

Typology of Obese Patients' Attitude to Life and Their Decision-Making Process for Bariatric Surgery

Tayyebah Mirzaahmadi¹

Ph.D. Student of Sociology, Faculty of Humanities and Social Sciences, Science and Research Branch, Islamic Azad University, Tehran, Iran

Tahmoures Shiri²

Associate Professor, Department of Sociology, Faculty of Social Sciences, Central Tehran Branch, Islamic Azad University, Tehran, Iran

Abbas Ebadi³

Professor, Department of Nursing Management, School of Nursing and Midwifery, Baqiyatallah Azam University of Medical Sciences, Tehran, Iran

Bahram Gadimi⁴

Associate Professor, Department of Sociology, Faculty of Humanities and Social Sciences, Science and Research Branch, Islamic Azad University, Tehran, Iran

RezaAli Mohseni⁵

Associate Professor, Department of Sociology, Faculty of Social Sciences, Central Tehran Branch, Islamic Azad University, Tehran, Iran

Received 9 November 2020

Revised 12 November 2020

Accepted 15 November 2020

Abstract: *The present study aimed to perform the typology of obese people's attitude to life and their decision-making for bariatric cosmetic surgery. The researcher selected an inductive approach to answer the questions of this study. Phenomenological method as the main method of the study with semi-structured interview technique helped the researcher collect data. The population included those who had undergone bariatric surgery and the saturation was obtained after 17 interviews. The researcher's theoretical perspective was based on the trans-school principle of opportunities, as well as the lifestyle and view of Elias and Habermas, which was merely used as a flexible and modifiable perspective of the researcher. The results indicated that there were three groups of people with three attitudes of independence, fear of the future, and preventive. The attitude of independence was created because of the damage to social interactions, the attitude of fear of the future was based on the presence of early and cross-sectional symptoms in patients, and the preventive approach with a view to weight loss was created for increasing life opportunities among patients. Two methods of recommending surgery and deciding on surgery were common among patients. One of the groups that decided to have surgery include the young people who considered it as the easiest way for losing weight and took advantage of their life opportunities and this was their incentive for bariatric surgery.*

Keywords: *Bariatric cosmetic surgery, independence, life opportunities, fear of the future, preventive attitude perspective.*

Introduction

The surgery which is called "bariatric" is a type of cosmetic surgery which is not performed until the patient becomes obese and faces a physical risk as a disease. There are other cosmetic surgeries which have therapeutic dimensions in addition to cosmetic dimensions. For instance, eyelid cosmetic surgery is one of these surgeries because drooping eyelids may cause poor eyesight and eye fatigue, leading to eye infections in contaminated environments. However, health insurance experts regard bariatric surgery as a cosmetic surgery and provide financial supports. Accordingly, the tendency to such surgeries is not

¹ Email: t.mirzaahmadi@yahoo.com

² Email: shiri.tahmoures@gmail.com (Corresponding Author)

³ Email: ebadi1347@yahoo.com

⁴ Email: info@pcucommittee.org

⁵ Email: smalhoseini@gmail.com

limited to the upper classes and financial support can reveal it among different classes. Obesity and immobility are among the most significant characteristics of people undergoing the obesity surgeries. The World Health Organization has warned that the lack of physical activity and mobility around the world endangered the health of one and a half billion people. Iran is one of the relatively immobile countries in the world and there is a big difference between the physical mobility of men and women in this country. The report of this organization entitled "Global Trend of the Lack of Physical Activities in the World during 2001-2016," published in the *Lancelot Global Health Journal* including the results of a worldwide study warned that physical activity has had a descending trend over the past 15 years. More than a quarter of the adult population in the world, i.e. 1.4 billion people, lacked the necessary physical activity in 2016, which was more than 23.3% in 2010. The reduction in physical activity in the fifteen-year period under study is more than 3% (World Health Organization, 2018). Conducting studies on obesity surgery is significant from both theoretical and practical aspects. From a theoretical perspective, conducting a study on the above-mentioned subject leads to scientific growth and promotion and this study as a fundamental study can affect the understanding of this phenomenon.

From a practical perspective, the required knowledge can be obtained for identifying social factors affecting the performance of unnecessary and complicated obesity surgeries by recognizing the lived experience of men and women. The results of this study can provide appropriate solutions for sociologists, psychologists, families, officials, and authorities of the cultural sector and government officials to identify the factors affecting such a phenomenon and plan for required knowledge and education to people about the real positive and negative points of obesity surgery, as well as its results, and devaluation of the perfectionist and emotional body composition towards its balance and appropriateness. Thus, conducting such studies is especially significant in terms of policy and planning at the intermediate and macro levels since the issues and consequences of this sector can have adverse cultural consequences at the individual level. According to some researchers, the effects of obesity surgeries can be investigated and observed at the macro level of society more than they are significant in the individual (Rabani et al., 2011: 2). Thus, this subject has provided an appropriate platform for different studies in the field of cosmetic surgery. It should be noted that qualitative research is basically related to the category of understanding and aims to understand the dimensions and components of the subject rather than focusing on the problem and its solution. In this regard, this study aimed to determine the social factors on obesity surgery based on cognitions, needs, perceptions, and experiences of these people due to the lack of qualitative research in the people interested in obesity surgery with social causes in Iran. The researcher intended to answer the question "what is the attitude of the patients with obesity surgery to life and through what process did they select the bariatric surgery method?"

Review of Literature

Since the studies inside and outside of Iran have been mostly conducted on cosmetic surgeries, the studies in which were close to the subject of cosmetic medical surgeries were studied in this study. David Frederick et al. (2016) conducted a study entitled "Body and Face Perception among Asian, American, and White Women: A Study on the Relationship between Care, Self-Meaning, Idealism, and Socio-Cultural Pressures." The findings indicated that Asian-American women experience socio-cultural pressures which can enhance their risk of dissatisfaction with their bodies and faces. Latnero et al. (2007) evaluated "negative attitudes towards obesity in relation to the mass media." Researchers tested 90 boys and 171 girls at the age of 10 – 13 years in New Zealand and concluded that hatred towards obese people was predicted by the time spent on reading magazines; therefore, the content of the media affects the attitude of people towards obesity and leads to devaluing obese people. A study by Penny and Haddak (2003) on a sample of 98 children at the age of 5-10 years indicated that people's weight had a unique effect on how they are evaluated by others. The participants significantly liked obese women less than normal weight women. It should be noted that obese women were liked less by appearing along the average people but this was not the case with men. In addition, the people with good weight were liked less when they were seen next to obese people compared to when they were next to fit people.

Theoretical Perspective

If the unit of studies in sociology is a group, institution, or social organization, and if dynamic is social history, the construction of any group or institution, organization, or history can create different social reality to the chances of life, or more precisely, life opportunities to the members of that group. Life opportunities are the situations which come from the essence of life in a specific class and for this reason, people have little control on such opportunities. The extent of this authority is different based on whether the community is open, closed, or deficient. Thus, the subject of studies on life opportunities is constantly and inevitably called as the subject of social classes. Lifestyle stands against this class determinism, imposing the historical and social essence of the class on life opportunities and refers to a selective way of social life that every group, institution, or organization restores in terms of its history or society or chooses one of the current methods. Such a selective process indicates the interpretive action for the construction of that group, institution, or organization, which is selective and can be changed any time according to the same historical and social relativities and the common interpretation of a group. Weber defined the society's assessment of being in a class or occupational or cultural category with the term of honor base, which gradually became known as the social base. Emphasis is put on one of these two factors in different approaches. Some scholars like Marx have put more emphasis on life opportunities and elicitation and some scholars such as Weber have put more emphasis on lifestyle and elicitation with the structure of social status (Tanhaee, 2017: 176). In general, cohesive approaches deal with class determinations from which life opportunities arise and the approaches which consider the originality of social action regard the lifestyle of human choices as significant. According to Elias, those parts of sociological theories which attempt to analyze the human actions based on certain pre-determined rules and principles are more likely to distort the human relationships and ignore the lack of normative nature out of the rules of human actions and interactions (Elias, 2013: 114).

Elias considered human relations and social interactions as a process which includes the normative and non-normative, as well as regular and irregular nature. In other words, human beings involved in social interaction can perform part of their actions in any social situation in such a way that there is no predetermined framework which is the same part of human creativity. For this reason, Elias considered every social situation as a set of interdependent human roles and actions which should be analyzed in terms of non-normative and irregular actions. Each of the situations which can occur for a patient in society is a unique situation being formed in a dialectical format. In other words, all of the people with whom a patient interacts, as well as the characteristics of the situation where he interacts are in a mutual and dialectical process. In this situation, he chooses a way to play his role properly and have the appropriate interactions with other people being involved in this situation. Patients' interactions in such specific situations because of the extent that society defines for patients, provide a process framework for analyzing their actions, so that the social structure in that situation is constructed by this dialectical process. According to Habermas, the world of life involves the meanings of the actions of social actors and provides the conditions where actors know themselves and other actors and understand the social world. However, the social system fails to impose an absolute limit on the actor. Instead, the actor in the social situation can recreate and redefine through discourse opportunities and communication action (Tanhaee, 2015: 301). In the space where the actor creates action, social opportunities are provided for the actor where the social actor interprets the situation in relation to the social situation and the surrounding world. In each situation, with a new interpretation and definition of the meanings involved in the situation and social actions, he creates a new order and establishes social actions. Patients create an action which is appropriate based on their interpretation of the action situation by understanding their position in various social situations, whether public, private or political and also by interpreting the meanings of the actions of the people with whom they are associated.

Habermas considered the result of this dialectic as the new paradigms which have been possible for individuals in historical and situational discourses. Such new patterns create a new form of action based on a patient's interpretation of the action and can improve his position in the social hierarchy or lead him towards isolationism.

Method

Descriptive phenomenology puts an emphasis the depth of experiences and enhances our understanding of life experiences. In this analysis, the researcher should listen to the descriptions of the participants and begin to re-read the data repeatedly and immerse himself in the information. In descriptive phenomenology, it leads the researcher to understand living experiences in addition to emphasizing the richness, breadth, and depth of experience. The questions and contexts of the initial observation are based on the concepts derived from texts or experience. Since the relationship between these concepts with the emerging theory has not been proven yet, they should be considered as temporary. Nevertheless, they provide a focus at the beginning of the work and a place for research. After developing the questions in regard to the research subject and before coding, the researcher should collect the data related to the research subject. In qualitative methods, data can be collected from different sources including secondary data, life history, interviews, introspections, observational data, and memos. This study used several techniques to collect data, including interviews and observations. In the observation section, the researcher attended the field as a mere observer. Since the researcher has shared life experiences in the studied population, he used the in-depth interview technique for achieving a relatively comprehensive understanding of the studied population's understanding of the disease experience and treatment process by using the inward looking approach. The efficiency of this technique is revealed when a friendly atmosphere in the field forms a continuum of empathy between the researcher and the interviewees. By creating a quiet environment, the atmosphere of trust and confidence is provided for the interviewees. After conducting the preliminary interviews, the researcher gradually directed the interview towards a semi-structured interview through forming and expanding the categories. The population included all of the individuals with the characteristics studied by the researcher. In this study, obesity and being treated or passing the treatment process were the main characteristics. For this purpose, the researcher referred to Baqiyatallah Hospital in Tehran and asked for help from the medical staff and specialists of this hospital who focused on the treatment of such patients. All of the patients referring to this hospital formed the statistical population of this study. Purposeful sampling was used for selecting the interviewees and theoretical sampling was used for identifying the number of people, determining the location of the required data, and finding the research path. Theoretical sampling is based on the concepts whose theoretical relevance with theory was proved. The term "Proved theoretical relevance" indicates that some concepts look meaningful because, they are frequently present while comparing the events consecutively and they have been considered as category while coding. Sampling decisions target the information which has been already used in the light of the previously used information and extracted knowledge and seems to be the most informative (Strauss and Corbin, 2008: 7-176). The objective of theoretical sampling is to sample events indicating their categories, characteristics, and dimensions. Thus, they can be expanded and related conceptually.

Theoretical sampling guideline includes the questions and comparisons which arise during the analysis and help the researcher discover the appropriate categories and their characteristics and dimensions. In theoretical sampling, such criteria are defined based on theory. The theory which is formed from the heart of experimental data is the basis and criterion of sampling (Flick, 2008: 140). Based on the subject of this study, the researcher sampled the people were obese and their physicians prescribed cosmetic surgery for them; this prescription is not necessary and patients should be aware of the consequences related to the treatment. After conducting 14 interviews in this study, the researcher reached theoretical saturation and continued the interview to 17 people in order to achieve reliability. Since descriptive phenomenology guided the present study, data analysis was conducted based on Colaizzi's seven-step method. In this method, the final validity of the results is created from the return of the findings to the participants in the study and their confirmation.

Findings

In the first step, the patients' attitudes to their present and future lives were analyzed and their selected methods for surgery were the next subject for the researcher. Physical problems and diseases caused some problems for the interviewees in their daily lives and created a space for withdrawal and some changes in their mood due to many restrictions in different situations. In this regard, different approaches were present among the clients while most of them paid lots of attention to the distant or

near futures and believed that when there is an opportunity to improve the future life, such a thing should be conducted to improve the life of oneself and reduce the harassment to others. Such individuals had three attitudes to the distant and near futures and considered themselves as an active actor for improving the healing process. One of the clients referred to the doctor and mentioned his limitations as follows:

"I just want to be healthy. I was very sad because I was fat. I think I should be healthy so that do not need my children later. "This obesity may cause more diseases for me later, and I do not want to reach a point where my children cannot move me."

The same patient continued:

"If I can do my work, stand up easily and do not bend my knees, I can clean the house by myself, which would be a hope for me and an opportunity for a better life. The pain in my legs has increased since I became fat and my knees have not worn out. Every time I have lost weight, my pain has reduced. "So when I can live better, why should I take this opportunity from myself?"

Having a sense of independence among a group of patients having bariatric surgery depended on losing weight, so that they could do their own work. In this case, they become active activists instead of withdrawing from others consciously in mutual relations with those around them and based on voluntary action gain the ability to use their life opportunities. This attitude was observed among the people who experienced the injuries related to weight gain in their social interactions. However, another group of clients had a preventive attitude and could even increase new life opportunities and attempted to focus on the creation and recreation of life situations. For instance:

"I am 32 years old and I have always thought I could control my weight. For this reason, I tried different diets while about two years ago, when my niece had this surgery when she was 18 years old and she could do a lot of work she liked but could not start, I wondered why I should enjoy life as long as I am young. Such diseases increase at old age and if someone is obese, these diseases will increase too. I think I have to use my life and the cost of such a surgery does not matter to me at all. "It can both improve my life and prevent other diseases."

This attitude, which was more common among young people, emphasized the use of opportunities and situations of individual and social life at the youth age, considering it possible to miss such opportunities in the future. For this reason, this group went under bariatric surgery to prevent diseases due to their preventive approach. The third attitude, which was observed among the third group of patients, indicated that although these people had not suffered from acute diseases, they were treated for the first symptoms on the verge of getting involved with a variety of diseases due to obesity. One of the patients said:

"I was not obese before marrying, but I was not slim either. I was not also obese after giving birth, but I suddenly became obese. I returned to my normal weight after giving birth. Then, I returned to the same weight after two deliveries. However, I gradually gained weight after a while. I do not have a specific disease now, but more because I became obese, I became more monotonous, I move less, I sit behind a lot of pheromones, I do not walk and it causes obesity. "Now my liver is getting fatter, I have uterine and ovarian cysts, and the physicians have said that these diseases are because of obesity and weight gain and they have recommended me to lose weight."

The third group, experiencing fear of the future because of the symptoms of diseases arising from weight gain treated the symptoms of the disease and lost weight not to increase the physical problems and not to endanger their daily lives.

In the approach of the first group, which was independence, the harms of social life and tendency of having independence in playing social roles were considered as significant. In the preventive approach, weight gain was regarded as one of the factors causing the loss of some social positions and caused some limitations for the patients who had lost weight to overcome these limitations and provide new social opportunities for enjoying the current social facilities. Accordingly, there are three attitudes to daily life and upcoming events among the patients, each of which arises from specific subjects defining each of these attitudes in the narrations stated by the interviewees. Table 1 categorizes such attitudes:

Table (1): Grouping patients based on their attitude to daily life

Secondary subjects	Main subjects
Injuries caused by weight gain in social interactions Inability or low ability to perform personal tasks Embarrassment or fear of connecting with others Damaged relationships with children Dependence on children	Independence-seeking
Conflict with disease symptoms Probability of suffering from the disease in the future Fear of getting sick and dependence on others	Fear of the future
Weight gain Loss of some life situations Attempt to increase life situations and opportunities	Preventive

In parallel with the three attitudes to life and the future, various measures were adopted by the interviewees to reduce the problems of daily life arising from obesity. Some of those who had used different methods for losing to lose weight explained about the methods they had tried and some their examples are:

"I did not reach any conclusion by using any diet to lose weight. For this reason, I decided to have this surgery. I took anti-obesity pills but it was useless. I went on a diet, but it did not work either. I spent a lot of money for this, but I did not get any result. With diet, I lost only 7 - 8 kg, but I gained more weight again after two months."

Short-term diet change was one of the ways which almost all patients had tried and were not satisfied with the results. The second solution which was tried by most patients to lose weight was using anti-obesity pills, which also failed. Referring to nutritionists and receiving diets, following TV and satellite programs on weight loss with anti-obesity pills, as well as a short-term adherence to diets, were among the ways for clients to overcome weight gain.

"I did a lot of things for losing weight, exercise, diet, medicine, and many other things. Since I did these things for just a while, it made me gain weight again. After ending these periods, I lost weight. I went to a nutritionist some time ago. I follow satellite advertising programs and purchase any medicine they advertise. Perhaps I like to believe that their words are right and for this reason I do all the things they suggest."

Exercise had no place as part of the daily routine of patients. As a result, exercise programs were rarely seen in the weight loss programs of patients, being viewed from two different perspectives. The first group included those who used diets and also did exercise to accelerate the process of losing weight as part of their cross-sectional program and merely during the same period of using diets. However, another group had eliminated sports completely; some of them considered laziness, impatience, and hardness of doing exercise as the reason for staying away from it, and the other group regarded frustration with professional sports as the reason for withdrawal from sports:

"After quitting sports, I did not think about losing weight again by doing exercise. Because they violated my rights in sports and I did not return to sports."

In conclusion, it can be said that the ways to lose weight were inefficient according to the patients and interviewees. For this reason, they had chosen surgery for losing weight. Here are some of the comments of the interviewees:

- I tried so hard for losing weight, but it was not useful. I suffered for three or four months and lost weight but I gained weight again. Many times, I went on strict diets but I saw that it was useless.
- I followed herbal and chemical pills and chemicals for losing weight and I used them a lot. However, it was effective just for a few months.

- I lost weight many times, from 110 kg to 90 kg, but I gained weight again in a short time and reached 118 kg. Since my weight kept coming back no matter how much I lost weight, I had no incentive for going on a diet.

The individuals referring for bariatric surgery were divided into two groups. The first group included those who chose this way after trying different ways for weight loss and failed to achieve the goal and the second group included those who chose this as the easiest way for weight loss.

Table (2): Grouping patients based on their strategies

Secondary subjects	Main subjects
Cross-sectional diets Cross-sectional exercises Taking anti-obesity pills walking Eliminating some meals Eliminating some food from main meals	Testing different methods
Surgery as a force to change	Choosing the easiest way

The most significant reason among the majority of patients to have surgery was the treatment of physical and mental diseases. The group which had not yet suffered from the disease noted the high-risk future of the disease and underwent surgery to prevent the disease. Losing different social opportunities in daily life, vitality, and self-confidence, as well as isolation were among the reasons mentioned by patients for the tendency to this type of treatment. Bariatric cosmetic surgery was not consistent with any of the previous studies in terms of finding the reasons for patients' tendency to this surgery. As mentioned earlier, personal motivations and reasons or increased trust as mentioned by Tavassoli and Modiri (2012), Alamdari et al. (2014), who had emphasized social factors for the tendency to cosmetic surgery were raised as the functions of this surgery and almost none of the patients confirmed these reasons for bariatric surgery. Among foreign studies, different studies were examined, such as Sharp et al. (2014), Godman et al. (2016) and Nicole et al. (2017), which were the latest studies on cosmetic surgeries and there was no consistency between the results of these studies and the present study.

Conclusion

This study was carried out with a qualitative approach and collecting experimental data from the interviews with the people who had referred to a doctor's office for bariatric cosmetic surgery. There are many different attitudes to on this issue, one of which is the issue of body management. Body management mostly controls the aesthetic functions of the actions of health actors. For this reason, body management can be regarded as the dominant approach in sociology as limited to the surgeries so that aesthetic standards were defined by the medical community and sometimes with the intervention of social values. Such surgeries have approached the ideal type to the experimental situation. Although bariatric surgery is a surgery for losing weight and fitting a person's body, its therapeutic aspect is highly significant. The patients had three various attitudes to their lives and futures: one group was independent-seeking and believed that they were more dependent on other members of their families with the mobility problems and the diseases they had faced. In addition to this dependence, they claimed that they had stopped doing the work which depended on their social roles. For instance, movement problems had made the men and women who were grandparents avoid having close contacts with their grandchildren because of their inability to spend time with them. In this group, there were some communication disorders considered in social interaction by focusing on the improvement of social relationships. The second group considered fear of the future as their predominant approach. This group included those who had involved with the initial symptoms of the disease or had experienced some diseases intermittently. For this reason, they were afraid of the diseases caused by weight gain for a long time to disrupt their daily lives. The third group, having a preventive approach to their lives, believed that weight gain would cause some limitations even when the person does not suffer from weight-bearing diseases. That is why the life opportunities are lost because of the lack of fit between personal circumstances and social situations. Weight loss using the approach of disease prevention and the loss

of life opportunities cause enable the individuals to be in different situations and use such opportunities for raising the quality of their lives. A number of two various measures were used by the patients to change their lifestyles. The first group were those who had tried various approaches for losing weight and failed. Slimming diets, the use of anti-obesity pills which were available in both chemical and herbal forms, short-term exercise and methods which most patients had experienced upon the advice of a nutritionist or due to TV and satellite advertising.

Another group included those who were part of the disease preventive group and had a preventive approach to life and also believed that gaining weight had reduced their life opportunities. This group considered surgery as the easiest and most possible way to lose weight and believed that the positive consequences of surgery were so high that could compensate for lost social opportunities. For this reason, they decided to go under surgery.

The reason for the inconsistency of the results related to previous studies inside and outside of Iran with the results of this study is that bariatric surgery has therapeutic dimensions, which is mostly performed upon the recommendation of doctors for treating different diseases. In addition, this problem has arisen from inappropriate diet and immobile lifestyle which is more common in the lower middle class. One of the most significant reasons for selecting this lifestyle is the high involvement in daily life to meet economic needs.

References

1. Aghdasi Alamdari, Faranak, Batool Mahmoud Molaei Kermani and Mohammad Abbaszadeh. (2014). A sociological study of the interventionist role of social acceptance in affecting the media on women's tendency to beauty with surgery. *Journal of Women and Society (Sociology of Women)*, Vol. 5, No. 3, Fall 2014, pp. 47-65
2. Baker- Pitts. Catherine. (2008). *Symptom or Solution: The Relational meaning of cosmetic surgery for women*. A Thesis of Doctor, New York University.
3. Elias, Norbert. (2013). *what is sociology?* Tehran: Ney
4. Flick, Ovuh. (2008). *an introduction to qualitative methods*. (Translator: Hadi Jalili). Tehran: Ney
5. Frederick, David, Kelly, Mackenzie. Lanter, Janet (2016). "Body image and face image in Asian American and white women examining associations with surveillance, construal of self", *perfectionism, and sociocultural pressures, Body image*, 16. PP 113-125.
6. Penny, H. and Hoddak, G. (2007) "(Antifat Prejudice among Cgildren: The Mere Proximity) Effect In5-10 Year Olds" *Journal of Experimental Social Psychology*, 43:678-683.
7. Rabani, A.; Rabani, R.; Hemmati, R.; Ghazi Tabatabaee Tabatabai, M. (2011) ".New methods of knowledge creation, a sociological reflection on the evolution of ethical standards and scientific behavior in the field of science and technology", *Quarterly Journal of Ethics and Technology*, Year 6, Vol. 1, pp. 12-24.
8. Strauss, Anselm and Juliet Carbin. (2008). *Basics of qualitative research: techniques and production steps of grounded theory*. (Translator: Ebrahim Afshar). Tehran: Ney
9. Tanhaee, H.A. (2015). *Analytical recognition of sociological theories; recent modernity*. Tehran: Bahman Borna
10. Tanhaee, H.A. (2017). *Theoretical sociology*. Tehran: Bahman Borna