



## THE CONTEMPORARY BODY AND COMPULSIVE EATING AFTER BARIATRIC SURGERY: A PSYCHOANALYTIC REVIEW

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### ABSTRACT

**Objective:** This study aims to investigate, from a psychoanalytic perspective, the manifestations of binge eating in patients undergoing bariatric surgery, with an emphasis on the subjective relationship with the body and the possible reinscription of the symptom in the postoperative context.

**Theoretical Framework:** The research is based on the contributions of Freudian and post-Freudian psychoanalysis, especially the concepts of drive, repetition compulsion, libidinal body, and constitution of the self. Authors such as Freud, André Green, Joyce McDougall, Lasch, and Seixas support the discussion on the connection between psychological distress, body, and compulsion in contemporary times.

**Method:** This is a qualitative, exploratory, and bibliographical study, linked to the author's clinical practice. Classical and contemporary psychoanalytic texts were analyzed, as well as scientific studies indexed between 2003 and 2024, with descriptors related to binge eating, bariatric surgery, body, and subjectivity. Illustrative clinical excerpts were used with ethical rigor and confidentiality.

**Results and Discussion:** The results indicate that bariatric surgery, while effective in weight reduction, does not address the unconscious dimensions of the symptom. Binge eating, often linked to flaws in the constitution of the ego, tends to be reinscribed in other instinctual objects. The culture of thinness and body exposure impose aesthetic standards that aggravate subjective suffering and weaken the subject's identity, intensifying psychological distress.

**Research Implications:** The findings reinforce the need for continuous psychological monitoring before and after bariatric surgery. They also highlight the importance of clinical interventions that consider listening to the symptom and the subjectivization of suffering, as opposed to merely medicalizing approaches to obesity.

**Originality/Value:** This study contributes to the field of psychoanalysis applied to the clinical practice of eating disorders by proposing a reading of the bariatric body as a space for the inscription of the unconscious. It highlights the urgency of integrative and symbolic approaches in the treatment of obesity, expanding understanding of the dynamics between body, desire and compulsion in contemporary times.

**Keywords:** Psychoanalysis, Binge eating, Body, Bariatrics.

### O CORPO CONTEMPORÂNEO E A COMPULSÃO ALIMENTAR APÓS A BARIÁTRICA: UMA REVISÃO PSICANALÍTICA

#### RESUMO

**Objetivo:** Este estudo tem como objetivo investigar, sob a perspectiva psicanalítica, as manifestações da compulsão alimentar em pacientes submetidos à cirurgia bariátrica, com ênfase na relação subjetiva com o corpo e nas possíveis reinscrições do sintoma no contexto pós-operatório.

**Referencial Teórico:** A pesquisa fundamenta-se nos aportes da psicanálise freudiana e pós-freudiana, especialmente nos conceitos de pulsão, compulsão à repetição, corpo libidinal e constituição do eu. Autores como Freud, André Green, Joyce McDougall, Lasch e Seixas embasam a discussão sobre a articulação entre sofrimento psíquico, corpo e compulsão na contemporaneidade.

**Método:** Trata-se de uma pesquisa qualitativa, exploratória e bibliográfica, articulada à prática clínica da autora. Foram analisados textos psicanalíticos clássicos e contemporâneos, além de estudos científicos indexados entre

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2003 e 2024, com descritores relacionados à compulsão alimentar, bariátrica, corpo e subjetividade. Fragmentos clínicos ilustrativos foram utilizados com rigor ético e confidencialidade.

**Resultados e Discussão:** Os resultados indicam que a cirurgia bariátrica, embora eficaz na redução de peso, não alcança as dimensões inconscientes do sintoma. A compulsão alimentar, frequentemente vinculada a falhas na constituição do ego, tende a se reinscrever em outros objetos pulsionais. A cultura da magreza e a exposição corporal impõem padrões estéticos que agravam o sofrimento subjetivo e fragilizam a identidade do sujeito, intensificando o mal-estar psíquico.

**Implicações da Pesquisa:** Os achados reforçam a necessidade de acompanhamento psicológico contínuo antes e após a bariátrica. Evidenciam também a importância de intervenções clínicas que considerem a escuta do sintoma e a subjetivação do sofrimento, em contraposição às abordagens meramente medicalizantes da obesidade.

**Originalidade/Valor:** Este estudo contribui ao campo da psicanálise aplicada à clínica dos transtornos alimentares ao propor uma leitura do corpo bariátrico como espaço de inscrição do inconsciente. Aponta para a urgência de abordagens integrativas e simbólicas no tratamento da obesidade, ampliando a compreensão sobre as dinâmicas entre corpo, desejo e compulsão na contemporaneidade.

**Palavras-chave:** Psicanálise, Compulsão Alimentar, Corpo, Bariátrica.

## EL CUERPO CONTEMPORÁNEO Y LA COMIDA COMPULSIVA TRAS LA CIRUGÍA BARIÁTRICA: UNA REVISIÓN PSICOANALÍTICA

### RESUMEN

**Objetivo:** Este estudio busca investigar, desde una perspectiva psicoanalítica, las manifestaciones del atracón alimentario en pacientes sometidos a cirugía bariátrica, con énfasis en la relación subjetiva con el cuerpo y la posible reinscripción del síntoma en el contexto postoperatorio.

**Marco teórico:** La investigación se basa en las contribuciones del psicoanálisis freudiano y posfreudiano, especialmente en los conceptos de pulsión, compulsión a la repetición, cuerpo libidinal y constitución del yo. Autores como Freud, André Green, Joyce McDougall, Lasch y Seixas sustentan la discusión sobre la conexión entre el malestar psicológico, el cuerpo y la compulsión en la época contemporánea.

**Método:** Se trata de un estudio cualitativo, exploratorio y bibliográfico, vinculado a la práctica clínica del autor. Se analizaron textos psicoanalíticos clásicos y contemporáneos, así como estudios científicos indexados entre 2003 y 2024, con descriptores relacionados con el atracón alimentario, la cirugía bariátrica, el cuerpo y la subjetividad. Se utilizaron extractos clínicos ilustrativos con rigor ético y confidencialidad.

**Resultados y Discusión:** Los resultados indican que la cirugía bariátrica, si bien es efectiva para la reducción de peso, no aborda las dimensiones inconscientes del síntoma. Los atracones, a menudo vinculados a defectos en la constitución del yo, tienden a reinscribirse en otros objetos instintivos. La cultura de la delgadez y la exposición corporal imponen estándares estéticos que agravan el sufrimiento subjetivo y debilitan la identidad del sujeto, intensificando el malestar psicológico.

**Implicaciones de la Investigación:** Los hallazgos refuerzan la necesidad de un seguimiento psicológico continuo antes y después de la cirugía bariátrica. También destacan la importancia de las intervenciones clínicas que consideran la escucha del síntoma y la subjetivización del sufrimiento, en lugar de enfoques meramente medicalizadores de la obesidad.

**Originalidad/Valor:** Este estudio contribuye al campo del psicoanálisis aplicado a la práctica clínica de los trastornos alimentarios al proponer una lectura del cuerpo bariátrico como espacio para la inscripción del inconsciente. Destaca la urgencia de enfoques integradores y simbólicos en el tratamiento de la obesidad, ampliando la comprensión de la dinámica entre el cuerpo, el deseo y la compulsión en los tiempos contemporáneos.

**Palabras clave:** Psicoanálisis, Atracones, Cuerpo, Bariátrica.



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## 1 INTRODUCTION

Seeking to better understand how the relationship of binge eating is in people who before bariatric surgery suffered from binge eating disorder and who, when undergoing surgery against obesity, are prevented, or rather, "amputees" of this compulsive practice, due to the physiologically reduced stomach. And also on how Psychoanalysis addresses the presence of the obese body in today's society. In this sense, the present research seeks to articulate my clinical practice with a qualitative bibliographic research in this field of action.

One patient once reported that due to her obese body, she could not work and socialise, failing to leave, to position herself in the workplace, because according to her she felt extremely uncomfortable to be "looked at" by the other.

The obese subject with all this reported suffering, and with binge eating, goes through a reduction of the stomach, is slimmed, and now in a "slim" body, has to deal with this new body, and with everything that has become from obesity, both physically and psychologically. We know that it is not easy, to be in a slimmed body on the outside, and on the inside still obese, because it can be challenging this new body and this new life.

In behaviour, you can often seek or find other forms of satisfaction, other ways to solve this "problem". Perhaps this way, still avoiding emotional suffering, the patient after bariatric surgery, slimmed, will be satisfied in other ways in order to maintain the repetitive behaviour of before. Thus, he can continue to give vent to the "drive" that led him before to food, and now in other places, such as alcohol, shopping, sex, drugs, among others.

When the patient goes through the reduction of his stomach, he realises that he will no longer have his oral satisfaction with the food, both by the amount that is drastically reduced after surgery, and by the quality, that often the foods "preferred" by them before, no longer bring the same sensation of pleasure, or feel discomfort when eating them. Then, in the midst of this imminent anguish, we can see no other way to feel at least a little "happiness", except by repeating compulsive behaviour elsewhere, precisely because they cannot do it with food, generating an endless vicious cycle.

From this, we can see the severity of the lack of psychological counselling in the Bariatric Surgery process, and how much it is intended to contribute, in order to understand



about binge eating in patients after bariatric surgery, its consequences for psychoanalysis, and about the obese body in contemporary times. Where it is hoped with this research to achieve not an answer, but a new look at this link so crucial on a large scale for perhaps a possibility of treatment for Obesity, which is a multifactorial disease, but with great psychological impact.

Often feeding a pattern, and repeating it, can be "easier" than sustaining desire, and your own self, that is, your will, go outside of what is expected by society. Since since we were born we were built and learning that we need to follow the standards, that would be the "right" to do.

But to follow something that is not your desire, to go against your own will and your identity, must be much more painful to sustain, and maybe that's why we see so much of it in the clinic, this suffering so unbearable that it reflects on your own body. We will see a little more about this and others, in the course of this work, some notes like this. So that we can not paralyse here, but that we can open some possibilities of new looks in this sense, through psychoanalysis.

## **2 THEORETICAL FRAMEWORK**

### **2.1 THE BODY IN RELATIONS**

Understanding what the body is like in relationships today is very complex. For today the body has taken a huge proportion in society, reinforcing the idea that "what is worth is worth what you have." Because in the body the subject tries to show what is there, almost like a display case, that the more it moves, such as surgeries for example, facial harmonisations, etc., the more it has value. Following this path, we realise how much this body is in such an important place, and at the same time a lot of psychic suffering.

According to Lipovetsky:

[...] the self sees itself corroded, emptied of identity. The identity of the Self also falters when the identity between individuals is affirmed, when each and every being becomes a "similar", according to the democratic and equality principles characteristic of our society. (Lipovetsky, G. 1983, p. 37)

We can understand from this speech of Lipovetsky, that the subject does not even have the right to be himself, that is, being practically inseparable from society. Not constituting itself as unique, individual, and that in contemporary society, it would be impossible.



The body has gained much greater emphasis in modern times, where the body has become a stage, and it is not allowed to escape the rules imposed by society of a standard body. In attempting to do so, this subject can be excluded, ridiculed, and even "mortified." In other words, in order to really exist as an identity subject, it must be similar, and cannot be "different" from what society dictates as acceptable or aesthetic standard. Thus, the idea of the individual identity of the I becomes increasingly difficult and distant. And the demands are greater and greater on the lean body, thinner, with more plastic surgeries, and more and more equal bodies.

[...] what differentiates us today from other periods of modernity is the spectacularisation of the image and its effect on the mass of undifferentiated citizens, transformed into an audience or a multitude of consumers of the apparent subjectivity of others. (Bucci, E.; Kehl, M. R. 2004, p. 66)

The Body then becomes extremely important in relationships, subjugating whether or not this subject will be accepted, whether or not he will get a job, whether or not he will be accepted by a group of friends, etc.

The subject's life then becomes what to see, in photos, on social networks, on the streets etc. And not what he really is, his desires, desires, be what he only is, without having to show something, or consume in excess. But then what body is that which is silenced, massacred and deceived and which is not itself? It's a body for the Other, regressing when you're a baby. Where the child does it is what pleases the mother, and gradually will try to constitute her ego, be what she wants to be. But we can see that we actually live eternally in a prison of contemporary society, an excessive control, which says what can and cannot.

Many patients in my experience with the clinic, who suffer from binge eating, report that when they come across the perception of being obese, and society recriminates and disgusts it, they find themselves increasingly subtle to binge eating.

Once, in one of my clinical sessions, I heard from a patient that every time she felt humiliated in her personal relationships for being overweight, she went home and ate more than "normal" and hidden, found herself having binge eating episodes several times, and this was repeated for years until that moment that she realised.

It is then perceived with this, how unnatural it is for a person who suffers from binge eating to identify that he is presenting the eating disorder. Or even identify what drives her to commit this kind of repetitive compulsive behaviour, which often lasts for years, and even a lifetime. What is quite common is, the subject only realises himself when he usually already reaches a high degree of bmi in a degree of obesity II or III, or even when he is already in a



morbid obesity frame. They often end up having the perception that those who suffer from this disease of Obesity are like this because they want to, because they are weak, because they are lazy, and having a bad relationship with themselves, and with their own body.

## 2.2 CONTRIBUTIONS OF PSYCHOANALYSIS IN THE RELATIONSHIP OF THE BODY AND BARIATRIC SURGERY IN CONTEMPORARY TIMES.

The body itself is not a natural and original data, being initially only a piece of flesh, a stranger that will be necessary to subjectify and which the subject must appropriate. That is, it is constructed and assumed as its own by the subject secondarily and is gradually constituted through the investment of drives (Andrade, 2003). That is, it is a construction between subject, social, culture and psyche. There's no such thing as ready, you build and allow yourself to deconstruct and rebuild and so on.

There was a historical moment where the fat body was a body accepted by society, and culturally, one sought to have a larger, fatter body. For there were meanings beyond the Body itself, it symbolised prosperity, among other things, but it was well accepted and honoured a fat body, whereas the opposite was also repudiated, such as a thin body for example.

Today, we live the culture of thinness in the most intrinsic sense of the word, in the search for a body that is ultra-thin and light, we live in a generation that seeks in every way to reach this body, bringing a very great psychic suffering of much anguish, and demand with itself.

Then, it becomes a body hated by itself, that is, by the subject himself, owner of his own body, because of the Other. He forgets, and loses himself, when once this obese body is the subject himself. To speak of an obese body is to speak of a subject, of a person with name and surname, with history, with a lifetime, with marks and emotions, and without a doubt with many possibilities of being, who he wants to be or be.

But what happens at the current juncture is that there are no more such possibilities for society, and there is only one possibility, which is to have a thin body, identical to the other body, there is a search for perfection and meaning in other bodies, where you live on a stage and become extremely vulnerable and seen all the time. And how important it is to be in this place of a thin body, since the other body would have no place in this society, in this phobic fat culture, and in addition to so many tortures with his own body with infinite diets, cuts with plastic surgeries, with unimaginable remedies, then the "salvation" of this obese body, which is bariatric surgery, arises.



Now, if we can enter an operating room and leave with a reduced stomach, and lose so many kilos, there is the "dream" of the obese, so, without a doubt, will achieve what you dream so much, which is to get rid of the obese body at once, and be in a "slim" body. It may work this time, because it is "wide open" in all social networks the amazing before and after photos of people who have already operated. And that always presents itself as a magic, it is incredible, if you do the surgery and miraculously lose more than half of your weight.

And of course, if you see it in a slim body, and with it, you'll be accepted, you'll be loved, you'll be liked, you'll be relieved not to have to bear the guilt of being obese, or of being in that place of being excluded. Now, after being slimmed down, life will be better, and certainly, it will be happy. Is it really? How much is expected of a slimmed body, in a smaller size, and that all problems will be solved.

And this can be quite complex in the sense of understanding something that is so subjective, and that is not rationalised by the subject. For example, about the emotional relationship that often led to obesity, and that the subject himself does not realise it.

"In psychoanalysis, what is in evidence is the subject and what he can say about this body affected by excess fat, motivating him to reflect on his real problem.

More than classifying people according to the weight of their body or the risks that excess weight imposes on health, it is about apprehending a way of subjectivizing the suffering that weighs on the body of the obese subject (Seixas, 2009)."

It is to think what is beyond this obese body, but what this subject brings of suffering. It is not a look at your body to be or not in the ideal BMI, but how this subject sustains and relates to this body. How the subject perceives himself, and how it is for him.

Understand that obesity is also a body that suffers from many facets, both body aches and pains in the legs, spine due to excess weight. As well as the psychosomatic pain in the body for not bearing more that weight and body, how much the "being in that body" can be strange and impacting for this subject. The psychoanalyst must have a look, a very thorough listening, and try to get as close as possible to this pain of the obese subject, because he often carries in his body the pain that he cannot speak.

One thing is certain, when you no longer have a body, you no longer need a soul." Winograd, 2009. It is understood from this speech how important the body is, and how much we need to talk more about it. Where is this body today in society?

In fact, one realises that today there is only the body itself, as almost a daily stage, with social networks and globalisation. We live in a moment in which the value is measured by the subject's body. You only talk about body, and dissatisfaction with it.



And the body is almost like talking about the subject's feelings, or talking about the clothes, etc. It's such a common speech these days that it's almost impossible not to hear about someone's body. The question is, how healthy is that? And to what extent this invades the other, controls, brings suffering by dissatisfaction when compared to other bodies, and the numerous surgeries in which this suffering subject seeks to achieve this ideal, which for him, and for much of society is "everything" that really matters.

Reducing us to one body, what's left? What remains? It is very fragile to understand what is beyond this body, this subject, this demand for excess self-care, and the need to be visible, to show the body, to talk about it, and to put it in evidence.

"The body takes the front of the scene, constituting itself as a source of suffering, frustration, dissatisfaction, and an impediment to phallic-narcissistic potency. From vehicle or means of drive satisfaction, the body also becomes a vehicle or means of expression for pain and suffering. A suffering that seems to find it difficult to manifest itself in psychic terms."

We are a body that manifests itself, that feels, that suffers, etc. But what we need to think is, when this Body took this main place in society, as a main stage?! It is understood that we are today only Body or almost that. The analyst on the other hand needs to be attentive to "listen" to this body. For the body speaks, speaks through its expansiveness, through the feeling that the subject has with him, points out something external of what is internal.

Listening needs to be more focused in this sense, too, of a "living body". The body, then, is not to be confused with the biological organism, but which is a place of inscription of the psychic and the somatic as well.

That is, here we will not talk about the body as history only, of a biological body or another, but from it. What is circumscribed about the body, and that brings this representation in the symbolic and imaginary field at the same time, these intersect to account for the size of the psyche spoken there through this anguish with their bodies today in society.

Let us see further how this Body interacts in its social environment, with the ego itself, and I of the subject. A Body that ceases to be of the self and becomes "ours", giving a collectivity to it, and losing its individuality.

### 2.3 SOME CONTRIBUTIONS OF PSYCHOANALYSIS ON BINGE EATING INSCRIPTIONS IN PATIENTS AFTER BARIATRIC.

In many cases of patients who have had bariatric surgery and receive it in the clinic, they have the fear of regaining weight over time. Of course, at first they can see the effect of



bariatric surgery on weight loss, but the fear of returning to obesity is very common. I realise that most of these patients realise that before bariatric surgery they presented compulsive behaviours in relation to food. Because after stomach reduction surgery, the patient has a drastic change in feeding, since the stomach does not support a large amount. As a result, many patients end up being afraid when they return to eating everything, that is, when they leave the food restriction they experience in the first year.

In episodes of AK, people feel the need to eat even when they are not hungry, and they continue to eat despite being satisfied. Thus, a large amount of food is ingested in a limited period of time, accompanied by a feeling of loss of control over the act.

The subject cannot control the amount, nor the way in which the intake of food occurs. For these reasons, episodes usually occur in hiding, being interrupted only by factors external to the subject's will, as in the case of someone's arrival, the end of food or even by the physical malaise resulting from the empanzinamento. After the compulsion, feelings of guilt, shame and sadness are intense" (Vianna, 2019)

The food before was used as a great ally to escape the subject, seeking to fill the internal void, and as a mechanism in the search for excess. According to André Green (2009), the "work of the negative" implies a dissolution of the object itself, with consequent opening to difference. The compulsion, on the other hand, points to a link with an untransformable object.

The object of desire becomes an object of need, because, in the register of the additive need, there is a decrease of desire in relation to need, and of affection in relation to sensation.

Once in one of my clinical sessions, I heard the following sentence: "It is as if I could not stop eating, at first it was tasty, but then it was a feeling of only stopping when I could not fit anymore. The belly needed to be stuffed, it needed to feel full, if it wasn't like I wasn't satisfied. I ate until I was sick, and then I felt sick."

We can understand from this statement that even though this patient had undergone stomach reduction, she still suffered from the behaviour she repeated for years. And the fear of doing it again tortured her.

According to McDougall, (2000);

[...] the heroic vulnerability of addicted subjects is a consequence of the relative failure of early internalisations that ensure the narcissistic bases sufficiently stable to guarantee a sense of security and continuity, capable of being maintained, mainly, thanks to the subject's own resources."



From this, we understand that from the construction of the subject, he will or will not have an addictive or compulsive behaviour. That is, these subjects have a completely fragile ego, poorly constructed and elaborated through their bases.

The patient who undergoes bariatric surgery, realises that he is unable to do what he did before surgery, and if he is not in psychological counselling, can often develop some type of depression, psychological disorders, or even develop another type of addiction, or compulsion.

Due to the extremely restrictive diet after surgery, the subject cannot cope and can understand it as a restriction, and even an "amputation" of himself, and then ends up living a mourning with food.

The subject sees himself in the "obligation" to seek another place or object to feel the pleasure that before the food provided him.

The analyst must know how to lead the patient, so that he does not give up the possibility of success against obesity, and that he always guarantees a place of listening, welcoming, empathy, and guidance in some cases. Because the patient sees a part of the process, and often only thought about the result, and for him it may be very difficult to deal with the "limits", from saying no to the pleasure of before, to deal with the waivers that are important to ensure the success of the surgery in the long term.

After bariatric surgery the subject still suffers from the fear of returning to repeat the compulsive behaviour with food, and thus return to their weight before. In this anguish of fear of oneself, we can see no other way to sustain this fear than to lose weight more and more.

Although it is not sustainable in the long term, he believes that he will never be able to find a balance, and establish confidence in himself, always living insecure.

According to Lasch;

"[...] the experience of the inner emptiness, the terrifying feeling that, at some level of existence, I am nobody, that my identity has collapsed and deep down there is no one. It's about the way we're managing to deal with feelings of loneliness and helplessness."

It is extremely important to pay attention to psychological counselling before and after bariatric surgery, in addition to all other professionals who are usually part of the multidisciplinary team for the monitoring of these patients.

Since we know that this is a surgery that "(...) operates on the stomach and not the head." You can have great success with this surgical intervention, or a much worse regain of weight than before surgery, or finally, even a great tragedy with risk of death by not following the correct diet in the postoperative period.



### 3 METHODOLOGY

This study is characterised as a qualitative research, exploratory in nature, with bibliographic design. The choice of this methodology is justified by the proposal to understand, in the light of psychoanalysis, the subjective manifestations associated with binge eating in patients undergoing bariatric surgery, focussing on the constitution of the subject in the face of the demands of the body in contemporary times.

The literature review was conducted in order to identify relevant theoretical contributions to deepen the psychoanalytic analysis of the phenomenon investigated. To this end, classical and contemporary works by authors of psychoanalysis were selected, such as Freud, Lacan, André Green, Joyce McDougall, among others, as well as academic articles published in indexed scientific journals and theses / dissertations available in academic repositories.

The inclusion criteria covered publications between 2003 and 2024, with texts written in Portuguese and that dealt with the following descriptors: binge eating, bariatric surgery, body in contemporary times, psychological distress and psychoanalytic clinic. Only materials with full access and peer review were considered. Duplicate documents that were not reviewed or that were not directly related to the thematic axes of the research were excluded.

In addition to the theoretical analysis, the research was also based on the author's clinical practice, based on visits made in a private office with patients who had a history of binge eating and / or underwent bariatric surgery. It is noteworthy, however, that the clinical data were used in an illustrative way and fully preserving the identity of the patients, according to the ethical principles of confidentiality and professional secrecy.

Data analysis followed the method of psychoanalytic hermeneutics, prioritising listening to the subject and understanding the language of the symptom in the symbolic field. This approach made it possible to reflect on the social, cultural and psychic crossings that influence the constitution of the subject and the experience of the body after surgery, especially with regard to the persistence or displacement of compulsion.

This methodology allowed the construction of a field of investigation that does not seek statistical generalisations, but the expansion of clinical listening and the problematisation of contemporary modes of subjectivity based on the body and compulsion, offering subsidies for the work of the psychoanalyst and for multiprofessional teams that work with bariatric patients.



#### 4 RESULTSS AND DISCUSSÕES

The analysis of the selected materials and clinical experience showed that, although bariatric surgery promotes significant weight loss, it often does not reach the subjective dimensions involved in binge eating. The symptom of compulsion, in the psychoanalytic perspective, does not dissolve with the anatomical modification of the body, since it is anchored in unconscious processes of suffering and jouissance. The absence of the psychic elaboration of desire and of internal conflict tends to provoke the substitution of the object of compulsion - before food -- by other equally compulsive objects or practices, such as the consumption of alcohol, shopping, excessive physical exercises or even eating disorders such as bulimia and anorexia.

From the clinical point of view, it was observed that many patients express feelings of frustration, guilt and anguish even after surgical success, demonstrating that body weight loss is not enough to reconfigure their image of themselves or restore their bond with desire. Reports such as "the belly needed to be stuffed, if not as if I were not satisfied" indicate that pleasure is not in the food itself, but in the instinctual operation of filling a symbolic void. In this sense, compulsion acts as a way of buffering anxieties that have not found symbolisation.

The literature analysed (Green, 2009; McDougall, 2000; Vianna, 2019) corroborates the hypothesis that binge eating is linked to structural flaws in the constitution of the ego, often originating in early relationships marked by narcissistic insufficiencies and difficulties of symbolisation. Surgery, by operating directly on the real body, promotes a split between the biological body and the libidinal body: the subject sees himself "slimmed on the outside, but still obese on the inside", as pointed out in several clinical statements. This disarticulation tends to intensify the malaise, as it forces the subject to confront, without the support of the previous food symptom, psychic contents not symbolised.

The clinical discourse analysis also revealed that the socially imposed ideal of thinness exacerbates guilt and self-judgement. The internalisation of the look of the Other, as a normative instance, transforms the body into a stage of morality, and any deviation from the standards is experienced as a subjective failure. The exposure in social networks, the spectacularisation of the body and the logic of performance accentuate this psychic vulnerability. As a result, bariatric surgery, when performed without consistent psychoanalytic follow-up, can operate as a supplementary repression, silencing the symptom without effectively addressing its core of truth.



Psychoanalytic listening proposes, therefore, a displacement: from the medicalisation of the body to the listening of the subject. The analyst does not seek to standardise conducts, but to interpret what the symptom reveals about the subject's place in the social bond and in his economy of enjoyment. The clinic with bariatric patients shows the urgency of considering the dimension of the unconscious in the treatment of obesity, otherwise the circuit of repetition and suffering will be perpetuated.

Thus, the results of this investigation point to the need to reconfigure clinical and institutional practices in the follow-up of post-bariatric patients, considering the psychic complexity involved in binge eating. The intersection between body, desire, culture and language should be the articulating axis of any therapeutic proposal committed to ethical listening and the subjectivation of suffering.

## 5 CONCLUSION

The elaboration as well as the development of this work allowed me to dwell from the perspective of psychoanalysis, and through my experience in the psychoanalytic clinic of Eating Disorders, a deepening in this field of action in the clinic of Eating Disorders in particular on Binge eating and bariatric surgery. It also allowed me to expand and rethink my clinical care in these demands.

According to the author Mônica Vianna: "Social panic in relation to getting fat or being fat is much more esthetic than a concern with health, the fat person is stigmatised as lazy, someone who has failed to take care of himself."

And with this an expectation is built that caring for the body, the subject will be self-realised, will reach fullness, success, and soon happiness. And the opposite of that would also be a legitimate place in obesity. There is an exacerbation of exteriority in the contemporary context. Parallel to this, there is a psychic inscription of immeasurable suffering in the subject, and that this not finding a "place", is condemned to body inscriptions. That is, it is from the body that the current psychic sufferings will appear.

"Any comment on eating habits, for example, generally triggers a chatty, bizarre and infantilized competition about who does more exercise, who eats less fat; who is capable of losing more pounds in less time; who stopped smoking longer; who ingests more vegetables, foods and natural drugs etc. In parallel to this, all consumption of foods with a high calorie content is preceded by true acts of constriction and preventive rituals of atoning for the lack to be committed. Those who do not accept to play the game are seen as problematic, from the



emotional point of view, since they surrender, unscrupulously, to physical and moral self-destruction. After all, we think, without good form, we will have no opportunity to be winners. The evil of the century is the evil of the body." (Costa, J. F.)

It is noticed in today's society that there is an eternal doubt of much anguish experienced by the human being in general. While the media brings avalanche of marketing in extremely fatty foods, fast food, among others.

On the other hand, this same media reinforces the importance of taking care of the body, eating healthily, having a thin body, with a thin silhouette, etc. What I'm saying is that it is very difficult to even be what you want, because all the time someone says what you have to do. Choosing has been an increasingly difficult task for the subject. I realise this in the clinic in the logic of "all or nothing". Of an enormous suffering experienced by the person who finds himself oppressed by the pressure of society.

There is a discomfort shared among women, mainly due to the requirement of "machismo", as well as her own with her. The demand and charge is so high that it is almost impossible to achieve it. For perfection does not exist, not least because perfection is in the very eyes of the beholder. If I feel good about my body and my appearance, then I am "perfect" for myself.

But in weaving here, we can see that in fact this restlessness, bothersome to your body, is not in fact the external subject we are talking about, but that from it, we can increase the knowledge of this pain and suffering that is internal and not external.

Perhaps talking about the body may be the best way the unconscious has found to point out "guilt" than looking at their own psychic processes that bother them. But always referring there is an eternal restlessness and all the time, not allowing the subject to relax, but making him increasingly rigid with himself and with others around him.

Thus, in a search for something that will never be achieved, and for something that is not exactly the object of search, the subject lives thinking that he will find happiness and complete satisfaction with his body, without being at peace, happy and satisfied with himself, in his internal and psychic aspect. It is a very controversial thought, but where it is increasingly "normalised".

In patients who resort to bariatric surgery we can perceive more and more this anguish of an insatiable search for an extremely thin body. I once heard in a patient's clinic: I see so many bones after bariatric surgery in the Others, but I don't.

In fact, there is a competition and super exposure of lean bodies, bones, and a lot of photoshop on social networks, so that the idea of ideal bodies is increasingly sold. Or even what



is also very common, patient after bariatric surgery developing anorexia nervosa, or bulimia nervosa.

The fear is so great that fat appears somewhere in your photos, that they end up developing serious psychological disorders. Realise how much appears a fat or fold in your body, or something that escapes the standard of thinness, it can be understood that it is very wrong to have a fat here, or a belly not "stoned" as show the great celebrities.

The problem is that today, it is not only celebrities who live this, but the famous "bloggers", others not so famous, and anyone can act like this, after all, social networks are today the main causes of cases of eating disorders.

And anyone can be photographing their body, and exposing it on social media, and that makes more and more people feel pressured to also have to be in that standard body to be photographed.

So from this research, we understand how much society has changed, and how much the Body presents a place so available and so seen. And it is interesting how it happens in a global repetition, that is, the subject sees himself in a pressure and almost an obligation, to have to expose himself as much as the other. It's becoming a competition among women in particular, and it's becoming perhaps a form of compulsion for repetition of behaviour. As the author cites the principle of repetition is stronger than the principle of pleasure. There is a force in psychic life more powerful than our tendency to seek pleasure and avoid displeasure. This force is called the compulsion to repeat. The eruption of repression that seeks to exteriorize itself in a symptom or a symptom or an action, and this repeatedly, is a more irresistible force than the pursuit of pleasure.

Binge eating in patients after undergoing bariatric surgery, will channel this registration of this drive to another place, according to the research conducted in this work and from my experiences in the clinic.

It is very common for some patients to make this registration for example for physical activity, the analyst on the other hand must always be attentive to this listening to the pleasure and drive of the patient. For one can live with the conscious drive for a certain activity, in a healthy way. For the compulsion is when it brings to the subject, losses.

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