnen, 2019; Templin *et al*. 2019; World Health Organization, 2024).

In addition, ongoing follow-up and social support are essential for long-term success in the treatment of obesity. Socioeconomic disparities may limit access to effective treatments, while cultural barriers can influence disease perception and adherence to treatments (Templin *et al*. 2019; World Health Organization, 2024).

TI has been used in Public Health for about two decades as a theoretical and methodological construction for the investigation of diseases, sufferings and disorders of people in these situations (Gerhardt, 2006). The TI of the patient in a situation of obesity is highly influenced by this etiological complexity and its social determinants and should be looked at with caution, since it characterizes the most varied forms of treatment experienced by patients (Younes; Rizzotto; Araújo, 2017).

Through this itinerary, it is possible to understand the experiences of people and families in their various ways of meaning, of producing care and of observing how health services provide attention and welcome their demands, In addition to investigating how professional practices affect the person who goes through a certain experience (Gerhardt, 2006).

It is important to interpret the socio-cultural reality in which each person is inserted, as he sees himself before his own condition, the concepts of health, disease and culture that carries with him to identify their demands. It is believed that these concepts and the problems faced by people with obesity, as well as how they relate to all these factors can influence the choice of a treatment route (Ameye; Swinnen, 2019; Templin *et al.* 2019). Understanding the therapeutic path of a person with obesity is a complex

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process that encompasses all the specificity of the disease itself, the social determinants involved and, of course, the intrinsic subjectivities (Younes; Rizzotto; Araújo, 2017).

In this context, attention is turned to people with obesity grade III, called severe obesity, whose Body Mass Index (BMI) is equal or greater than 40 kg/m. This group has already gone through overweight, obesity grade I, for obesity grade II and reached a level where surgical treatments are indicated for the control of the disease (Brazilian Association for the Study of Obesity and Metabolic Syndrome, 2016).

Identifying the path of these people helps to understand the processes at an individual or collective level, which lead them to choose and adhere to a specific form of treatment. Knowing the TI of the person in a situation of obesity allows the health team to understand the sociocultural context in which the patient is inserted, as well as identify the best approach among different lines of care (LC) to be adopted for effective assistance (Younes; Rizzotto; Araújo, 2017).

It is assumed that people with obesity degree III traveled several paths during the progression of the disease, in search of therapies that allow the control of the disease. Given the above, the following questions guided the present research: what TI was used by people with obesity degree III for the treatment of this health problem? How did these people access the services and/or professionals in this TI? What are your expectations regarding the TI traveled?

Thus, the present research aims to understand the TI of people in a situation of obesity grade III in a secondary care service of a Municipality of Minas Gerais.

2 Method

This is qualitative research, based on Alfred Schutz's social phenomenology, which is based on the understanding of human beings who live and act in the social world. The study followed the criteria of the Consolidated Criteria for Reporting Qualitative Research (COREQ), which guides qualitative research (Souza *et al*. 2021).

According to Schutz (2008), social action is considered the core of social life, since it is through it that the person, endowed with a purpose, is motivated to act for the transformation of himself and his social reality. This motivation is represented by "reasons why" and "reasons for".

The "reasons why" refer to the collection of experiences lived in the past and present, being an objective category. The "reasons for" translate the purpose that the

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action must promote, involving projections related to social reality, which configures a subjective category. For the interpretation of patients' TI, assumptions from Alfred Schtuz's social phenomenology were used, such as life world, intersubjectivity, biographical situation, knowledge collection, theory of motivation and social action (Schutz, 2008, 2018).

The study was conducted in a State Center for Specialized Assistance (SCSA). The site offers specialized care for patients with hypertension and diabetes in a health micro-region composed of nine municipalities. It has a team of doctors, psychologists, nurses, nutritionists and physiotherapists.

The SCSA does not yet have obesity as a criterion for referral to service. The professionals of the institution made a survey in 2017 of people assisted who have obesity as a criterion for bariatric surgery (grade II with comorbidities and grade III), totaling 344 people with BMI > 35.0 Kg/m^2. Of these, 188 people were from the city-headquarters of the microregion - which houses the service - and 156, residents of other cities that make up the microregion.

To attract participants, the service provided a list of eligible users, who were contacted by telephone call from the research team. At the time, the team presented briefly the investigation to potential participants and invited them to participate.

Participants were 17 people with obesity grade III (BMI > 40 kg/m^2) attending the SCSA, living in the city-headquarters of the institution. Individuals with hearing or speech difficulties that compromised the ability to answer the questionnaire were excluded.

Data were collected between November 2021 and February 2022, on dates and times defined according to the availability of participants. The interviews took place in a reserved space, in order to ensure the privacy necessary for participants to share their experiences in a quiet and confidential way.

The interviews were guided by a script with open questions, which addressed the TI run by people with obesity degree III, including how they accessed services and/or professionals in this course and their expectations regarding treatment. Before the interviews, participants were characterized with data collection such as sex, marital status, BMI and period of living with obesity.

The interviews were conducted by one of the research team members, with a second member present for support. Both have training in the health area, with knowledge of qualitative research and specifically trained by the principal researcher, in order to

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ensure an empathic driving and aligned to phenomenological principles. There was no prior relationship between the interviewers and participants who were informed about the purpose of the study and invited to share their experiences without interference, in order to maintain the authentic character of the discourse.

The interviews were recorded in audio and transcribed in full by the researchers. Participants were not asked to review the transcripts for confirmation of their answers, as it was considered that naive speech is an essential raw material in the phenomenological approach used.

Data collection was interrupted according to the theoretical saturation method, which assumes that at a certain time of the field work, the continuation of the collection does not bring further clarification on the object studied (Minayo, 2017).

After reading the entire testimony, we performed the transcription, the grouping of meanings and the identification of common sense matrices, thus originating the categories concerning the "reasons why" and the "reasons for" of the social action in question – TI traveled by people with obesity degree III. The set of categories was interpreted in the light of the social phenomenology of Alfred Schütz and thematic literature (Schutz, 2008, 2012, 2018).

To preserve anonymity and symbolize the search for something, the interviews were identified by names of birds from the world fauna. These birds, at certain times of the year, initiate migratory processes in search of the need to preserve the species, referring similarly to the processes experienced by people in their therapeutic itineraries. The study was conducted in accordance with ethical principles and received approval from the Ethics Committee for Research on Human Beings, under the opinion no 4.203.448 and CAAE n. 34029320.0.0000.5153.

3 Results

Six men and 11 women, aged between 48 and 80 years old, participated in the study, seven married, six single, three separated, and one widower. The BMI range was 40.16 kg/m^2 to 59.13 kg/m^2 and the time of living with obesity was 3-32 years.

The analysis of data culminated in the emergence of categories and subcategories of the study. The first category "Paths traveled by people in obesity III" (reasons why), was divided into subcategories: a) walking of the person with obesity in health services; b) experience of the person with obesity related to health professionals; c) the search for

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weight loss beyond health services; and d) the discontinued search for changes in life habits.

The "reasons for" were represented by the category "Slimming as a search for quality of life", culminating in the subcategories: a) losing weight to regain health; b) losing weight to rescue self-esteem, and c) lose weight to resume social living.

3.1 Paths taken by people with grade III obesity (reason why)

The participants' TI was expressed in their search for health services, in the experiences related to the professionals who treated them, in the care they performed in daily life and in the support network woven outside of health services.

3.1.1 The path of people with obesity in health services

The participants passed through several health services and professionals in search of weight reduction, being categorical in affirming the absence of assistance in Primary Health Care (PHC) regarding this problem:

"For the treatment of weight here at the post they do not do much[...] In hyperday, I consulted with the nutritionist, with the cardiologist" (Mosquito).

"Here [in the specialized service] I had more contact with nurses [...] here you go to the nutritionist and several doctors [...] There at the post, did not have this business no, they do not give much attention" (Blowtorch-turned).

3.1.2 The experience of people with obesity related to health professionals

Regarding the experiences of participants related to the guidance received from professionals in TI, was identified mainly the focus on food restriction and physical activities:

“At the health center, they explained what we could and couldn’t eat [...] they told us to do some exercise” (Grey Heron).

“The nutritionist gave me a little sheet with the food and I follow it” (Sand Tern).

Frustration, guilt, helplessness, and dissatisfaction accompanied the experiences of people with obesity in health services, as explained below.

“I blame myself because I think I was the one who was careless. If I had taken care of myself, I wouldn’t have gotten to this point” (Crested Cormorant).

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3.1.3 The quest for weight loss outside of health services

Participants expressed their quest for weight loss through recommendations from their friendship networks and through faith as support in their quest:

"Sometimes I drink a tea recommended by some friends [...] people say it is good for losing weight." (Mosquito)

"The tea has a lot of leaves, and I don't even know the name. I drink mint with basil from time to time; a friend from church recommended it to me" (Upturned Sandpiper).

"Every time I pray the rosary at New Song, I ask God for my health. Help me try to go for a walk, to lose weight" (Crested Cormorant).

3.1.4 The discontinued search for lifestyle changes

Participants point out reducing their diet and practicing physical activities as specific measures they take in their daily lives, but they have difficulty maintaining them for various reasons:

"I used to go for walks and that was what gave me the most results. I lost 22 kg in a period of about 60 days, then I started to relax, until I gave up [...]" (Flamingo).

"As for my diet, every morning I have to have whole-wheat bread, a slice of cheese and fruit, but you don't have the money to buy it every day" (Great Cormorant).

"I used to walk in the morning, in the afternoon and in the evening I went to the gym, but my mother-in-law got sick, I started taking care of her and I had to stop" (Snowy Owl).

3.2 Weight loss as a search for quality of life (reason for)

Participants' expectations for their itineraries include the transition from a fat to a thin body, with the aim of improving their health, restoring their self-esteem and resuming social interaction.

3.2.1 – Losing weight to regain health

In view of the problems they faced, participants stated that they wanted to lose weight as a way of improving their health, in order to control their blood pressure, diabetes, osteoarticular problems and fatigue:

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"I would like to lose weight. To improve my blood pressure and diabetes. Now my knee hurts, I had surgery on my knee too. I need to take care of my obesity, it's no joke" (Crane).

"I wanted to lose a little weight. It's not easy to have this body we have, climbing stairs, walking, you see that you can't handle it" (Gavo goose).

"If I go up a little hill, my mouth drops open from shortness of breath. I can't walk easily. This is all a consequence of weight, I really need to lose weight" (Hummingbird).

3.2.2 Losing weight to restore self-esteem

The participants in this study expect to restore their self-esteem, which has been severely damaged by the social prejudice they suffer in various everyday situations:

"I want to lose weight, wear clothes, look better in my body… I would feel better" (Spanish Sparrow).

"Sometimes you see a nice piece of clothing, but you don't buy it because you won't find it in the right size. These are things that cause embarrassment, sadness about being obese [...] so I wanted to lose weight" (Flamingo).

"I want to lose weight to improve my self-esteem, my life [...] When we are obese, our self-esteem is low. We keep thinking: so-and-so is looking at me, it must be because I'm fat, he's whispering" (Black Starling).

3.2.3 Losing weight to resume social interaction

The possibility of returning to the job market, participating in social events, going to public places, and passing through bus turnstiles without being discriminated against are expectations envisioned by the participants:

"Finding a job is hard, I can't work. No one wants to give a job to a fat person. I don't go out dancing anymore. Going to a wedding or a restaurant, I'm a little embarrassed [...] I need to lose weight" (Japanese Nightingale).

"I've been humiliated a lot because of my weight. Once I went to get on a bus and I couldn't turn the turnstile. It's humiliating, we're embarrassed to go out on the street. If I lose weight, it'll be good" (Black Starling).

"I want to live more, go out, I'm embarrassed to go out on the street, to baptisms, parties, birthdays, everything that others call me, I don't go to. That's why I want to lose weight" (Snowy Owl).

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4 Discussion

The present research shows that the TI of people with obesity degree III is composed by trajectories traveled both inside and outside health services, as well as personal efforts aimed at weight loss. These trajectories reveal not only the experiences lived in the care systems, but also the expectations and motivations of participants regarding weight loss, which emerges as a central social action in the context of their TI.

This finding is consistent with the understanding of TI in the literature, which points out that such trajectories do not refer only to individual choices of people before the treatment paths traveled based on their perceptions and interpretations of the world, but also reflect, in a significant way, the functioning of health services and the quality of care provided and received (Conz *et al*. 2020a, 2020b).

The route of the person in a situation of obesity, in relation to health services and professionals, is inserted in the social world, characterized by intersubjective relations with people of their daily life and with professionals involved in their trajectory of search for care. This "social world", also called by Schütz (2008) as "everyday world" or "common sense world", represents the cultural and intersubjective space in which human existence occurs in coexistence. The author describes this scenario as a coexistence that goes beyond mere physical presence and contact with objects; it involves beings endowed with an essentially similar consciousness, guided by shared meanings (Schütz, 2008, 2018).

In this context, the social world is permeated by intersubjectivity, established through diverse social relations, in which the sense of social action emerges from the mutual understanding of man in relation to the other (Schütz, 2018). The experiences of the person in a situation of obesity degree III in health services, the contact with professionals, support networks and self-care actions refer to both past experiences and present in the social world, which are conceptualized by social phenomenology as "reasons why" (Schütz, 2008). These motivations help to understand the participants' journey, shaped by the interpretations and meanings they attribute to their paths in the health system.

The present investigation showed that the participants were attended in several services and by different professionals. Most reported that their needs were not fully met in the context of PHC, and they were often referred to specialized care, where they could

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receive care from a multidisciplinary team, according to the criteria established by the service.

This finding reflects a dissonance between the prescribed public policies and the practical reality of the Unified Health System (SUS) regarding the care of people with obesity, which indicates a gap between the ideal of integral care in PHC and the experience lived by patients (Conz *et al*. 2020a; ALBERTO *et al*. 2022; Brazil, 2024). This discrepancy between guidelines and practice points to the need for reassessment of care strategies in PHC, especially with regard to the management of complex conditions such as grade III obesity.

In Brazil, the Care Line (CL) established by the Ministry of Health defines the referral and counter-referral flows for the care of overweight and obese users in the Health Care Network (HCN). CL seeks to break with the fragmentation of care, by promoting continuous and integrated care for people with the disease. According to this guideline, PHC is responsible for diagnosing overweight and obesity, as well as establishing appropriate therapy, based on individual health needs (Brazil, 2013, 2024).

However, the reports of the participants of this investigation indicate that obesity is still treated negligently in PHC, which, according to the CL, should organize the flow of referrals and counterreferrals, articulating with the other points of attention and assuming responsibility for the care of the population assigned to the teams of the Family Health Strategy (FHS). This finding reinforces the observation of Alberto *et al*. (2022) that, in practice, PHC has failed to play the role of care coordinator for people with obesity, which reflects a dissonance between what public policies and the reality of care recommend, in which referral to specialized care becomes a necessity due to the lack of adequate support in PHC (Conz *et al*., 2020a, 2020b).

In this perspective, it is important to strengthen PHC and qualify the assistance through the training of multidisciplinary teams and the application of effective protocols for the management of obesity (Brazil, 2024). This strengthening enables adequate and timely referrals to secondary and tertiary care services (Mendes, 2019).

However, it is emphasized that only protocols and techniques, by themselves, do not guarantee satisfactory results. Schütz (2018) argues that the interaction between professionals and patients should go beyond technical application and incorporate an intersubjective understanding of user needs. This understanding involves recognizing the patient as a being endowed with experiences and meanings, which allows more relational

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care and aligned to the expectations and experiences of patients, to promote better referrals in the health network.

In this context, the experience of the person with obesity with health professionals is also inserted, related to the "reasons why". These experiences configure direct social relations, of the face-to-face type, considered by Schütz (2018) as the most powerful, because they involve mutual consciousness and intentionality between the parties, directed at a specific context of time and space.

The action of caring, as reported in this study, occurred in a social context that revealed different conceptions and health needs perceived by users and professionals, which can generate dissonances in the care process and result in negative experiences (Jesus *et al*., 2013). The reports show that professional practices, when present, usually focus on prescribing healthy lifestyle habits with a focus on disease, rather than a person-centered approach that values the experiences and life context of the subjects, what meets the existing literature on the "neglect" of the person in a situation of obesity (Conz *et al*. 2020a; O'donoghue *et al*. 2021).

This fragmented and exclusively disease-oriented approach contrasts with the proposal of an intersubjective relationship in care, where understanding individual singularities and needs could promote a more humanized and meaningful care experience (Schütz, 2012, 2018).

It is assumed that vertical pedagogical models and prescriptive rules, based on the simple transmission of information and without continuous monitoring, are not effective in managing obesity. These models reinforce the need for a more integrated and humanized approach, such as behavioral nutrition, which proposes a change in the way of approaching and interacting with patients (Barbosa; Penaforte; Silva, 2020).

In this perspective, the professional uses techniques aimed at promoting real and sustainable changes in eating habits, to establish a responsible and inclusive communication that favors bonds, security and respect. Specific tools of this approach, such as "eating carefully" (mindful eating), are fundamental to motivate the patient and allow him to develop a more conscious and healthy relationship with food and feel protagonist in the process of transformation of his own eating behavior (Ayyildiz *et al*. 2023; Minari *et al*. 2024).

In social phenomenology, social action is understood as a conscious act, intentional and with purpose, capable of promoting transformations in the social structure. From this perspective, the change of habits among people in a situation of obesity must

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also be intentional, going beyond a merely reproduced and meaningless practice (Schütz, 2012; Schütz, 2018).

The value of social action lies in intersubjectivity, understood as a space for exchange where care for the person with obesity is based on an authentic and interpersonal encounter between the health professional and the patient. This authentic and (inter)personal encounter helps in the construction of a person-centered approach, which takes into account the singularities of the user and promotes significant changes (Schütz, 2008; Jesus *et al*. 2013).

Characterized by mutual stripping and willingness to understand, this type of interaction strengthens the bond between professional and patient, favoring the effectiveness of changes needed in the care process (Ayyildiz *et al*. 2023). The genuine interaction between those involved allows the adoption of new behaviors in a meaningful and personalized way, respecting the experiences and context of each individual (Schütz, 2012, 2018).

Given the failure of therapeutic proposals guided by health professionals, it was evident that participants seek ways that transcend formal services in an attempt to lose weight, following recommendations from their friendship networks, such as the use of teas. This resource is widely used in society for slimming, which reflects that the intersubjective world is also cultural, because it is a universe of meaning that needs to be interpreted to guide and lead the human being (Schütz 2008). In the present study, this cultural orientation is manifested in the use of teas as an alternative for the treatment of obesity.

The teas most used for this purpose include cinnamon, ginger, hibiscus, lemon, green tea and parsley. Of these, so far, only parsley has not presented evidence of pharmacological properties that can assist in the process of slimming (Catão; Tavares, 2017). This practice demonstrates how cultural beliefs and social interactions influence health choices that lead participants to adopt practices based on traditions and social recommendations, although in some cases without scientific support.

The consumption of teas refers to a practice based on the collection of knowledge accessible and available to individuals. In this regard, Schütz argues that throughout existence, each person interprets what he finds in the world according to his own perspectives, interests, motives, desires and ideological and religious commitments, elements that constitute a social construction within the scope of intersubjectivity (Jesus

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et al. 2013; Schütz, 2012). In the present study, this construction is clearly expressed in the influence of the network of friendship of the participants.

Still in relation to the "reasons why", associated with the therapeutic itinerary of people with obesity, it was evidenced that participants manifest a discontinuous search and often without guidance for changes in life habits (Oliveira; Merighi; Jesus, 2014). This process contributes to the difficulties in maintaining an effective therapeutic proposal, especially in view of the expectation of weight loss. Emotional issues and the adoption of restrictive practices - difficult to sustain over time - emerge as justifications for the difficulties faced by participants in trying to implement and sustain lasting changes in their habits (Brazil, 2024).

Due to its restrictive nature, diets act as one of the main triggers and maintainers of eating disorders (Chen *et al*. 2023). Thus, it is essential to establish specific and individualized goals, focusing on gradual and sustainable changes (Ayyildiz *et al*. 2023; Brazil, 2024; Minari *et al*. 2024).

Considering obesity as a chronic disease, influenced by social, political and environmental determinants, people in situations of obesity face high probability of failure in treatment, especially if it is conducted by a single professional. In this context, the success of the intervention requires the support of a multiprofessional team with an interprofessional collaborative approach that places the person at the center of care (Moraes; Maravalhas; Mourilhe, 2019; Conz *et al*. 2020b; Brazil, 2024).

Among the reasons that make it difficult to continue with changes in life habits are financial limitations to acquire healthier foods and family issues that prevent the maintenance of a continuous therapeutic plan, facts corroborated by the literature (Oliveira; Merighi; Jesus, 2014; Cavallo *et al*. 2023). Schütz (2012) reinforces the importance of the subject's biographical situation in social action, that is, its position in the "world of life", which conditions the realization of its desires according to the context in which it is inserted.

Thus, social phenomenology points out that the construction of life projects is a shared process permeated by intersubjectivity. In the case of participants, their biographical situation (being obese grade III) and their knowledge collection facilitated reflection on their expectations, leading them to consider the therapeutic itinerary traveled until now and to design new "reasons for" future actions (Schütz, 2012, 2018).

Regarding the "reasons for" social action, the participants were unanimous in verbalizing that they expect slimming, seen as a way to promote physical health, regain

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self-esteem and restore broken social relationships due to obesity, what corroborates previous findings in the literature (İmre; Toprak, 2023; Siqueira *et al*. 2024). Regarding weight loss to regain health, participants expressed the desire to relieve tiredness, reduce osteoarticular pain and improve control of other diseases such as hypertension and diabetes mellitus, in accordance with international findings (O'donoghue *et al*. 2021; Roordink *et al*. 2023).

The physical health of people with obesity is a trigger for multiple injuries, which reduces the quality of life of this public (Barros *et al*. 2015; Ayyildiz *et al*. 2023). Cardiovascular pathologies, cerebrovascular disorders, metabolic disorders, some types of cancer and diseases of the digestive system are associated with obesity. In this sense, the proper management of the condition can directly impact on the reduction of these problems and contribute to the improvement of quality of life (Medeiros; Possas; Valadão, 2018; Conz *et al*. 2020a). A study in a reference hospital for bariatric surgeries in Fortaleza, Ceará, also pointed out obesity as a risk factor for cardiovascular diseases, hypertension, type II diabetes and several types of cancer, This reinforces the need to recognize obesity as a public health problem and to structure health services for an AS approach in an appropriate way (Barros *et al*. 2015; Brazil, 2024; World Health Organization, 2024).

Considering that the target audience of this study presents obesity grade III, it is inferred that the health problems related to obesity tend to manifest with more intensity. Osteoarticular problems stand out, due to the overload generated by excess weight. A Brazilian study with preoperative bariatric surgery patients corroborates this fact, by explaining a high prevalence of joint pain among people with grade III obesity (Martins, 2018).

In addition to physical comorbidities, there are also psychological sufferings associated with social injustice, unequal treatment and impaired quality of life (Pacca *et al*. 2018; Siqueira *et al*. 2024). The desire for weight loss for the participants of this study tends to positively impact on quality of life, not only in the physical dimension, but also in self-esteem. Self-esteem, as reported, involves self-assessment, respect and admiration for the self-image, which reflects the participants' level of satisfaction with their own appearance and life experience (Medeiros; Possas; Valadão, 2018; İmre; Toprak, 2023).

This perception connects with the social world, which both influences and is influenced by the individual, within the intersubjectivity of the relationships it establishes with others (Schütz, 2008, 2012). The participants' discomfort with the gaze of others

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reveals the impact of indirect social relations - which are built through social typifications and collective meanings - on the self-perception and the relationship of the subject with the world. The stigma of obesity, a socially constructed typification, emerges in this study as a reality that interferes with the life experience of obese people, which influences their relationships with themselves and with the social environment (Schütz, 2018).

The recovery of self-esteem, mentioned by respondents, is closely linked to the confrontation with stigmas and prejudices that they experience because they are obese. Feelings of inadequacy and shame are constant in their lives, reinforced by the logic of being outside the socially accepted standard (Siqueira *et al*. 2024). These feelings deeply impact the way participants perceive and accept each other, which constitutes an intentionality that permeates their slimming project.

Study on the psychological follow-up in the Care Line (CL) for overweight and obesity corroborates the reports of participants of this research, pointing out the difficulties faced by people in situations of obesity, including prejudices, imposition of beauty standards, challenges in relationships, transportation, locomotion, clothing and insertion into the labor market (Medeiros; Possas; Valadão, 2018).

Another study that evaluated the self-perception of individuals in situations of obesity reinforces the prevalence of low self-esteem in this group. Participants reported that eating acts as a form of relief for unpleasant situations, especially those associated with social exclusion. In this context, low self-esteem tends to trigger episodes of compulsion to eat, which in turn further aggravates low self-esteem and forms a vicious circle (Macêdo *et al*. 2020).

This stigma, often justified by society, is manifested in various situations, such as the difficulty of finding clothing suitable for size or to obtain employment opportunities. The discrimination and prejudice that are rooted reinforce the exclusion and marginalization of people in situations of obesity, which highlights the need for psychological and social support to break this cycle (İmre; Toprak, 2023; Siqueira *et al*. 2024).

This stigma acts as a trigger for dysfunctional behavior patterns, both in the person’s relationship with themselves and in their interaction with others, due to the social prejudice rooted in this context. This factor unfolds in the last "reason for" verbalized by the participants: to lose weight to resume social living that was affected by low self-esteem and the prejudice experienced.

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The participants report that, due to shame and embarrassment with the body in a situation of obesity, they avoid participating in social events, opting for isolation, something they hope to overcome with the desired weight loss. In addition, prejudice extends to the labor market, hindering professional insertion, which further aggravates the exclusion cycle and reinforces the need for inclusion actions and social support for this public (Siqueira *et al*. 2024).

Regarding the desire to return to social events, participants report feeling mostly ashamed of exposing their bodies, a reaction influenced by stereotypes associated with obesity that are often introjected by those living with this condition (İmre; Toprak, 2023). Individuals in situations of obesity are often seen as lazy, lacking willpower, incompetent, without physical attractions and guilty of excess weight, for not falling into the standards accepted by contemporary society (Geissler; Korz, 2020). These stigmas tend to remove these people from social life, something they aspire to regain through weight loss.

Still with regard to social interaction, the participants express a desire to reinsert themselves into the labor market after losing weight. Individuals with obesity face more difficulties to perform work activities, because they experience limitations related to health, especially in relation to the time required to complete tasks and the difficulty of performing activities that require physical effort (Teixeira; Diaz, 2015).

The stigma associated with obesity is also manifested in the work environment, where these individuals are often considered unfit, with low performance, with drop in productivity and higher costs of medical care. These factors negatively impact both on hiring and on individuals' remuneration (Teixeira; Diaz, 2015).

In addition, the stigma of obesity is associated with disadvantages in hiring, promotions and salaries (Lima *et al*. 2022). Therefore, weight loss represents, for individuals in situations of obesity, an opportunity to reposition themselves on the labor market and a means to overcome the barriers imposed by the stigma of obesity.

Given the above, it is possible to produce a homogeneous conceptual scheme of the social group in question, called typification. This brings together the conscious experiences of a person or a social group in the world of life. It is objective, constituted by means of meaningful language, being possible to be understood and recognized by people or social groups that present similar experiences (Schutz, 2008).

The type of person with obesity degree III in their therapeutic itinerary reflects an experience marked by the search for care in health services, crossed by professionals in the care network that often do not respond to their needs. In this context, they transcend

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the walls of health services, looking for answers to the problems experienced, and end up finding themselves in a circle of searches for changes in life habits that do not sustain themselves longitudinally, which hinders the process of weight loss. They bring, therefore, as expectation/life project the slimming, understood as possibility of rescue of health, self-esteem and social life, triad committed in function of the experience of obesity.

It is noteworthy that these results reflect the typification of a specific social group, which limits the possibility of the study being generalized to other realities.

5 Final considerations

The present investigation comprised the TI of people in a condition of obesity grade III. This route was expressed by the search for primary and specialized health care services, with absence of a health care focused on this problem when seeking care in PHC, which led them to specialized attention without interventions at the preferential entrance of SUS. Individual searches were conducted outside of health services, either through individual and unsustainable attempts to change life habits or through friendship networks, with indications for alternative therapies (such as teas). As expectations, it was evidenced that the motivation for the participants' action is related to weight loss, understood as the possibility of gaining quality of life.

The study allowed inferring that there is a gap in health care networks of the scenario studied regarding the care for the person with obesity. This signals the importance of building/structuring services and professionals trained to serve this clientele, in order to support it and give more effective responses, longitudinal and focused on the person who experiences this harm.

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