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João's obese body: A case study in light of Merleau-Ponty's phenomenology

ARTIGO

O corpo obeso de João: Um estudo de caso à luz da fenomenologia de Merleau-Ponty

Alison Lopes dos Santos
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Lucas Guimarães Bloc

Abstract

This study aims to understand the lived experience of obesity of a patient undergoing psychotherapy through Merleau-Ponty's phenomenology of ambiguity. It is a qualitative case study, with data collected through session transcripts and versions of meaning elaborated by the psychotherapist. The sample consisted of an adult male participant diagnosed with grade III obesity. The analysis was carried out using the critical phenomenological method, which investigates phenomena manifest to consciousness, widely used in studies of clinical psychology, psychotherapy and psychopathology. The results indicate that the patient perceives the obese body as both protective and limiting, experiencing conflicts related to food, self-image and sexuality. The conclusion is that obesity is not restricted to the physical dimension, but is an experience intertwined with the world, personal history and the multiple contours that shape the individual's life.

Keywords: Obesity; Psychotherapy; Phenomenology.

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Resumo

Este estudo tem como objetivo compreender a experiência vivida da obesidade de um paciente acompanhado em processo de psicoterapia por meio da fenomenologia da ambiguidade de Merleau-Ponty. Trata-se de uma pesquisa qualitativa, do tipo estudo de caso, com dados coletados através de transcrições das sessões e versões de sentido elaboradas pelo psicoterapeuta. A amostra foi composta por um participante adulto do sexo masculino, diagnosticado com obesidade grau III. A análise foi realizada pelo método fenomenológico crítico, que investiga fenômenos manifestos à consciência, amplamente utilizado em estudos de psicologia clínica, psicoterapia e psicopatologia. Os resultados indicaram que o paciente percebe o corpo obeso como simultaneamente protetor e limitador, vivenciando conflitos relacionados à alimentação, autoimagem e sexualidade. Conclui-se que a obesidade não se restringe à dimensão física, sendo uma experiência entrelaçada ao mundo, à história pessoal e aos múltiplos contornos que configuram o vivido do indivíduo.

Palavras-chave: Obesidade; Psicoterapia; Fenomenologia.

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Introduction

Obesity is a pathology with a complex and multifactorial etiology, resulting from the interaction of genetic, environmental, behavioral, and emotional factors. Recognized as a disease in its own right, and not merely as a risk factor, obesity can have consequences for both physical and mental health, in addition to producing social impacts and reducing quality of life and life expectancy (Brazilian Association for the Study of Obesity and Metabolic Syndrome [ABESO], 2016).

According to the World Health Organization (WHO), obesity is characterized by excess fat in different parts of the body, which can trigger a low-grade inflammatory process and bring multiple health risk factors. Among the main associated comorbidities are: diabetes, dyslipidemia, metabolic syndrome, atherosclerosis, cardiovascular and pulmonary diseases, sleep disorders, mood disorders (World Health Organization [WHO], 2000) and, more recently, complications related to Covid-19 infection (Silva et al., 2021).

As a chronic and persistent condition, obesity directly compromises the function of organs and systems due to the abnormal storage of adipose tissue in the body. Still, it continues to be widely regarded only as a predisposing factor for other diseases, which contributes to difficulties in diagnosis; especially because the Body Mass Index (BMI), the main tool used for its identification, can both overestimate and underestimate adiposity, providing imprecise assessments of individual health status and compromising the effectiveness of therapeutic strategies (Rubino et al., 2025).

According to data from the Surveillance System for Risk and Protective Factors for Chronic Diseases through Telephone Survey (VIGITEL), in Brazil, adult obesity increased exponentially between 2006 and 2023, rising from 11.8% to 24.3%, representing an average annual growth of 0.69 percentage points. This growth was observed in both sexes, with higher prevalence among women, with an increase from 12.1% to 24.8% in the same period (0.69 pp/year). In the most recent period, between 2018 and 2023, obesity continued to rise in the general population (0.94 pp/year), especially among men, who showed the largest increase, going from 18.7% to 23.8% (1.05 pp/year) (Ministry of Health, 2024).

When addressing the health of individuals with a history of obesity, it is essential to consider not only the physical impacts but also the complex psychosocial demands

involved. Conditions such as depression, anxiety, binge eating, and other eating disorders often accompany this scenario, contributing to the worsening of suffering and requiring a broadened clinical perspective sensitive to the multiple dimensions of care (Tarozo & Pessa, 2020). For these reasons, obesity transcends its biological perspective, being a complex condition that encompasses a heterogeneous set of factors and causes, culminating in different manifestations of the obesity phenotype (Sales & Palma, 2021). Furthermore, the stigma of obesity can be perceived as fat aversion and prejudice against overweight individuals, attitudes that may amount to moral harassment and emotional and physical violence; these can contribute to failure, frustration, and low self-esteem, hindering the pursuit of healthy habits (Reis, Kuster & Ribeiro, 2022).

Understanding the obese person beyond a label implies recognizing them as a singular subject, permeated by suffering, stigma, and multiple contours—that is, recognizing that this individual does not exist in isolation, but is constituted in and through their relation with the world, in a continuous, dynamic, ambiguous, and multifaceted process. This constitution involves different dimensions—psychological, biological, political, social, historical, and cultural—that intertwine and influence their lived experience as well as their self-perception (Moreira, 2007, 2009, 2013). Thus, in this article, we use the phenomenological lens of Maurice Merleau-Ponty—specifically, the notion of corporeality—to understand the experience of obesity. We understand that this notion may contribute to a comprehension of obesity beyond its objectification and allows for an approach to how these individuals express themselves in the face of their existence in the world (Moreira & Bloc, 2021).

By emphasizing the experience of the body in its perceptual character—that is, how the body apprehends the world from its insertion in concrete reality—and also in its sensitive character, in the sense of being affected by experiences and interactions with the environment and with others, Merleau-Ponty provides a favorable direction for understanding the intentionality of the body in its relations with the environment and the original experience that creates meaning (Moreira & Bloc, 2021). This is a body that carries meaning and that has a particular mode of expression. Given these considerations, the aim of this study is to understand, in the light of Merleau-Ponty's notion of the body, the experience of obesity lived by a patient undergoing psychotherapy.

Method

Type of Research

This is an empirical qualitative study in the form of a case study that investigates the psychotherapy process of a patient with obesity treated by the first author of this article. As proposed by Yin (2015), the construction of a case study requires following a few steps, namely: (a) choosing the case to be investigated, (b) data collection, (c) case analysis, and (d) final explanation of the results.

Participant

The participant is a male, heterosexual patient who was 40 years old during the treatment period. The name "João" is fictitious and was chosen to preserve the patient's identity, ensuring confidentiality and respecting ethical considerations. The following inclusion criteria were used for the study: (a) being 18 years of age or older; (b) having a diagnosis of grade I obesity (BMI 30 to 34.9 kg/m²), grade II (BMI 35 to 39.9 kg/m²), or grade III (BMI ≥ 40 kg/m²) (WHO, 2000); and (c) having availability for weekly psychotherapy for at least six months, considering that, from a clinical standpoint, this period may favor the establishment of a more solid therapeutic bond—a condition that tends to contribute to the creation of a space conducive to exploring the client's presented demands (Ribeiro, 2013). The exclusion criteria were: (a) patients in severe emotional crisis that would make a systematic psychotherapeutic process impossible; and (b) patients who had not completed at least four months of psychotherapy.

Instruments

The instruments used for data collection were: (a) session transcripts and (b) 'meaning-oriented session report' (versão de sentido). Both the session transcripts, focused on the objective and concrete aspects that occurred during the sessions, and the meaning-oriented session report, centered on the psychotherapist's experience as co-experience, were written during João's course of treatment by the psychotherapist.

The meaning-oriented session report is an instrument that involves free writing about the experience of the session conducted, helping to deepen the understanding of the perception of the encounter with the client (Amatuzzi, 2010). It is also a clinical tool used in supervisions within humanistic and phenomenological approaches, as it reveals

the experience lived by the psychotherapist in the intersubjective intertwining that arises in contact with the patient during the session. The aim is not to report the content of the client's speech, but rather the meanings that emerge in the shared listening experience (Moreira, 2009).

Data Collection

The participant underwent a screening process, during which he signed Informed Consent Form (ICF) and was informed about the nature of the study and the psychotherapeutic process. He was then referred to an intern affiliated with the Cuidar-psi 2.0 project, whose aim was to offer a space of reception and listening for people with obesity through clinical psychotherapy sessions. The sessions took place between August 2022 and March 2023, totaling 21 meetings, with fifty-minute sessions held weekly. There was an interruption in the follow-up during the psychology training clinic's break, between the second half of December 2022 and the end of January 2023, a period in which sessions were temporarily suspended due to the academic vacation period.

Data Analysis

The analysis of the transcripts and the meaning-oriented session report was carried out using the critical phenomenological method developed by Moreira (2004, 2009), inspired by Merleau-Ponty's notes as a critical tool for understanding the investigated phenomenon. The steps of the mundane phenomenological analysis were as follows: (a) Division of the raw material into movements, that is, organizing the session transcripts and the meaning-oriented session report according to the themes that emerged; (b) Descriptive analysis of the emerging meaning of each movement, aiming to understand the experience of João's lived body in obesity; and (c) lifting the brackets, in which the researchers set aside the practice of phenomenological reduction and seek to relate the emerging phenomenon to existing theory (Moreira, 2004, 2009).

Ethical Aspects

This research was conducted in accordance with Resolutions No. 466/12 and No. 510/16 of the National Health Council (CNS) and was approved by the Research Ethics Committee for Human Beings (Coética) of the University, under approval number 5297931. Data collection began after ethical approval and in accordance with current regulations, respecting ethical principles and ensuring participant protection. The approval process also

included submission to the Research Ethics Control and Monitoring System, with the CAAE number assigned to the study being 53996021.6.0000.5052.

Results and Discussion

To present the results and discuss them, we first introduce the clinical case. Next, the following categories, arising from the analysis of data from João's psychotherapeutic follow-up, will be discussed, namely: (1) The power of the 'cloak': the strength perceived in the obese body and the challenge of imagining oneself without this protection; (2) "I crave eating; I feel a kind of lust for it.": the body and the relationship with food; (3) The crossings of the obese body in sexuality.

The Clinical Case

João was 40 years old during the treatment period, was married, and lived with his wife and their two children. He worked as a salesperson in a store. The complaints that led him to seek psychotherapeutic treatment were: conflicts with his body, difficulty dealing with food, anxiety, fear of becoming dependent on people, constant financial worry, and dissatisfaction with his sexual life.

During the sessions, João reported that since childhood he had faced issues related to weight, always recalling his father, who was fat. He also addressed how difficult the absence of the paternal figure had been during much of his childhood and how he strove not to repeat the same pattern in his own family. He recounted that as a baby he was born at a "normal" weight, but that his mother gave him vitamins and, from the age of 7, he began to eat a lot, especially Brazilian couscous (*cuscuz*) with eggs. At 8 years old, he began follow-up with nutritionists and started physical activity. In adolescence, he stated that he continued to gain weight and faced bullying at school—an experience that, despite everything, he believed had been positive for his personal growth. In adulthood, João still faced prejudice, but said he had learned not to care about it. However, he mentioned physical difficulties, such as not being able to pass through the bus turnstile and finding suitable clothing; but despite these adversities, he considered himself a happy person.

Over the years, João developed a paradoxical relationship with his obese body. On the one hand, he described it as a "cloak" or "armor," which gave him a sense of strength and protection against emotional vulnerabilities. On the other hand, he expressed a desire to undergo bariatric surgery, although he feared losing this feeling of power and not

recognizing himself in a thin body, which he associated with fragility and lack of vitality.

On many occasions, João expressed an intense love of food. He described his relationship with eating using terms such as “a crave” for eating and compared this compulsion to dependence on drugs or sex. He reported episodes in which he consumed large amounts of food even without hunger, driven purely by pleasure. He recognized this pattern as problematic but felt at the mercy of an uncontrollable urge, although he did not fully understand his relationship with food. He stated that he wanted to be a healthy person, not a thin person—that is, he did not have the goal of losing weight, and said that this did not cause him anguish. Nevertheless, at various times, he spoke about the desire to undergo bariatric surgery for weight loss. Regarding friendships, João mentioned that he had few friends and that, although he used to care a lot about this, lately he did not attach much importance to it, as he believed that many people approached him out of self-interest.

Another demand that emerged in the psychotherapeutic sessions was his sexual life. João reported the absence of sex in the marriage for six years, something that distressed him. He said he had thought about having extramarital relations, but he brought the discourse that marriage was much more than sex. At the same time, he said that his wife herself had suggested that he should look for another woman to satisfy himself sexually. João mentioned that sometimes there were kisses and a warm atmosphere, but that it did not flow beyond that. He also disclosed that he often had to watch erotic films in the bathroom and masturbate, and that his wife knew he did this. This absence of physical intimacy generated not only sexual frustration, but also insecurities related to his masculine body image and his ability to satisfy his partner, creating a cycle of anxiety that impacted both his self-esteem and the marital dynamic.

In the final evaluation of the psychotherapeutic process, João reported that psychotherapy helped him a great deal, as he learned to have more self-control, not only in eating but also in emotional matters. João stated that he was able to get to know himself better and develop a more reflective outlook on himself. In addition, he emphasized that the relationship built with the psychotherapist was strong and meaningful, something he had never experienced in previous processes.

From João’s narratives during the psychotherapeutic process, three central axes emerged that intertwine in his bodily experience: the complex relationship with his obese body, experienced simultaneously as protection and imprisonment; the intense and

conflictual relationship with eating, permeated by compulsions and meanings that transcend nutritional need; and the challenges in the experience of sexuality, traversed by limitations and insecurities related to his body. These three aspects reveal the multidimensionality of bodily experience in obesity and will be analyzed below from the phenomenological perspective of Merleau-Ponty.

The power of the 'cloak': the strength perceived in the obese body and the challenge of imagining oneself without protection

The body emerges as the center of concerns and presents itself ambiguously in João's experience. He describes it as a shield, a kind of barrier that protected his weaknesses and vulnerabilities from the outside world. From Merleau-Ponty's phenomenological perspective of mundanity, it is possible to perceive the ambiguous manner in which João lives his body—both as a way of "protecting" himself from the external world and as a striking presence. The obese body does not represent merely physical weight, but a particular way of being-in-the-world, influencing how he positions himself and relates to the environment around him (Bloc, Pringuey & Wolf-Fédida, 2018; Moreira, Bloc, Pringuey & Wolf-Fédida, 2021); for body and world are intrinsically connected, made of the same fabric in composing the lived body (Merleau-Ponty, 1945/1999).

The body is the first and most fundamental form of connection with the world, in which such a body is not merely an object but the means through which we experience the world; and this includes both objective dimensions (such as weight and shape) and subjective ones (such as self-image and the emotions associated with it). From this perspective, the body is not limited to its biological or physical dimension; it goes beyond materiality and manifests as a phenomenal body that integrates the lived experience and the subject's perception (Merleau-Ponty, 1945/1999).

At first, when speaking about his desire to undergo bariatric surgery, João expressed his difficulty imagining himself without breasts and thick thighs—features that had been part of his body since adolescence, insofar as they are linked to his physical identity. He also stated that becoming thin would be like losing a "cloak" capable of conferring a certain sense of strength and power—something he valued. João's wish to undergo the surgical procedure reflects a complex relationship with his body, which can be understood through the ambiguity of one's own body, that is, among the very being that one is, the body, and the world—a place where the body is at once subject and object (Merleau-Ponty,

1945/1999). In this sense, the "lived cloak," that is, body fat, can be understood in the dimension of the body-as-object, as something he perceives mediated by the other's gaze, while at the same time it signifies a vital function in his self-perception; in this sense, bariatric surgery would also represent a loss.

At another point, João revealed his wish to lose his belly and reduce his arms; however, he confessed his fear of not being recognized after this change. He mentioned that when people commented that he seemed thinner, it brought him joy, but at the same time he acknowledged the fear of having a flaccid, lifeless body—which for him resembled the body of a sick person. There is a contradiction in João's lived bodily experience, for while he wants to lose weight, he states that his goal was not to slim down but to have healthy eating. This contradiction reveals a tension between the body he inhabits and lives in the present (fat, strong, and resilient) and the body he projects for the future (thin, yet fragile and lifeless). When João refers to the thin body as fragile and the fat body as strong, he attributes existential qualities to his body, in which weight is not only a matter of physical health but also speaks to how capable he feels of facing the world (Bloc et al., 2018; Moreira et al., 2021).

On several occasions, João's discomfort with possible changes to his body resulting from bariatric surgery was explicit, revealing his fear of becoming unrecognizable. He also stated that this concern was intensified by the judgment many people face in this process of transition. His perception relies on the consideration that feelings of shame and guilt are often traversed by the other's gaze, even when this other is not physically present—as Merleau-Ponty (1945/1999) points out: "so long as I have a body, under the other's gaze I can be reduced to an object and no longer count as a person" (p. 230). Thus, this body is not merely a space of physical transformation but also of constant negotiation with social expectations and judgments, which makes the process of bodily change even more complex (Charbonneau & Moreira, 2013).

Returning to the question of weight loss, João then said: "I want to be thin, like a stick (sic)," but he immediately confessed that he was afraid he would not recognize himself after losing weight, since he knew people who had lost weight drastically after undergoing bariatric surgery and ended up looking "lifeless," with a "sucked-in (sic)" appearance. When João expresses these ideas about his body image, he is not merely speaking about a physical change, but about the loss of a certain strength and presence that he associates with the obese body. As Merleau-Ponty (1945/1999) states: "we do not know our body—

the power, the weight, and the reach of our organs—as an engineer knows the machine he built piece by piece" (p. 421). Our bodily perception, after all, is lived in an ambiguous way: not only as a mere physical object but also as the vehicle through which we experience the world (Merleau-Ponty, 1945/1999).

Over the course of follow-up, João also expressed the complexity of his feelings. On the one hand, he admitted not knowing whether he truly wanted to lose weight. On the other, he feared remaining obese and shortening his life expectancy. According to Merleau-Ponty (1945/1999), "the body is the vehicle of being in the world, and to have a body is, for a living being, to join a definite milieu, to become committed to certain projects and to be continually engaged in them" (p. 122). This transformation may be perceived by João as a radical change in his mode of being-in-the-world, for he fears not recognizing himself, which points to a bodily identity that marks his experiences (Bloc et al., 2018; Moreira et al., 2021).

In one session, João addressed how difficult it was to talk about his obesity, since he had been thematizing it for 40 years and was tired of revisiting the same issue, stating that losing weight seemed almost impossible. He said: "since I was 8, I've been going to a nutritionist; since I was 10, I've been doing physical activity, and that hasn't changed much." This evidences his frustration with the prolonged struggle to lose weight. These issues show how the adversities faced by obese people throughout life can demotivate adherence to diet plans, the practice of physical activity, etc., because even with the desire to reach the "ideal weight," prevalent social prejudice makes it difficult to face these challenges (Paim & Kovaleski, 2020). In this way, when an obese person feels uncomfortable with the size of their body, their very existence can be impacted. Moreover, whether in healthy or even pathological ways, both states express the existence of worldly man, because human beings do not exist in isolation but always in relation to the world around them—being traversed by experiences, perceptions, and meanings that shape their lived experience (Merleau-Ponty, 1945/1999).

Throughout the process, a contemporary issue surfaced when João commented on something that bothered him: social networks, notably Instagram. He said he felt irritated by the way people show off, posting phrases like "workout done" after exercising, or making a point of saying they don't drink soda, treating this as a great achievement, as if they were perfect, seeking praise for these attitudes. For him, such posts signified superiority or self-praise. João's perception highlights how the virtual world and the pressure for a body that

meets an idealized aesthetic standard have been problematic in our society, especially regarding the experience of the obese body (Natividade & Costa, 2021). Often, this pressure intensifies the social stigma associated with obesity, creating barriers to self-acceptance—since current beauty standards privilege thinness—imposing limitations on those who do not fit this normalization (Duarte & Queiroz, 2024). These issues also converge with the perspective of alterity, in which the presence of the other can bring discoveries and meanings that we attribute to our body and our experiences (Merleau-Ponty, 1945/1999). In other words, it is as if our perceptions always had to be validated through the presence of the other (Telles & Moreira, 2014).

At times João mentioned an "armor" he felt he had with respect to his body, referring to the fat he wishes to lose, thus expressing his desire to free himself from it. In Merleau-Ponty's (1945/1999) phenomenological perspective, the body is the means through which we experience the world, and João, in speaking of fat as an "armor," reveals how the obese body is lived as a protection, a shield that separates him from certain vulnerabilities. However, we can say that this armor also imprisons him, preventing a full openness to the world and to experiences. By expressing the desire to free himself from this armor, João seeks not only a physical but an existential change—which does not necessarily mean a change of being. Perhaps for this reason his statements are so paradoxical, even incongruent (Bloc et al., 2018; Moreira et al., 2021).

Given the above, we can perceive the inseparable dimension between João and his body. As Merleau-Ponty (1945/1999) states, our existence is bodily, or even intercorporeal. In other words: we relate to others through the body, and it is through the body that we perceive and are perceived, that we affect and are affected, even prior to the mediation of language or rationality. By losing weight, João would reconfigure his way of being in the world by reconstructing his self-perception, his very identity, and the way he is seen by the other. It is no accident that for João it was so difficult to accept the loss of the "power of the cloak," as well as to imagine himself without this protection. Beyond the numbers on the scale, therefore, such a transformation would involve redefining who he was and how he positioned himself in the world.

"I have a desire to eat, I have a lust for eating": the body and the relationship with food

For Merleau-Ponty (1945/1999), our body is marked by an ambiguity that manifests

in two different dimensions: the habitual body and the actual body. The habitual body refers to gestures and movements that have become automatic and routine for us, whereas the actual body is what we experience in the present moment, with immediate sensations and concrete interactions. This duality can directly influence the relationship with food, since eating behaviors are largely guided by the habitual body, while the actual body experiences the immediate responses to the act of eating (Bloc et al., 2018; Moreira et al., 2021).

On several occasions, João commented on his deep love of food, emphasizing how eating was something that satisfied him—even though he did not fully understand this relationship. He stated that, at an all-you-can-eat pizza restaurant, for example, he once ate fourteen slices in a single sitting. In addition, he said that when he overeats, it is not because he is hungry, but out of pure desire. This way of functioning in João can be understood as a difficulty or inability to move between the habitual body and the actual body, since the act of eating stems simultaneously from both bodily dimensions. In this sense, the relationship between eating and the body, often seen as something natural, is in fact more complex, because this act involves meanings that go beyond food (Bloc et al., 2018; Moreira et al., 2021).

On another occasion, João again described his relationship with food, highlighting that he liked eating very much, to the point that, even when satiated, if given the chance to have seconds, he would do so—this behavior was repeated at home, something he saw as an addiction. João even compared this compulsion with the use of drugs and sex, and emphasized: “I have a desire to eat, I have a lust for eating” According to Oppenheimer, Bordignon, Camargo, and Caram (2024), compulsive eating behavior is often associated with obesity and is characterized by excessive food intake even in the absence of hunger. It is an act that may be lived by the individual as a momentary loss of control in the face of food, often accompanied by feelings of guilt or regret. This binge-eating behavior can also be referred to as a binge-eating behavior (hyperphagia). Hyperphagia is characterized by repetitive, excessive, and uncontrolled acts related to eating, challenging the idea that the act of eating follows a naturally regulated logic (Bloc et al., 2018; Moreira et al., 2021).

Time and again, João made it explicit that he ate not because he was hungry, but purely for pleasure. This reveals that he sees himself as someone hostage to this uncontrollable desire to eat. Whereas, for most people, eating is an activity balanced between need and desire, in the hyperphagic experience, the body is not fully felt, since desire ends up being the dominant factor, difficult to control (Bloc et al., 2018; Moreira et

al., 2021).

Still on this issue, Charbonneau (2015) points to hyperphagia as a disturbance in the structure of food-related action, which can manifest in various ways: eating constantly ("snacking"), turning meals into true everyday events, increasing the number of daily meals, or intentionally disorganizing the eating pattern, making it difficult to follow any diet. This type of eating behavior, however, should not be understood merely as a dysfunction. According to Becher (2023), there is a deeper dimension at stake: the act of eating—just like the sexual act addressed by the author—is an embodied way of relating to the world, a field for the expression of existence that is liable to different forms of signification. These actions were common in João's experience—after giving himself over to food excesses, he often reported a weight on his conscience. He described a feeling of emptiness in his body, and food seemed to be an attempt to fill it. However, when he ate, the feeling of guilt increased—guilt for having eaten too much, for being obese, and for realizing that the excess did not fill that which was lacking in the first place.

For Merleau-Ponty (1945/1999), "every external perception is immediately synonymous with a certain perception of my body, just as every perception of my body is made explicit in the language of external perception" (p. 277). From this, it can be said that, in João's case, the body is not merely a receptacle of sensations of hunger or satiety, but the site of a lived and socially mediated relationship, through which the perception and expectations of others influence his bodily experience (Merleau-Ponty, 1945/1999). This tension between the lived body and the socialized body underscores the complexity of his struggle, which involves both individual desire and external pressures. Over the course of psychotherapy, João managed to take steps and change some eating habits, seeking greater balance in dealing with food—which emphasizes more mindful eating aimed at self-control. Despite this, his focus turned to body image. He expressed a fear of losing his identity by going through such transformations. Thus, as João reformulated his relationship with his body, the dilemma of reconstructing his identity without losing his sense of continuity of self emerged.

Merleau-Ponty (1945/1999) points out: "I am not in front of my body, I am in my body, or rather I am my body" (pp. 207–208). That is, the body is not just an external object we manipulate, but the very way in which we exist and project ourselves into the world. João did not perceive his body as something separate from his identity. Therefore, these changes in the body, both in terms of appearance and habits, directly affected his self-

perception. The body, in this sense, is made of the same "flesh" as the world—one is entangled with the other, creating an interiority that projects itself and propagates into the world (Merleau-Ponty, 1945/1999). Thus, by changing his physical form and his habits, João also felt that he was reconfiguring who he was, which helps explain his fear that, by transforming his body, he would also lose something essential. The correlation between eating and bodily identity proved central in his trajectory, especially considering that his relationship with the body had been marked since childhood by external interventions, food surveillance, and experiences of exclusion. Throughout his life, his body was more an object of control and judgment than a lived and appropriated territory.
In the psychotherapeutic process, these dimensions began to be accessed more deeply. João began to reflect on how his relationship with food and with his own body was intertwined with his history, his family experiences, and his affections. Eating, for him, was not merely a nutritional act but a form of pleasure, love, compensation, and belonging. The change in habits, therefore, did not involve behaviors alone—it was an identity shift.

At the end of the sessions, João shared important advances in relation to his eating, highlighting that he had not consumed soda for a month. In addition, he mentioned that he had been making more balanced food choices. One example was the change in the frequency with which he ate pizza: previously, he and his family used to eat three to four pizzas in a single evening; at the time, they were content with just one. These movements, although subtle, indicated the beginning of a reappropriation of his body and a new possible relationship with it: no longer guided by the ideal of thinness or by shame, but by a care that emerged from the recognition of his own experience and the desire to be better with himself. In this sense, eating is intertwined with his affections and is part of his personal history, since eating involves feelings, memories, social interactions, and a way of being-in-the-world. The act of eating is traversed by the affections that shaped João's experience in the world (Bloc et al., 2018; Moreira et al., 2021).

Intersections of the Obese Body and Sexuality

João describes the absence of sexual intercourse with his wife for six years, which caused him intense anguish, as he had desires and physiological needs that needed to be met. This difficulty João faced in seeking a satisfactory and fulfilling sexual life reflects not only a disconnection between the idealized body and the real body in obesity (Merleau-Ponty, 1945/1999), but also the absence of relational openness with his wife. This dynamic, in which both seem not to allow themselves intimacy, makes the sexual act a

challenge that goes beyond the bodily sphere.

One may say that human sexuality is complex and multifaceted, constituted by an intertwining of multiple contours that unveil various dimensions of the individual's lived experience (Merleau-Ponty, 1945/1999; Rafart, 2020). It involves not only biological aspects, but is also interwoven with affective relationships, self-image, and the perception of one's own body, constituting and being constituted by one's experiences and by the way a person relates to the world around them (Delatore, Dell'Agnolo, Marcon & Pelloso, 2021). Issues related to sexuality may encounter challenges when it comes to people with a BMI above established standards. For those who, like João, do not fit society's standardized bodily norms, barriers arise that directly impact affective relationships (Pinto & Silva, 2019).

In João's case, it is also necessary to consider aspects linked to gender, by which the image of the man is traditionally associated with the "strong sex"—sustaining a retrograde view of masculinity that privileges virility, physical strength, and dominance as essential to male identity. This understanding relates the concept of man to the biological, distorting its meaning by tying male actions and behaviors to physical attributes as if they were indispensable, reducing the man to a construction limited by standards of strength and control (Denubila, 2023).

According to Merleau-Ponty (1945/1999), when sexuality is reduced to the physical body, its complexity is lost, for the body becomes ambiguous in the experience we have of it—especially in sexual experience, in which sexuality connects us to a bodily experience full of meanings. Sexuality cannot be reduced to a simple process; it is a complex and dialectical experience, interwoven with the perception we have of our own body (Merleau-Ponty, 1945/1999). It is a way of being in the world, woven by a personal and social history, one of the many threads that bind the body to the world. At times, as he vented about his frustration with the lack of intimacy and admitted that he had thought about cheating on his wife, João reveals such complexity: he recognized the weight of sexual dissatisfaction in his life, but also reaffirmed that marriage encompassed much more than the sexual act—it involved affective bonds and mutual responsibilities that sustained the relationship. Sexuality appears as a central, though not isolated, element in his lived experience of body and relationship, showing how this connection with the other goes beyond physical needs, also reflecting the search for a full and meaningful coexistence (Merleau-Ponty, 1945/1999).

When thinking of cheating, coincidentally or not, João reported that, in certain moments of affection and closeness, his wife suggested that he should seek another woman to satisfy his sexual needs. Although these moments involved kisses and bodily affection, they did not result in a satisfactory sexual connection. He felt frustrated with the disconnection between affection and the desired physical intimacy. Merleau-Ponty (1945/1999) states that "erotic perception is not a cogitatio aiming at a cogitatum; through one body it aims at another body; it is enacted in the world and not in a consciousness" (p. 217). In other words, sexual desire and erotic connection are not realized only in thought or imagination; they seek a bodily bond with the other, a shared experience in the physical world. This was precisely the experience João sought incessantly; but since it did not happen, his marital relationship became more a space of frustration than of full satisfaction.

Often frustrated, João frequently resorted to masturbation, watching erotic films in the bathroom—a habit of which his wife was aware. This behavior may reflect his attempt to satisfy sexual desires that were not realized in the marriage. That is, João's act of masturbation perhaps did not fully satisfy his desire for an intimate and authentic relationship, which reinforces the disappointment of not finding in marriage the affective and sexual exchange he longed for.

In one session, João said that, about 10 years earlier, when his wife was studying physical education, he dealt with intense feelings of jealousy. The idea that she could become involved with someone else tormented him, as he believed that his inability to satisfy her sexually left room for her to seek this in another relationship. For Merleau-Ponty (1945/1999), sexuality is an intentional way of relating to the world, a mode by which the body establishes bonds with the other and with the environment. It is not limited to hidden instinct or mere conditioning; on the contrary, it represents a bodily capacity that is expressed not through the "I think," but through the "I can." We may point out that João's jealousy reflects both his insecurity regarding physical connection with his wife and his perception of sexuality as an essential bond, whose absence generates unrest and a sense of loss of control in the relationship. His physical connection with his wife is not limited to desire or the sexual act, but involves how he perceives his own body within the marital dynamic. Although he does not directly associate his insecurity with obesity, he reports physical limitations and bodily discomfort that interfere with intimacy, creating a silent distancing.

In this context, the obese body tends to be lived as inadequate, little desirable, and progressively becomes a body from which the subject ceases to inhabit his body as sexual. Becher (2023) points out that sexuality is founded on the sensitive thickness of the body and on the presence of the other as an affected and desiring body. When this intercorporeal relation is interrupted, the body loses its erotic expressiveness, becoming a source of shame or silence. In this experience, masturbation appears as the only possible form of sexuality, a way of maintaining desire that avoids confrontation with the other's gaze.

João's trajectory, marked by conflicts in the experience of his sexuality, exposes the complex interactions between body, desire, and identity that permeate affective relationships. Experiences of jealousy, attempts at solitary satisfaction, distancing from his wife, and sexual dissatisfaction reveal a continuous tension between the image of idealized masculinity and the real body, limited and weakened by obesity. Merleau-Ponty (1945/1999) offers us a view of this relation between body and desire, challenging the perception of the body as a mere object and reaffirming it as the means by which the individual relates to the world and to the other. Therefore, it is important to reflect on how desire, although at times frustrated, is a force that binds not only bodies but also identities and lived experiences that seek, in human contact, their most authentic realization.

Conclusions

This study shows that obesity, in addition to being a global public health problem, carries intersubjective implications that transcend traditional biomedical and nutritional approaches. João's lived experience illustrates how the obese body is more than a physical condition; it is a dimension of being that interacts in a complex manner with others, with the world, and with oneself.

Merleau-Ponty's mundane phenomenology made it possible to understand João's ambivalences regarding the body, unveiling his bodily experience intertwined with how he lives obesity as a protective "shield" and, at the same time, as a "barrier" to the construction of social and affective bonds. This lens provides us with an important path for constructing a critical view of the phenomenon of obesity beyond a disease that impacts the body-as-object, revealing how it is interwoven with João's mode of being in the world.

Psychotherapy proved fundamental by allowing the free expression of feelings without judgment by the professional, thus offering a a welcoming space for attentive listening for João to access and understand his relationship with his body, with food, and

with the other. We also highlight advances in the process of self-perception and self-recognition. Therefore, this study is considered to contribute to clinical practice in the context of psychological care for obesity-related demands and reinforces the importance of psychotherapy, as well as of interventions that value the subjectivity and singularity of the lived experiences of people with this condition. In this sense, we emphasize that a psychotherapeutic process grounded in humanistic and phenomenological approaches can help in the reframing of the relationship with the body, enabling these individuals to be protagonists of their stories and transformations.

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