# Dialogical Self Development in Obese Women: A Cultural Psychology Longitudinal Study

## Desarrollo del Self Dialógico en mujeres obesas: Un estudio longitudinal desde la psicología cultural

## O Desenvolvimento do Self Dialógico em Mulheres Obesas: Um Estudo Longitudinal na Perspectiva da Psicologia Cultural

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## Abstract

In this study, we investigated how cultural prejudices and social rejection may have a significant effect on obese women's dialogical self-development. Adopting a longitudinal methodological approach, we analyzed the developmental trajectory of three obese women along a period of two years, during which they were submitted to bariatric surgery to lose weight. The aim was to identify and analyze the configurations of their dialogical self before, right after, and months after the surgery. Some guiding questions were 'How did they position themselves at those three different moments? What were the social others and experiences that contributed to their dialogical self changes? What was the impact of imagined future 'selves' over their self positionings?' The research was based on both semiotic and cultural psychology and the dialogical self-theory. Results revealed important aspects of the dynamics of self-development, shaped by the cultural canalization power of prejudice. However, each subject, in idiosyncratic ways, used diverse strategies and reacted very differently to prejudice and weight loss experiences, which reveals the complexities of their dialogical self in constant processes of development.

*Keywords*: Dialogical Self, obesity, culture, prejudice.

## Resumen

El presente estudio investiga cómo los prejuicios culturales y el rechazo social pueden tener un efecto significativo en el desarrollo del Self dialógico de mujeres obesas. El estudio adopta un enfoque metodológico longitudinal en el que se analizaron las trayectorias de

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desarrollo de tres mujeres obesas durante un período de dos años durante el cual se sometieron a cirugía bariátrica para perder peso. El objetivo fue identificar y analizar las configuraciones dialógicas de estas mujeres, antes, inmediatamente después y meses después de la cirugía. Algunas de las preguntas de investigación fueron: ¿Cómo se posicionaron las mujeres en los tres momentos de la investigación? ¿Qué otros grupos sociales contribuyeron a los cambios en su Self dialógico? ¿Cuál es el impacto del Self imaginado en el futuro en las posiciones presentadas? Los resultados revelan aspectos importantes de la dinámica del desarrollo del Self, impulsados por el poder de canalización cultural del prejuicio. Sin embargo, cada mujer usó idiosincráticamente diferentes estrategias y reaccionó de manera diferente a los prejuicios y a la experiencia de la pérdida de peso, lo que revela las complejidades de su Self dialógico en procesos constantes de desarrollo.

*Palabras clave*: Self dialógico, obesidad, cultura, prejuicio.

## Resumo

O presente estudo investiga como preconceitos culturais e a rejeição social podem ter um significativo efeito no desenvolvimento do self dialógico de mulheres obesas. O estudo adota uma abordagem metodológica longitudinal, onde as trajetórias desenvolvimentais de três mulheres obesas foram analisadas ao longo do período de dois anos, durante o qual elas foram submetidas a cirurgia bariátrica para perda de peso. O objetivo foi identificar e analisar as configurações do *selves* dialógicos destas mulheres, antes, imediatamente após, e meses depois da cirurgia. Algumas das questões investigadas foram: 'Como as mulheres se posicionaram nos três momentos distintos da pesquisa? Quais os outros sociais que contribuíram para as mudanças em seus *selves* dialógicos? Qual o impacto do self imaginado no futuro sobre os posicionamentos apresentados?'. Os resultados revelam aspectos importantes da dinâmica do desenvolvimento do self, orientado pelo poder de canalização cultural do preconceito. Entretanto, cada mulher, de maneira idiossincrática, utilizou estratégias diferentes e reagiram de maneira diversa ao preconceito e à experiência da perda de peso, o que revela as complexidades de seus self dialógicos em constante processos de desenvolvimento.

*Palavras-chave*: self dialógico Self, obesidade, cultura, preconceito.

The increasing number of obese people in Brazil and the world at large demands the investigation of how obesity may configure a difficult experience for those subjects living in this condition. Besides health problems, obese people, particularly women, face experiences impregnated of contempt and prejudice on a daily basis, which, in different ways, bear a significant effect on how their dialogical selves organize over time to handle such stressful situations. The research adopted the longitudinal methodological approach known as TEA (Sato, Mori & Valsiner, 2016), which aims at analyzing how different developmental trajectories lead to a same experienced condition (the equifinality point). The study's goal was to analyze the developmental trajectory of three obese women along a period of approximately two years, during which they were submitted to bariatric surgery to lose weight. Our goal was to identify and analyze the characteristics and configurations of each participant's dialogical self before, right after, and some months after the weight loss surgery, the last functioning as a sort of equifinality relative to their specific trajectories. Some of the research guiding questions were 'How do participants position themselves at those three different moments? What are the major social others and the relevant experiences that contributed to the development of each woman's dialogical self configuration? What is the impact of imagined future 'selves' over their present self positionings?

The research was based on both Semiotic-Cultural Psychology (Valsiner, 2014, 2017) and on the Dialogical Self Theory (Hermans, 1991, Hermans &

Hermans-Konopka, 2010; Hermans, Konopka, Oosterwegel & Zomer, 2017). It investigated how cultural prejudices, social rejection, bariatric surgery and other relevant events might have affected participants' dialogical selves configurations, highlighting the role of significant others, social experiences with people in general, and other aspects of participants' experiences and environment. Empirical data were longitudinally constructed during interviews occurring at three different moments (time 1, time 2, time 3), along a certain time period.

In the following sections, the reader will find the specific goals of the study, the theoretical grounds on which the research methodological approach developed, the procedures employed and the results obtained. The last section of the paper discusses the most relevant research findings and suggests perspectives for further investigations about the topic.

## Cultural Psychology and Dialogical Self Theoretical Approaches

Both Cultural Psychology and Dialogical Self Theory share a dialogical perspective (Hermans & Hermans-Konopka, 2010; Hermans & Gieser, 2012; Simão, 2007; Valsiner, 2014; Zittoun, 2015). The mutual and dynamic constitution of "Self" and "Other" is the keystone of these theoretical frameworks, and both approaches argue that meaning processes emerging from significant social transactions consist of the psychological ground from which human development is generated. Particularly from the cultural affective-semiotic psychological perspective here adopted (Valsiner, 2014, 2017), *semiosis* is the very foundation of psychological processes, operating alongside the reciprocal construction —or coconstruction—of *subject* and *culture*, *practices* and *values*, as well as other dimensions of human phenomena.

No culture-free human psychology can even exist therefore human experience is necessarily embedded in meaning-making processes, which

give rise to what Lotman (2005) designated as *semiosphere*. Semiosis is a continuous and strongly affect-laden process continually occurring along the irreversible time (Valsiner, 2014), and transactions with social others are the birth from which human psychological phenomena spring out. As parts of a connected whole, according to the logic of inclusive separation (Valsiner & Cairns, 1992), material and observable events may give rise to affective-semiotic fields of meanings emerging from lived-through experiences, and some of these may develop into personal values and beliefs—which, in the long run, give rise to compatible observable actions, practices and events.

The very substance of meanings is cultural. They come to life as a result of communication processes taking place in cultural practices impregnated of cultural values. As individuals develop embedded in culture, such transactions originate collective and personal cultures that permanently influence each other along irreversible time. According to the cultural psychology perspective, personal cultures are constantly developing through the dynamics of cultural canalization processes put forth by the collective culture. However, as individuals are conceived as active and constructive, internalization of meanings are, always, a transformative process, and when individuals externalize their meanings during social transactions, they also transform previous collective cultural meanings.

The Dialogical Self Theory (DST) proposed by Hermans and colleagues (Hermans & Konopka, 2010; Hermans, Konopka, Oosterwegel & Zomer, 2017) successfully joins and complements the cultural, dialogical theoretical framework adopted by our study. It does so by highlighting the dynamic and dialogical configuration of each individual's dialogical self-system Branco (2016), which takes place at the intra-psychological level of human experience. The DST poses the emergence of multiple I-Positions as the individual experiences significant social relations with specific others, and argues that

such I-positions continuously dialogue with each other within the Dialogical Self. More recently, Branco, Freire and Roncancio (Branco, 2016; Freire & Branco, 2016; Roncancio & Branco, 2017) claim that the dialogical self should be conceived as a *system*, and propose the concept of *Dynamic Self Positionings*—instead of relatively stable I-Positions—to explain the dynamic and flexible re-arrangement and development of the self-system. We argue that such *Dynamic Self Positionings* emerge from *Affective-Semiotic Fields* (Valsiner, 2012, 2014) that, eventually, transform—along life trajectories—into *values*, in charge of guiding the person's perceptions, actions, thoughts, goals and beliefs. Consequently, each person's more significant I/self positionings are inevitably linked with specific Affective-Semiotic Fields.

Affective-Semiotic Fields have proved very effective in making sense of the dynamics of values ontogenesis alongside human life trajectories. The theoretical and heuristic productivity of this concept has been confirmed in several empirical investigations (Mattos & Chaves, 2015; Oliveira Silva, 2017; Rengifo-Herrera, 2014; Roncancio,

2015), and their characteristics can be better understood as we analyze Valsiner's Affective-Semiotic Regulatory Model (2012, 2014). In this Model, the author proposes the existence of four different levels of regulation (figure 1). The first level encompasses the physiological expressions of affectivity, which indicate a general feeling of comfort/well-being *versus* discomfort/distress; as semiotic processes blend and intermingle with such feelings, specific emotions arise, allowing us to designate them as specific emotional qualities, such as hate, joy, disgust and so on, configuring the level 2 of the regulatory system. At level 3, words cannot describe well the quality of the feelings the person experiences, and, at level 4, such difficult-to-verbalize affective-semiotic experiences become somehow organized as fuzzy hypergeneralized Affective-Semiotic Fields (ASF), which gradually, hierarchically and dynamically organize themselves within the person's Dialogical Self System. Some of such ASF, then, may become extraordinarily powerful along one's life trajectory, and are now designated as values—and, eventually, their counterparts known as prejudices.
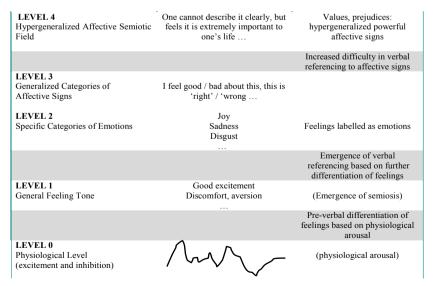
| **LEVEL 4** Hypergeneralized Affective Semiotic Field | One cannot describe it clearly, but feels it is extremely important to one's life … | Values, prejudices: hypergeneralized powerful affective signs |
|---|---|---|
| | | Increased difficulty in verbal referencing to affective signs |
| **LEVEL 3** Generalized Categories of Affective Signs | I feel good / bad about this, this is 'right' / 'wrong … | |
| **LEVEL 2** Specific Categories of Emotions | Joy Sadness Disgust … | Feelings labelled as emotions |
| | | Emergence of verbal referencing based on further differentiation of feelings |
| **LEVEL 1** General Feeling Tone | Good excitement Discomfort, aversion … | (Emergence of semiosis) |
| | | Pre-verbal differentiation of feelings based on physiological arousal |
| **LEVEL 0** Physiological Level (excitement and inhibition) | | (physiological arousal) |

*Figure 1*. Affective Semiotic Regulatiry

Fuente: (Valsiner, 2005, 2014).

Values and prejudices, therefore, acquire a special and dominant regulatory function, and act as a guiding force to promote perceptions, actions, feelings, thoughts and interpretations of one's and others' experiences (Branco, 2016).

As mentioned before, the constitution of self and culture is mutual, and all human phenomena is dialogically constructed. Hence, the dynamic configuration of the ever-developing Dialogical Self System occurs throughout cultural canalizations leading to active, constructive internalization processes that permanently structures and restructures each person's Affective Semiotic Fields, and their hierarchical organization within the self-system (DSS). Internalization processes are, thus, the mechanisms through which social messages (direct, implicit, subtle) are actively incorporated in the DSS.

In the case of the women studied in this research, their socio-affective life experiences—especially those related to rejection but also acceptance and encouragement—may have resulted in similarities and contrasts in the way they internalize and respond to prejudices. The study was carried out with six Brazilian obese women (Oliveira, 2017), and developed a methodology to investigate their developing Dialogical Self System's configurations making use of TEA's methodological resources (Sato, Mori & Valsiner, 2016). The participants were interviewed before, right after, and after some months of their bariatric surgery, and the study is presented next.

### Goals

Consulting the literature, we found many studies about health problems deriving from individuals' excessive weight. Eventually, some studies were carried out about psychological difficulties (Loureiro, 2017); however, analysis of the role played by obesity on people's self development was definitely rare (Oliveira, 2017). Taking into account that not much has been investigated about the consequences of obesity upon women's self experiences, the present research aimed at analyzing the dialogical self-development of obese women at three consecutive moments: before, right after, and months after a bariatric surgery to lose weight. In other words, our goal was to investigate the effects of their experiences, particularly with cultural prejudices, social rejection, and weight-loss experiences upon their Dialogical Self Systems throughout their life trajectories.

### Methodological Approach

According to the Trajectory Equifinality Approach (TEA - Sato, Mori & Valsiner, 2016), researchers' first task should be to define the equifinality point of participants' life trajectory. According to TEA, the equifinality point is the same condition that is achieve by different developmental trajectories, which will then consist of the object of analysis of the researcher. In our case, the bariatric surgery and its consequence, weight loss, consisted of the perfect one, a convergence in their trajectories. There was, also, a high possibility that the bariatric surgery/weight loss would become a rupture point, that is, an event able to cause a substantial trajectory change in their lives, demanding for adjustments and adaptations to their new condition. However, as TEA well demonstrates (Zittoun & Valsiner, 2016), we can only identify turning points (such as ruptures), adjustments, and so on, by investigating each case using specific information collection procedures at least at three different points in time. Therefore, we carried out a longitudinal study using in-depth interviews to analyze the developmental trajectory of three obese women along a period of two years, during which they were submitted to bariatric surgery to lose weight. In fact, we started to investigate six women, but only three were selected for in-depth case studies due to the amount of relevant information and the diversity of their Dialogical Self Systems and life trajectories.

Interviews took place at Time 1 (T1, before the surgery), Time 2 (T2, between 1 to 3 months after the surgery), and Time 3 (T3, about 1 year after the surgery). The guidelines for the analysis consisted of identifying and analyzing the characteristics and configurations of each participant's Dialogical Self System at the three times. Research guiding questions were: How did they position themselves at those three different moments? What were their significant social others? Which experiences contributed to changes and development of each woman's dialogical self configuration? What was the impact of the imagined future over their present Dynamic Self Positionings?

## Participants

Participants were invited to participate after a first contact with a bariatric clinic, and then by their social network. For the present study, we selected three out of six cases first investigated, for they were particularly interesting and rich with information. The participants selected for the in-depth longitudinal analysis were Solange, Regina and Carmem, all fictitious names. Table 1 shows their most relevant characteristics.

## Case Studies

### Solange

Since childhood, Solange suffered prejudice and discrimination due to her obesity, particularly from constant disapproval and rejection by her grandma and other family members (cousins, uncle). During the three interviews, but especially at T1, she said in different ways—including by nonverbal signs such as sad facial expressions and voice tone—that obesity meant a horrible experience that made her feel terribly ugly and unworthy. She blamed herself for her condition, and tried to follow others' suggestions about losing weight, but it had never actually worked out for her. We extracted from her narratives, along the interviews, the following excerpts to illustrate how she saw and evaluated herself over her life experiences:

> I think that fat people like me don't have any joy, no internal joy, here inside, no way…;
> For sure they are looking because [...] I'm very fat, right? They get scared, right?;
> [...] I've put this in my head, no one talks to me because I'm fat, I'm ugly...

Among other serious problems, intensive prejudice at home and at school—especially, when she became an adolescent—led her to social isolation, and, ultimately, to school dropout. Her nightmare was riding the bus, because she could not fit into the bus seat, neither was she able to pass through the bus ticket gate. Such restrictions made her feel absolutely ashamed of herself. She felt bad even walking, and complained "if there were no prejudice, I'd go everywhere because I like to walk, but then I get ashamed...". The perspective of dating, which emerged during adolescence, was, then, totally inexistent to her: "Who wants

**Table 1.**

*Women's major* characteristics

| Name | Age (range) | Weight Loss (kg) (at T1 – T3 = loss) | Social Class | Marital Status | Occupation |
|---|---|---|---|---|---|
| Solange | 29-30 | 187 to 127=lost 60 | low-income | single | none |
| Regina | 24-25 | 179 to 90 = lost 89 | low-income | married | street sweeper |
| Carmem | 38-40 | 110 to 57 = lost 53 | middle | married | school teacher |

to date a fat girl?", she asked at T1. At T1, after a recent diet experience, she had lost some kilos, but that meant nothing to her since it practically did not show. Following the insistence of grandma and a cousin, she decided to do the bariatric surgery and, at T1, she mentioned that she had obtained the support of other obese women who had decided to do the same surgery. However, this peer support was not enough to create positive self-evaluations, increasing her self-esteem. Her relatives and all social others around her seemed to have a very strong power to enhance her poor self-concepts. According to our theoretic-methodological approach, we could identify from her narratives—taking into account both verbal and nonverbal actions—what we considered to be indicators of specific Dialogical Self Positionings, which allowed us to infer specific configurations of her Dialogical Self System at the moment of

each interview. Hence, by adopting a DST terminology, we tried to depict in Figure 2 Solange's Dialogical Self System's configurations at the three times (T1, T2, T3), by specifying her Dynamic Self Positionings-DSP along time, and identifying those social others mostly connected to the emergence and maintenance of each positioning.

We also display in the picture (figure 2) Solange's future dreams and projects, since these have, according to Cultural Psychology, a relevant theoretical significance to foster human development. Solange wished to be able to go back to study, to graduate as a medical doctor, to dance, to work, to buy nice clothes in the stores, and to take care of herself to look pretty.

Along Solange's life trajectory, according to the TEA model, possible ruptures may have taken place—like school drop-out and the bariatric surgery—and social others, like family members and
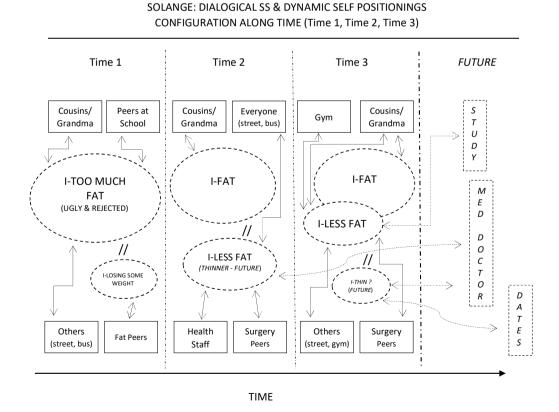
SOLANGE: DIALOGICAL SS & DYNAMIC SELF POSITIONINGS
CONFIGURATION ALONG TIME (Time 1, Time 2, Time 3)



*Figure 2*. Solange's Dialogical Self System: Dynamic Self Positionings Configurations throughout Time

people passing by, likely had strong impact over her choices and conformity. This resulted in the pathways that led her along her life trajectory up to the moment of her last interview at T3, when she still showed a significant amount of pessimism concerning her possibilities to lose weight.

An attentive look at Figure 2 also reveals that, indeed, Solange made an effort to imagine herself as someone thinner in the future, when she would be able to go back to school, graduate in medicine and start dating. However, the very decision to do the surgery was not Solange's own resolve. According to her narratives, she was pushed into it by her family as a way to get thinner. Moreover, in different moments of the interviews, she led us to conclude that she conceived herself as so fat and so ugly that she could not envision herself differently, even in the future. For this woman, obesity meant a total wreck, which made her life miserable and made of herself an eternal victim.

### Regina

Regina, at the time of the first interview, had a job as a street cleaner hired by the town hall of a middle-size city. She stressed her powerful identification with her deceased father, who she loved a lot. The father had died due to illnesses related to his severe obese condition. Regina explained "I decided to do the surgery due to my father's death...", and considered obesity a condition associated not with ugliness but to illnesses and death. During the interviews, she was mostly positive about herself, conceiving herself as courageous and strong, as a person leading a very normal life. Her positive self-esteem could be inferred from enunciations such as "Even being obese, I work normally, it doesn't prevent me from doing anything...I go to parties, I have fun, I dance..."

At T1 and T2, she did not complain about prejudices, but made sure to express her indignation when someone else was victim of any sort of "injustices" [sic]. As personal resistance strategies
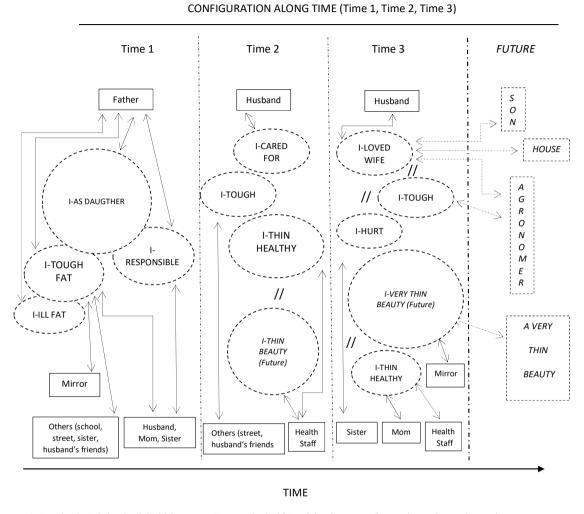
to deal with eventual prejudices, she mentioned that "Nothing annoys me [...] I learned this from my father... he danced a lot [...]. People say 'Look at that fat girl dancing', but I don't care!" Her husband, according to her, was very supportive and did not impose anything on her, nor ever expressed his wish she would lose weight.

Regina's case, however, became particularly interesting. At times T1 and T2 she was definitively explicit and straightforward concerning the reason for choosing to submit to the bariatric surgery: health was the reason why she did so, and she never mentioned any other motivation. Notwithstanding, a new and powerful motive emerged in her Dialogical Self System as she started to lose weight, after the surgery: At T2, she talked about how good it was to become thinner and beautiful. For example, at T1, she said: "I accept myself the way I am"; but, at T3, she confessed "I looked at the mirror and I thought I was awful. Now I see myself more as a woman, and much happier!"

Moreover, only at T3, after she was already in shape, did she mentioned how she had suffered from prejudice and discrimination, particularly by her family members, as her sister, who she had never mentioned before. That is, she did not mention the bullying before as a face saving strategy to communicate her toughness and self-confidence.

From Regina's positionings at T3 we could then infer the power of a now revealed hypergeneralized Affective-Semiotic Field, namely, a significant personal value: to become beautiful! Next, following the same procedure to identify indicators suggestive of specific DSP, we depict the development of Regina's Dialogical Self System inferred from her narratives at T1, T2, and T3 (figure 3).

Regina's case is extremely interesting. As time went by, what she previously expressed as her major concern in relation to obesity, namely, susceptibility to illnesses and chances of a premature death, almost totally disappeared with the emergence of a strong desire to become beautiful and thin. She made it very clear at T3 that thinness meant

REGINA: DIALOGICAL SS & DYNAMIC SELF POSITIONINGS
CONFIGURATION ALONG TIME (Time 1, Time 2, Time 3)



*Figure 3.* Regina's Dialogical Self System: Dynamic Self Positionings configurations throughout time

beauty. In short, after the surgery, health concerns were replaced by a powerful and determined goal to achieve the status of a beautiful woman.

**Carmem**

Carmem used to be thin during her childhood and teenager years. As an adult, she became a physical education teacher and, as time went by, she gained weight. At T1 she was happily married and ok with herself and her life, until the day she was invited to be the bride's maid of a cousin' wedding. She told the researcher that the moment she envisioned

herself in the wedding's pictures, she was horrified by the way she would look in her dress—an ugly, fat woman—and that was the moment she decided to do the surgery. She said, "I told myself, 'For Christ's sake, girl, shame on you!" Then she added, "Fat people in pictures is too sad!"

Before that, however, she had given up on buying new clothes for herself. She explained at T1 "I was a thin child, also at the university (...) but then totally ...and when I went from size 6, to 8, to 10, to 12... When I needed a size 14, I said 'Enough! I'll not allow myself to wear a 16!' and since then I didn't buy clothes anymore!"

Even though Carmem did not conceive of herself as a victim, she firmly criticized the generalized social prejudice against fat people and those cultural values that overestimate skinniness and slim looks as a measure of beauty. She also argued, "The world is not prepared for obese people, unfortunately! It is everything: we have to think about the chair that won't support you, about the car seat, the position of the bed..." In Carmem's words, society does not respect overweight people, and, consequently, they are unnecessarily hurt by such a rejection.

She was so determined to get thinner that she decided to get fatter to be able to apply for the surgery. Next, Figure 4 displays the development of her Dialogical Self System inferred from her narratives at T1, T2, and T3.

Figure 4 clearly demonstrates, as previous Figures up to this point, how unique is the trajectory of each participant of this research. Carmem, in contrast to the two other women, was not an obese child or adolescent, and had to get heavier to submit to the bariatric surgery. Compared to them, she did not report, at any of the interviews, having

CARMEM: DIALOGICAL SS & DYNAMIC SELF POSITIONINGS
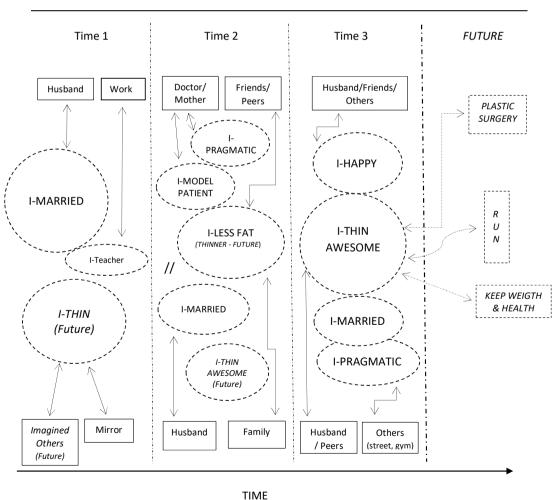CONFIGURATION ALONG TIME (Time 1, Time 2, Time 3)



Figure 4. Carmem's Dialogical Self System: Dynamic Self Positionings configurations throughout time

suffered from painful prejudices, within family or elsewhere. No especial turning points were found in her case other than the crucial experience that made her mind to do the surgery, namely, to be invited to be a bride's maid and imagine how awful she would look in the wedding picture. That was too much for her to bear.

Next, we present a synthesis of participants' major experiences concerning obesity and weight loss (table 2).

Table 2 shows how different and singular each women's trajectory was, and how diverse were their subjective experiences due to social prejudices, specific support and their own process of losing weight. They used different affective-semiotic resources to resist the systematic devaluation suffered, and the way they internalized the negative social messages were, also, very distinct and idiosyncratic. The following section discusses the findings summarized in Table 2, providing links to our theoretical approach concerning developmental trajectories, prejudice and self-development.

## Discussion

Results revealed important aspects of the dynamics of each participant's self-development, shaped by the cultural canalization power of prejudice on their subjective trajectory. For instance, each woman experienced social rejection and discrimination in different ways, used significantly diverse strategies, and reacted very differently not only to prejudice experiences but also to the experience of weight loss. The use of TEA methodology was especially productive to identify and analyze the transformations of their Dialogical Self Systems in time, revealing the richness and complexities of their configurations along constant processes of development.

Dynamic Self Positionings consisted of a very productive concept to identify and analyze the configurations of the DSS in time. This analysis was particularly interesting because it made evident how time dimensions—past, present, future—*semiotically converge* to create, through the

**Table 2**

Women's Experiences *Concerning Obesity And Weight Loss: A Synthesis*

| SUBJECTIVE EXPERIENCES: OBESITY ←→ WEIGHT LOSS | | | |
|---|---|---|---|
| SOCIAL OTHERS | RESISTANCE – AFFECTIVE SEMIOTIC RESOURCES | INTERNALIZATION | WEIGTH LOSS |
| | Strategies to deal with suffering, pain, rejections etc They fortify the Dialogical Self System , and avoids fragmentations: | Rejection experiences, prejudices leading to: | |
| SOLANGE → Grandma, Family. (Strong dependence on social opinions) | SOLANGE → no special strategy. Sad silence. High level of vulnerability | SOLANGE → Sadness. Helplessness. | SOLANGE → disbelief, ambivalence, persistent fear of gaining weight again. |
| REGINA → Father → Husband, Sister (absolutely future-oriented) | REGINA →actively ignores. When others are rejected for any reason, she fights. | REGINA → Fat-illness-death. Later: The thinner the better (beauty) | REGINA → to become thin and beautiful became her major goal (health as a motive disappeared). Anorexia? |
| CARMEM → Self-reliance. Husband (self-confidence; pragmatic, happy) | CARMEM → actively ignores; fights back. | CARMEM → to look good in the picture, as she looked before getting fat. | CARMEM → Happy with the surgery results. |

simultaneous operation of memory and imagination, meanings in the present time that generate narratives impregnated of self-assessments and anticipations that may give rise to personal goals and life projects. Memory reconstructions, personal goals and expectations concerning the future are continuously being constructed and reconstructed (Valsiner, 2016) at both interpersonal and intrapersonal levels, and this provides the raw material for possible ruptures, trajectory changes, and personal adjustments to perceived life contexts and social others.

Each participant had her idiosyncratic way to develop and use different semiotic resources and strategies. Even though prejudice negatively affected the three participants (suffering), their life trajectories before and after the bariatric surgery took diverse directions. For Solange, obesity, at the three times, equaled a total personal wreck. She saw herself as a victim, but also internalized her family's discourse about being the only one to be blamed for her condition. She felt overwhelmed by helplessness, and powerless to oppose to what she considered as her fate. This very likely happened due to her extreme dependence on relatives' and others' opinions and judgements.

Regina's case was especially noteworthy because the direction of her self-development was definitely unpredictable at T1. As a child and an adolescent within the family, she had the support and guidance of her obese father, with whom she had identified, and who helped her to develop self-confidence and self-esteem despite being obese. At T1, she never associated fatness with ugliness, and explicitly denied to suffer from prejudices, since she had "learned" with father to ignore and not care about instances of rejection or discrimination. However, at T2, she explicitly complained about being targeted with prejudice, and mentioned the word 'beautiful' for the first time as being a possible result of the surgery. At Time 3, though, a significant change had taken place in her DSS: to be very thin and beautiful became her powerful goal and expectation concern-

ing the future, and we realized, from her narrative, that she was at risk of developing anorexia.

For Carmem, the experience with obesity was constrained to her adult life, and this probably made a big difference: she had not dealt with prejudice when she was more vulnerable as a human being, namely, as a child and adolescent. People's opinions did not mean much to her, she said. When she imagined herself dressed up and in evidence during a cousin's wedding party, however, this picture acted as a turning point for her decision to do the surgery. After the surgery, at T3, as a persistent and self-confident person, she was already happy with her body and celebrated wearing fashionable clothing and high heels.

Alongside with the differences, it is worth mentioning the similarities among participants' life trajectories. First, for the three women, the body operated as an extremely valued *sign*, for both social transactions *and* self-evaluations. For Solange and Regina, who had been obese as children and adolescents, the deep suffering they experienced as they grew up was formidable. Solange, who did not find socio-affective support anywhere, turned out to be an emblematic case of feeling miserable about herself. In her words "nobody talks with me because I'm fat, I'm ugly", and "Who wants to date fat girls?" She also concluded that "fat people like me don't have any joy, no internal joy, here inside, no way…" Even having lost 60 kg and speaking about future expectations, at Time 3 she remained pessimist about actually getting thinner, and the possibility of her gaining weight after some months could not be discarded.

Powerful positive signs detected in our research were the possibility to wear jeans, attractive clothes and high heels, and negative signs were the many markers of normality provided by the sociocultural environment. Many are the examples, but we can make a few explicit. Most fashion stores do not carry big sizes and, when some do, the clothing available to big women are terribly ugly or out-of-

date. Other cultural signs of "normal" body sizes abound, such as transportation seats, bathrooms sizes, ticket gates and so on, generating a lot of shame and frustration.

The power of the *body as a sign*, fat meaning ugly, was expressed by Regina at Time 3 when she finally confessed how she felt ugly before the surgery: "to be fat means to be separated from the world, to be separated from society. To be talked about. To listen to name-calling and be humiliated. To hear "Do you want to be like this, son?" Regina's words are an excellent illustration of how anti-fat prejudice is pervasive and saturates the collective culture semiosphere, granting fat people endless experiences of social negative judgement by others who feel empowered to control and condemn their lives. As Felippe *et al*. (2004) argue, obese people—especially women—are meant by others to feel guilty, lazy and weak, what only make things worse. The point here, of course, is not to encourage obesity, but to recognize how cruel prejudice, intolerance and exclusion are, leading to—or deepening—individual's depression, isolation, and other mental problems, including food disorders (Stenzel, 2002).

Another source of oppression and judgement comes from the media. They constantly broadcast explicit and implicit messages about the perfect body, the wonders of being slender, and how disgraceful it is to even look fat. Contrary to other prejudices, like racism or homophobia, anti-fat prejudices are not considered illegal or immoral, therefore all media networks and customers feel totally at easy to blame, make fun and scorn of fat people.

As a final note, we claim that researchers in psychology should invest in research projects to understand the dynamics of prejudices (fat-phobia in the present case) in our society. As we do so, we may also contribute to make theoretical sense of individual's self-development and, particularly, we may suggest ways to promote strategies for both deconstructing cultural prejudices and em-

powering obese people to use personal resources to better achieve their utmost goals, whichever those may be.

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