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The Influence of Anxiety on Weight Gain After Bariatric Surgery

Influência da Ansiedade no Ganho de Peso após a Cirurgia Bariátrica

La Influencia de la Ansiedad en el Aumento de Peso Después de la Cirugía Bariátrica

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Abstract:
Bariatric surgery has become established as an effective treatment for severe obesity, promoting significant benefits to health and quality of life. However, maintaining these results depends not only on the procedure itself but also on continuous follow-up, especially psychological support. This study aimed to analyze how anxiety influences weight reacquire in patients after bariatric surgery, highlighting how this psychopathology may contribute to weight gain. The findings showed that anxiety is one of the main factors associated with weight regain, difficulties in adapting to new habits, and impairments in body image. In this context, the study highlights the importance of psychologists in proposing strategies that broaden comprehensive care, strengthen adherence to treatment, and contribute to relapse prevention, the promotion of mental health, and improved quality of life among bariatric patients.

Keywords:
Bariatric Surgery; Mental Health; Anxiety; Quality of Life; Weight Gain.

Resumo:
A cirurgia bariátrica tem se consolidado como um recurso eficaz no tratamento da obesidade grave, promovendo benefícios significativos à saúde e à qualidade de vida. Entretanto, a manutenção dos resultados depende não apenas do procedimento, mas também de um acompanhamento contínuo, em especial o suporte psicológico. Este estudo teve como objetivo analisar a ansiedade e a influência de readquirir peso em pacientes após o período da cirurgia bariátrica, destacando como essa psicopatologia pode impactar no ganho de peso. A pesquisa evidenciou que a ansiedade é um dos maiores fatores resultante do ganho de peso, dificuldades na adaptação a novos hábitos e prejuízos na imagem corporal. Nesse contexto, o trabalho ressaltou a relevância da atuação dos psicólogos propondo estratégias que ampliem o cuidado integral, que fortaleçam a adesão ao tratamento e que contribuam para a prevenção de recaídas, a promoção da saúde mental e a qualidade de vida de pacientes bariátricos.

Palavras-chave:
Cirurgia Bariátrica; Saúde Mental; Ansiedade; Qualidade de Vida; Ganho de Peso.

Resumen:
La cirugía bariátrica se ha consolidado como un recurso eficaz en el tratamiento de la obesidad grave, promoviendo beneficios significativos para la salud y la calidad de vida. Sin embargo, el mantenimiento de los resultados depende no solo del procedimiento, sino también de un seguimiento continuo, especialmente del apoyo psicológico. Este estudio tuvo como objetivo analizar la ansiedad y la influencia de la recuperación de peso en pacientes después de la cirugía bariátrica, destacando cómo esta psicopatología puede influir en el aumento de peso. La investigación evidenció que la ansiedad es uno de los principales factores asociados al aumento de peso, a las dificultades para adaptarse a nuevos hábitos y a los perjuicios en la imagen

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corporal. En este contexto, el trabajo destacó la relevancia de la actuación de los psicólogos proponiendo estrategias que amplíen la atención integral, fortalezcan la adherencia al tratamiento y contribuyan a la prevención de recaídas, a la promoción de la salud mental y a la calidad de vida de los pacientes bariátricos.

Palabras clave:
Cirugía Bariátrica; Salud Mental; Ansiedad; Calidad de Vida; Aumento de Peso

INTRODUCTION

The increasing number of bariatric surgeries demonstrates how endemic the issue of obesity has become (SBCBM, 2025). Bariatric surgery has become an increasingly popular alternative for obese individuals to achieve rapid weight loss and regain their health, often in serious circumstances such as cardiovascular issues and diabetes.

According to data from the Brazilian Society of Bariatric and Metabolic Surgery (2025), between 2020 and 2024, 291,761 bariatric surgeries were performed in Brazil, with 250,410 surgeries through health plans, 31,351 through the SUS (Brazilian Public Health System), and 10,000 in the private sector. However, long-term success depends not only on the procedure itself, but also on a continuous multidisciplinary approach (MOREIRA, 2019), especially regarding psychological support.

Many patients face emotional, behavioral, and social challenges during and after surgery, including eating disorders, altered body image, and sociocultural influences related to the thinness standard (FABBRI *et al.* , 2025).

In this context, psychological support becomes fundamental, as it helps in adapting to a new eating routine and in building a more balanced relationship with one's own body image (FABBRI *et al.* , 2025).

Therefore, it becomes relevant to understand how anxiety can contribute to weight gain in post-bariatric patients. It is believed that the absence of psychological support, associated with the presence of psychopathology, can significantly contribute to weight gain in this population. Compulsive eating, poorly guided restrictive diets, and the pursuit of an unattainable body ideal are factors that can disrupt the weight loss process and compromise the results of the surgery (FABBRI *et al.* , 2025).

The overall objective of this article is to understand how anxiety affects patients in the postoperative period of bariatric surgery and to analyze how psychological support can help maintain healthy results, preventing weight regain and promoting quality of life.

The specific objectives of this research were to analyze the relationship between anxiety and weight regain after bariatric surgery, correlating psychosocial factors with psychopathology; to identify the impacts of anxiety on weight regain in the postoperative period and to explain how the psychologist's role can favor the adaptation to new eating and emotional habits; and finally, to plan therapeutic strategies capable of meeting these demands presented by bariatric patients, contributing to a recovery process that can be healthy and lasting.

Weight regain after bariatric surgery occurs due to a combination of physiological and behavioral factors, such as lack of adherence to new eating and exercise habits, binge eating, and especially anxiety. Further research is needed to expand studies on the impact of anxiety on patients who have undergone the post-bariatric surgery process and are experiencing weight regain again.

From a social perspective, the absence of psychological support can lead to anxiety being replaced by other social behaviors, intensifying the emotional vulnerability of these patients (ALMEIDA *et al.* , 2021). This research aimed to contribute to improving the quality of care offered to this population, promoting better adherence to treatment, preventing relapses, and facilitating social reintegration and quality of life. The integration of psychology can serve as a model for public policies and mental health programs directed at bariatric patients.

This research directly falls within the field of Health Psychology, addressing the interface between body, mind, and society in a highly relevant current clinical context, reinforcing the importance of the psychologist's role. From a scientific point of view, the study may expand the literature on the psychosocial and clinical aspects of bariatric processes, especially regarding the effects of anxiety on these patients, contributing to the foundation of evidence-based practices and the consolidation of specialized psychological care protocols. From a professional point of view, it reinforces the psychologist's role, legitimizing their work in contexts of prevention, health promotion, and quality of life, strengthening the psychologist's training as an agent promoting comprehensive health, aligning with the contemporary demands of the profession (MOREIRA, 2019).

THEORETICAL FRAMEWORK

Bariatric surgery and its psychological implications.

Before presenting the categories of analysis, it is necessary to briefly contextualize bariatric surgery, which consists of a set of surgical techniques aimed at reducing gastric

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capacity, with the goal of promoting weight loss in obese patients. This procedure is indicated, above all, when conservative interventions, such as dietary re-education, regular physical activity, and clinical follow-up, do not produce satisfactory results. In Brazil, bariatric surgery is recognized and regulated by the Federal Council of Medicine, being considered an important therapeutic alternative in the treatment of obesity and associated comorbidities.

Obesity is one of the main contemporary public health challenges due to its high prevalence and the impacts it has on the physical, psychological, and social health of individuals. Although its origin involves genetic, metabolic, and hormonal factors, it is also strongly related to inadequate lifestyle habits, such as unbalanced diet and sedentary behavior. According to data from the Ministry of Health, released in 2024, 55.7% of the Brazilian population is overweight, while 19.8% are obese. In this context, there is a significant increase in the demand for treatments aimed at weight reduction, among which bariatric surgery stands out. According to regulations of the Federal Council of Medicine, there are different types of bariatric surgery, each with specific characteristics, indications, advantages, and limitations:

Vertical sleeve gastrectomy, also known as sleeve gastrectomy , involves removing approximately 70% to 85% of the stomach, transforming it into a tubular structure. This procedure reduces the production of ghrelin, a hormone related to the feeling of hunger, without significantly compromising the absorption of nutrients such as iron, calcium, zinc, and B vitamins. It is an irreversible technique, although in some cases it can be converted to other procedures, such as gastric bypass or biliopancreatic diversion . Despite its benefits, it can be associated with complications due to its surgical complexity.

Roux-en-Y gastric bypass, also known as gastric bypass surgery , is one of the most frequently performed techniques. This procedure reduces the stomach's capacity and redirects food passage to more distal segments of the small intestine. This modification contributes to decreased appetite by reducing ghrelin and the release of intestinal hormones related to satiety. Furthermore, this technique significantly improves obesity-related diseases. However, like any surgical intervention, it involves risks such as fistulas, pulmonary embolism, and infections.

Biliopancreatic diversion combines vertical sleeve gastrectomy with a significant intestinal bypass, drastically reducing the absorption of calories and nutrients. In this technique, food and digestive juices follow separate paths and only meet in the final portion of the small intestine. This procedure promotes more pronounced weight loss and less food intolerance in some cases. However, it presents a higher risk of malnutrition, diarrhea, flatulence, and vitamin deficiencies, requiring rigorous clinical monitoring.

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Adjustable gastric banding involves placing a silicone ring in the initial portion of the stomach, allowing for control of food restriction through individualized adjustments. Among its advantages are its reversible nature and lower degree of invasiveness. However, this technique may yield insufficient results in terms of weight loss, and there is a risk of prosthesis rejection and infections.

Bariatric surgery is indicated for the treatment of individuals with obesity, especially when it is associated with comorbidities that worsen their overall health. According to the National Supplementary Health Agency, the procedure is recommended for patients with a body mass index equal to or greater than 40 kg/m², as well as for those with a BMI between 35 and 40 kg/m² who have obesity-related diseases.

Among the main associated comorbidities, the following stand out: diabetes mellitus, glucose intolerance, systemic arterial hypertension, dyslipidemia, cardiovascular diseases, severe osteoarthritis, gastroesophageal reflux, obstructive sleep apnea, pulmonary diseases, and non-alcoholic fatty liver disease. Therefore, it is understood that bariatric surgery is not intended for simple cases of overweight, but rather for situations where obesity significantly compromises the patient's health and quality of life.

There are situations in which bariatric surgery is not recommended. According to the Brazilian Society of Bariatric and Metabolic Surgery, the procedure is contraindicated for individuals with a BMI between 25.1 and 29.9 without complications associated with overweight, people with significant intellectual disabilities, patients without adequate family support, individuals with uncontrolled psychiatric disorders, including continuous use of alcohol or illicit drugs, as well as some cases of genetic diseases.

These contraindications demonstrate the importance of a thorough multidisciplinary assessment, considering not only the physical aspects, but also the patient's psychological, social, and family conditions, in order to ensure greater safety and better results in the surgical and post-surgical process.

Bariatric surgery has become established as one of the main strategies for treating severe obesity, promoting significant weight reduction and improvement in associated comorbidities. However, the success of the procedure is not limited to the surgical intervention, but also depends on sustained behavioral and emotional changes over time. In this sense, the role of psychology becomes fundamental to understanding the factors that interfere with adherence to new routines and coping with the bodily and social transformations resulting from surgery (SBCBM, 2025).

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Several studies indicate that psychological support contributes to maintaining results and preventing weight regain. However, symptoms of anxiety, depression, and other emotional issues can compromise this process (DALGALARRONDO, 2018). Thus, understanding the influence of anxiety on the eating behavior of bariatric patients is essential for the development of more effective therapeutic strategies.

Anxiety and eating behavior

Anxiety is a natural human emotion, related to the anticipation of dangers or threats, but at high levels, it can significantly interfere with daily behaviors. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5, 2014), anxiety disorders involve excessive worry, tension, and physiological symptoms that can lead to maladaptive behaviors, such as compulsive eating.

From a behavioral psychology perspective, anxiety can be understood as a learned response to aversive stimuli. In many cases, the act of eating functions as a negative reinforcement—temporarily reducing emotional tension and, therefore, tending to be repeated (SKINNER, 1953). This pattern can hinder food control and promote weight gain, especially in individuals who use food as an emotional regulation strategy.

Beck (2013) also emphasizes that negative automatic thoughts and dysfunctional beliefs associated with anxiety can generate impulsive eating behaviors, making emotional management a central aspect in maintaining post-surgical results.

Behavioral theory and weight gain after bariatric surgery.

Behavioral theory, formulated by Skinner (1953), proposes that human behavior is shaped by the consequences that follow it. Positive reinforcement (when a behavior produces something pleasant) and negative reinforcement (when it reduces something unpleasant) are central mechanisms in maintaining habits.

In the context of bariatric surgery, the process of nutritional re-education can be understood as a change in behavioral contingencies. Before surgery, overeating is often reinforced by pleasure or emotional relief. After the procedure, the individual needs to learn new responses and identify other reinforcers to cope with discomfort, stress, and anxiety. When

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this transition is not well consolidated, the patient tends to repeat inadequate eating behaviors, leading to weight regain.

According to (KANFER and SASLOW, 1972), the process of behavioral self-regulation involves monitoring, evaluating, and modifying one's own behavior. Thus, psychological support based on behavioral theory seeks to develop skills of self-awareness, self-control, and reinforcement substitution, helping the patient maintain the results of the surgery.

Studies on the relationship between anxiety and weight regain

Recent research from the Brazilian Society of Bariatric and Metabolic Surgery (SBCBM) has pointed to a significant association between anxiety symptoms and weight regain after bariatric surgery. Patients with high levels of anxiety tend to have greater difficulty adhering to dietary recommendations and new lifestyle habits (OLIVEIRA et al., 2021).

Furthermore, anxiety can intensify episodes of emotional eating, leading to the consumption of high-calorie foods as a form of compensation. This pattern, according to (SANTOS et al., 2022), demonstrates the need for continuous psychological interventions focused on managing anxiety and consolidating healthy behaviors.

Despite advancements, gaps remain in the literature regarding the understanding of how behavioral theory can specifically explain and intervene in this relationship. Therefore, this study aimed to contribute to the understanding of the behavioral mechanisms involved in the influence of anxiety on weight gain after bariatric surgery.

SCIENTIFIC METHODOLOGY

Research Approach

This research adopted a qualitative approach, as it sought to understand in depth the meanings attributed by authors and scientific studies to the relationship between anxiety and weight gain in post-bariatric surgery patients, from the perspective of behavioral theory. According to Minayo (2024), qualitative research is appropriate when the aim is to interpret complex phenomena of human reality, considering subjective and contextual aspects.

Search Type

This was also an exploratory and descriptive study, since its objective was to provide greater familiarity with the topic and describe the main evidence already published on the psychological impact of anxiety in the postoperative bariatric process. Gil (2010) highlights that exploratory research is appropriate when the objective is to expand knowledge about phenomena that are still little investigated, serving as a basis for more in-depth future studies.

Technical Procedures

The study was classified as bibliographic research, carried out based on a survey of national and international scientific publications that address the relationship between anxiety, eating behavior, and weight regain after bariatric surgery. As Severino (2008) states, this type of research uses already existing material, mainly consisting of books, articles, and theses, aiming at constructing a critical analysis of existing knowledge.

Research Context and Material Selection Criteria

Data collection was carried out in the SciELO, PePSIC , PubMed , and Google Scholar databases, using combined descriptors in Portuguese and English, such as "anxiety," "bariatric surgery," "weight regain," "behavioral theory," "health psychology," and " behavioral. " Studies published between 2012 and 2025, peer-reviewed, and available in Portuguese, that address the relationship between anxiety, eating behavior, and weight regain in post-bariatric surgery were included. Studies focused exclusively on surgical or nutritional aspects, duplicate articles, and non-scientific materials were excluded .

Data Collection Instruments and Procedures

The main instrument used was a bibliographic indexing guide, designed to record essential information from each study, such as authors, year, objectives, methodology, results, and conclusions. Data collection followed these steps: initial search in databases; selection of materials according to defined criteria; exploratory and analytical reading of the texts; systematization of the main results in comparative spreadsheets. There was no direct contact with human beings, given the exclusively bibliographic nature of the study.

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Data Analysis Procedures

The data collected were analyzed using thematic content analysis, as proposed by Minayo (2024), which allowed the identification of conceptual categories related to anxiety, eating behavior, and behavioral theory. This technique enables a critical interpretation of the convergences and divergences between the analyzed studies, in addition to pointing out theoretical gaps and possible contributions to clinical practice.

Five categories were used: (1) anxiety in the postoperative period after bariatric surgery; (2) body image; (3) anxiety as a risk factor for treatment outcomes; (4) psychological interventions in post-bariatric follow-up; and (5) contributions of Cognitive Behavioral Therapy to the management of anxiety in this context.

The construction of categories in content analysis, as proposed by Laurence Bardin, is a fundamental process for organizing and interpreting qualitative data, allowing the grouping of units of meaning into themes relevant to the analysis. This procedure occurs mainly in the exploration phase of the material, and may involve categories defined a priori or emerging from the data, provided they meet criteria such as exhaustiveness, exclusivity, homogeneity, and relevance. Widely applied in areas such as psychology, education, and social sciences, this approach enables a systematic reading of discourses and documents; however, it presents important limitations, such as the researcher's subjectivity, the possible reduction in data complexity, and the influence of the adopted theoretical framework, requiring methodological rigor in its application (Bardin, 2011).

Ethical Reservations

Since this is a bibliographic research, there was no direct involvement of human beings, which eliminates the need for submission to the Research Ethics Committee, according to CNS Resolution No. 510/2016. Even so, ethical principles of scientific integrity were respected, guaranteeing the reliability of the sources, absence of plagiarism and adequate recognition of authorship, according to (DINIZ, 2011; 2013).

Resources

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Conducting this research required basic resources such as internet access, a computer or digital device for consulting and storing materials, as well as access to the scientific databases used (SciELO, PePSIC , PubMed , and Google Scholar). Software for organizing and processing text, such as Google Docs , Word, or similar programs, was also used. All resources used were free or openly accessible institutionally.

ANALYSIS MATERIAL

ARTICLE	AUTHORS	YEAR	ARTICLE THESIS DISSERTATION	DOI
Intervention Based on Mindfulness and Body Image in Patients Undergoing Bariatric Surgery	Marchesini, SD	2022	Scientific Article	https://www.nucleodoconhecimento.com.br/psicologia/pacientes
Depression After Disorder of Self-image	Furtado Jr., RR de O.; Santos, RA; Vianna, MV	2025	Scientific Article	https://doi.org/10.33208/pc1980-5438v037e012

Uncommon in Post-Bariatric Surgery: Integrating Cognitive-Behavioral Psychotherapies				
The Role of Psychiatry in Patients Subjected to Bariatric Surgery	Filardi , AC of O.; Gomes, JP; Pires, LM; Filardi , MF of O.; Rodrigues, P. N.; Baiao , PA M.	2020	Scientific Article	http://www.master editorial.com.br/kisses cr
Aspects Psychological Associates of Weight Regain and Excess Weight in People Undergoing Bariatric Surgery	Mendes, JMS	2023	Scientific Article	https://doi.org/10.11606/T. 47.2023.t de-05092023-180416

RESULTS AND DISCUSSION

Returning to the main goal of this study, the objective was to analyze the relationship between anxiety and the psychological adaptation process in the post-bariatric surgery context, especially considering the contributions of Cognitive-Behavioral Therapy to the understanding

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of this phenomenon. From the analysis of four articles, five categories of analysis were identified, which structure the discussion presented in this chapter: (1) anxiety in the post-bariatric period; (2) body image; (3) anxiety as a risk factor for treatment outcomes; (4) psychological interventions in post-bariatric follow-up; and (5) contributions of Cognitive-Behavioral Therapy to the management of anxiety in this context.

These categories allowed us to organize the main findings from the literature and to understand in an integrated way the psychological factors involved in adapting to the postoperative period.

Postoperative Anxiety

Bariatric surgery is recognized as one of the most effective strategies in the treatment of severe obesity, promoting significant improvement in metabolic indicators and physical quality of life. However, such benefits do not automatically extend to the mental health of patients.

In this regard, Filardi et al. (2020) highlight the high prevalence of psychiatric disorders among individuals undergoing bariatric surgery, with particular emphasis on symptoms of anxiety.

Studies indicate (FILARDI et al., 2020) that between 30% and 60% of patients undergoing bariatric surgery experience symptoms of anxiety in the postoperative period, highlighting the high prevalence of psychological distress in this population. These symptoms can directly interfere with adaptation to the new lifestyle required after the procedure, compromising adherence to medical and nutritional recommendations. Cognitive-Behavioral Therapy proposes that the identification and modification of automatic thoughts, intermediate beliefs, and core beliefs are fundamental for reducing anxiety and promoting healthy adaptation (BECK, 2013).

Filardi et al. (2020) highlight that, although weight loss is significant in most cases, the reduction in body weight does not necessarily imply automatic remission of emotional distress. In some patients, anxiety symptoms may persist or even intensify after surgery, especially in the face of new behavioral demands and bodily changes resulting from the procedure.

These findings suggest that surgical intervention acts predominantly on the biological dimension of obesity, without directly modifying previously established cognitive and emotional patterns. From this perspective, the results can be understood in light of the cognitive

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model proposed by Beck (2013), according to which emotional responses are influenced by the individual's interpretation of lived situations.

Clark and Beck (2012) emphasize that anxious individuals tend to overestimate threats and underestimate their own coping abilities, which favors the maintenance of intense emotional responses. In the post-bariatric context, automatic thoughts such as "I won't be able to maintain the weight," "I'll gain it all back," or "people keep judging me" can trigger physiological responses of anxiety, insecurity, and avoidance behaviors.

Thus, the bodily change resulting from surgery may only produce a shift in the anxious focus, moving from the suffering associated with excess weight to the fear of weight regain, failure, or social rejection. If core beliefs related to inadequacy or incompetence remain active, the physical transformation may not be sufficient to modify how the individual interprets themselves and their experiences.

Another relevant aspect concerns the identity reorganization process resulting from rapid body transformation. Patients who have lived with obesity for long periods may experience feelings of estrangement from their new body, needing to reconstruct their self-image and social roles. This process can generate insecurity and contribute to increased anxiety.

Thus, the literature indicates that understanding anxiety in the post-bariatric context requires an approach that goes beyond the traditional biomedical model, integrating cognitive and emotional dimensions in the care of these patients. The integration of structured psychological support, based on Cognitive Behavioral Therapy, proves essential so that the intervention is not limited to bodily transformation, but also encompasses the cognitive and emotional restructuring of the patient. Considering that anxiety stems from subjective interpretations and not just objective conditions, returning to the objective of this study, the importance of interventions that promote not only weight loss, but also a change in how the individual perceives themselves and their coping abilities becomes clear.

The findings presented in this study largely converge with the scientific literature in indicating that, although bariatric surgery is highly effective in weight reduction and improvement of metabolic conditions, its effects on mental health, especially with regard to anxiety, are not automatically positive.

The literature reviewed shows that anxiety is one of the main psychological phenomena present in the postoperative context of bariatric surgery. In this sense, Mendes (2023) points out that anxiety is among the most frequent comorbidities in these patients, although his study did not identify a statistically significant association with weight regain. Corroborating this perspective, Mendes (2023) indicates that anxiety in the preoperative period can negatively

influence the postoperative period, being associated with worse clinical outcomes and greater impacts of physical symptoms. Furthermore, Furtado et al. (2025) highlight that psychological aspects, including anxiety, are central to the management of these patients, making psychological evaluation essential in the surgical process. Complementarily, Marchesini (2022) shows that anxiety is frequently associated with emotional eating and body dissatisfaction, functioning as a response to stressful situations.

Studies converge in recognizing its high prevalence in this context. In general, the authors point out that, although surgery promotes significant physical changes, it does not eliminate the underlying emotional factors, so anxiety tends to persist or manifest itself in new ways in the postoperative period. Furthermore, there is consensus that anxiety is frequently associated with difficulties in adapting to the changes required after the procedure, especially with regard to new eating habits and lifestyle (MENDES, 2023).

Although there is consensus regarding its presence, studies diverge on its intensity and clinical impact. Mendes (2023) points out that anxiety is frequent, but does not present a statistically significant association with weight regain. In contrast, anxiety can exert a more significant negative influence in the postoperative period, being related to worse clinical outcomes and greater difficulty in adaptation. Thus, while some authors treat it as a relevant variable, others downplay its direct impact.

It is observed that the four studies analyzed do not make an in-depth distinction between different anxiety disorders, such as generalized anxiety, social anxiety, or other clinical subtypes. In general, anxiety is treated as a broader construct, frequently assessed through general scales or as a symptom associated with other psychological conditions (MENDES, 2023). Some studies mention specific manifestations, such as social anxiety related to body exposure or social interaction after surgery, but without a rigorous diagnostic categorization (MARCHESINI, 2022).

This lack of differentiation can impact the analysis, since different types of anxiety have distinct etiologies, manifestations, and clinical implications, which can influence the results of bariatric treatment differently. Thus, a generalist approach to anxiety may limit a more precise understanding of its role in the postoperative period.

Although anxiety is frequently highlighted as a relevant variable, there is evidence that other psychological and contextual factors play an equally, or even more significant, role. Mendes (2023), for example, points out that compulsive eating is more strongly associated with weight regain than anxiety itself. Furthermore, the literature emphasizes the co-occurring

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presence of other disorders, such as depression, as well as social and behavioral factors that directly influence postoperative adaptation.

Therefore, considering anxiety in isolation can lead to a reductionist interpretation of the phenomenon, disregarding the multifactorial nature of obesity and the post-bariatric process. Studies, therefore, point to the need for a more integrated analysis that includes emotional, behavioral, and contextual variables.

The literature reviewed does not present sufficient evidence to establish causal relationships, with studies indicating associations predominating. Most research has an observational design, which allows for the identification of correlations between anxiety and outcomes such as psychological adaptation or weight regain, but does not prove that anxiety is a direct cause of these results (MENDES, 2023).

Furthermore, the presence of intervening variables, such as compulsive eating, treatment adherence, and social support, makes it difficult to establish direct causal relationships. Thus, the literature supports the view that anxiety should be understood as an associated and potentially mediating factor, and not as the sole determinant of postoperative outcomes.

Body Image

The significant weight loss achieved through the procedure does not necessarily guarantee a proportional change in how the individual perceives their own body. Patients undergoing bariatric surgery may continue to experience body dissatisfaction even after significant weight loss, challenging the notion that physical change alone is sufficient to promote a restructuring of self-image.

Body image is not constructed exclusively from objective parameters, but is mediated by subjective experiences and cognitive structures consolidated throughout an individual's life history, especially in individuals who have experienced long periods of social stigmatization associated with obesity. From the perspective of Cognitive-Behavioral Therapy, body self-image is influenced by core beliefs and cognitive schemas that organize the interpretation of experiences (BECK, 2013). Bariatric patients frequently present a history of criticism, social rejection, and episodes of humiliation related to body weight, experiences that can contribute to the formation of core beliefs such as "I am inadequate," "I am not worthy of acceptance," or "my worth depends on my appearance."

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Such experiences can contribute to the formation of core beliefs related to inadequacy, worthlessness, or not belonging. Early maladaptive schemas, when activated, influence emotions and behaviors in an automatic and rigid way, favoring distorted interpretations of reality. In this sense, schemas such as "I am not worthy of acceptance" or "my worth depends on my appearance" can continue to operate even after weight loss.

Even after significant bodily changes, these beliefs can remain active, influencing negative automatic thoughts, excessive concern with appearance, and constant fear of negative evaluation. Beck (2013) highlights that automatic thoughts emerge quickly and involuntarily in specific situations, directly influencing an individual's emotions and behaviors. In the post-bariatric surgery context, these thoughts can take the form of constant self-criticism, fear of social judgment, excessive concern with bodily imperfections, or fear of regaining weight. Anxiety related to body image, therefore, does not stem solely from objective appearance but from the subjective interpretation constructed from these schemas; cognitive distortions such as catastrophizing, mind reading, and dichotomous thinking can contribute to maintaining anxiety associated with body image. In this context, body dissatisfaction constitutes an important source of anxiety in the postoperative period, as it activates dysfunctional cognitive patterns related to negative self-evaluation and fear of social judgment. Patients may interpret neutral expressions as signs of judgment or believe that any small weight gain represents total failure.

Some literature does not always delve into the cognitive mechanisms responsible for maintaining body dissatisfaction, creating a significant theoretical gap. Many studies describe the persistence of dissatisfaction, but do not explain how automatic thoughts, cognitive distortions, and behavioral safety strategies contribute to the maintenance of emotional distress.

In the postoperative period, anxiety associated with body image can manifest itself through aesthetic hypervigilance, constant social comparison, an excessive need for external validation, and a recurring fear of negative evaluation. Such behaviors function as safety strategies, providing momentary relief from anxiety, but reinforcing the dysfunctional cycle in the long term, since they prevent the modification of underlying beliefs.

Furthermore, rapid body transformation can require significant identity reorganization. An individual who for years has structured their identity around their obesity may experience feelings of estrangement or loss of reference in the face of their new body. If feelings of inadequacy remain active, the physical change may not be healthily integrated into self-image, perpetuating insecurity and anxiety.

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In this context, Cognitive-Behavioral Therapy offers a relevant theoretical and practical contribution. The intervention involves identifying core beliefs, monitoring automatic thoughts, and applying cognitive restructuring techniques, allowing the patient to question distorted interpretations and develop more realistic and functional perceptions of themselves (BECK, 2013).

Therefore, although bariatric surgery produces significant bodily changes, the transformation of the individual's relationship with their own body depends on interventions that address the cognitive and emotional dimensions. As pointed out by Marchesini (2018), the persistence of body dissatisfaction demonstrates that physical modification alone does not guarantee a restructuring of self-image.

Significant weight loss resulting from bariatric surgery does not necessarily guarantee a proportional change in how the individual perceives their own body. Marchesini (2018) demonstrates that patients undergoing the procedure may continue to experience body dissatisfaction even after significant weight reduction.

Thus, Marchesini (2018) argues that the physical transformation promoted by bariatric surgery, although significant, does not in itself guarantee the restructuring of self-image, and it is necessary to consider psychological factors in the follow-up of these patients.

The results presented in this study demonstrate strong consistency with the literature by showing that significant weight loss resulting from bariatric surgery does not necessarily imply a proportional improvement in body image. This finding confirms the central hypothesis that physical transformation, while relevant, is not sufficient to promote a restructuring of self-image, which is mediated by cognitive, emotional, and social factors.

The four studies indicate that it is a complex and multidimensional construct, involving cognitive, emotional, and social components. Mendes (2023) emphasizes that bariatric surgery significantly impacts body perception, influencing individuals' identity and self-esteem. In this direction, Marchesini (2022) points out that dissatisfaction with body image remains one of the main factors of psychological distress in the postoperative period, being associated with dysfunctional eating behaviors. Furthermore, clinical studies demonstrate that, even after significant weight loss, some patients have difficulty recognizing and integrating their new body image, which can generate persistent emotional distress. This finding is reinforced by Marchesini (2022), who identifies lasting changes in body image even after surgery.

The articles converge in considering it a central element in the psychological adaptation process. Studies indicate that, despite weight loss, many patients continue to experience body dissatisfaction, demonstrating that physical change does not necessarily imply a change in the

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subjective perception of the body (MARCHESINI, 2022). Thus, body image is understood as a complex construct, influenced by cognitive, emotional, and social factors, which can remain distorted even after surgery, generating persistent psychological suffering (MENDES, 2023).

The disagreements center on the interpretation of its evolution after surgery. Some studies indicate that weight loss promotes a significant improvement in body perception and self-esteem (MENDES, 2023). On the other hand, Marchesini (2022) emphasizes that body dissatisfaction can persist even after significant physical changes, being a continuous factor of psychological suffering. Thus, a divergence is observed between a more optimistic view and a more critical one regarding the effects of surgery on body image.

It is observed that the studies predominantly approach the subject from a subjective perspective. In general, body image is investigated through self-reports, psychometric scales, and clinical reports, emphasizing the individual's perception, satisfaction, and feelings in relation to their own body.

(MARCHESINI, 2021). Although some studies consider objective changes, such as weight loss, these measures are not used directly to assess body image, but rather as context to interpret the patient's subjective experience. Thus, the literature tends to understand body image as a psychological construct, rather than as a measurable physical indicator.

Several important limitations in body image assessment are presented. Firstly, the lack of standardization of the instruments used stands out, making comparisons between studies difficult. Furthermore, many studies adopt cross-sectional designs, which hinders the understanding of changes in body image over time. Another relevant limitation is the absence of a more robust multidimensional approach, since the cognitive, affective, and behavioral aspects of body image are not always considered in an integrated way. In addition, there is a scarcity of studies using mixed methods or in-depth qualitative assessments, which could enrich the understanding of patients' subjective experience.

Regarding the consideration of biological factors, such as excess skin, the literature shows a still limited approach, highlighting the need for models that articulate concrete psychological and bodily dimensions. In general, studies tend to privilege subjective aspects of body image, such as satisfaction, self-esteem, and body perception. Although some authors recognize that physical changes resulting from surgery, especially excess skin after significant loss, can negatively impact body perception and generate persistent dissatisfaction (MARCHESINI, 2022), these factors are generally treated in a secondary and poorly systematized way, which restricts a more integrated understanding of the phenomenon and may

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limit the development of interventions that simultaneously consider emotional aspects and the patient's concrete bodily conditions.

Anxiety as a Risk Factor for Outcomes

Psychological disorders are relatively common among patients undergoing bariatric surgery and can significantly influence treatment outcomes. Filardi et al. (2020) highlight that these conditions constitute important risk factors for unfavorable postoperative outcomes, affecting treatment adherence and weight loss maintenance.

Among these disorders, anxiety occupies a prominent position. As mentioned earlier, FILARDI et al. (2020) indicate that between 30% and 60 % of bariatric patients experience it, highlighting the clinical relevance of this phenomenon. From the perspective of Cognitive-Behavioral Therapy (CBT), anxiety should not be understood merely as a secondary symptom, but as a central clinical variable capable of directly influencing cognitive and behavioral patterns.

These patterns can manifest through cycles of extreme food restriction followed by guilt, self-criticism, and emotional instability. The intense fear of regaining weight or "failing" to maintain results can lead the patient to adopt rigid and inflexible strategies, which, paradoxically, increase vulnerability to relapse. The absence of structured psychological support tends to intensify these cycles, favoring both a return to dysfunctional eating behaviors and their possible replacement with other compulsive behaviors.

In the postoperative period, such behaviors may take the form of excessive body monitoring, extreme control over eating, a constant search for external validation, or avoidance of social situations for fear of judgment. Although they provide momentary relief from anxiety, these strategies maintain the perception of threat and reinforce maladaptive patterns.

Furthermore, patients undergoing bariatric surgery frequently report persistent fear of social judgment, even after significant weight loss. Prior experiences of humiliation, stigmatization, and rejection associated with obesity can contribute to the development or intensification of social anxiety. Based on Cognitive Behavioral Therapy , social anxiety is related to overestimating the likelihood of rejection and catastrophizing the consequences of potential criticism (CLARK; BECK, 2012).

In the postoperative period, new sources of anxiety may arise, such as comments about weight loss, changes in relational dynamics, and external expectations regarding the "success"

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of the surgery, which can activate previously established dysfunctional beliefs such as "my worth depends on the approval of others" or "if I fail I will be rejected." These situations can intensify avoidance behaviors and social isolation, compromising adaptation to the new lifestyle required by the surgery.

Therefore, anxiety should be understood not only as an associated symptom, but as a central clinical variable in the sustainability of surgical outcomes (FILARDI et al., 2020). Its influence on cognitions and behaviors can directly impact adherence to the dietary plan, physical activity, and medical follow-up. Neglecting this psychological dimension constitutes a significant gap in post-bariatric follow-up protocols, especially regarding the systematic integration of evidence-based approaches, such as CBT.

According to the authors Filardi et al. (2020), anxiety symptoms can compromise adherence to medical guidelines, hinder adaptation to the new lifestyle, and affect the maintenance of weight loss achieved with the procedure. Therefore, anxiety should be considered a relevant variable in the clinical follow-up of these patients.

Cognitive-behavioral therapy proposes structured interventions aimed at identifying automatic thoughts, cognitive restructuring, flexibility of dysfunctional beliefs, and development of coping skills. In the specific case of social anxiety, techniques such as gradual exposure to feared situations and social skills training have proven effective in reducing avoidance and increasing self-efficacy (CLARK; BECK, 2012). By enabling the patient to confront, in a planned manner, situations perceived as threatening, the overestimation of the threat is progressively reduced and the perception of personal competence is strengthened.

Thus, Filardi et al. (2020) emphasize that psychological assessment and follow-up are fundamental to reducing risks associated with the postoperative period and promoting better results in the treatment of obesity through bariatric surgery.

Although highly prevalent and clinically significant, anxiety is not an isolated causal factor in postoperative outcomes, acting indirectly and often mediated by behavioral variables such as compulsive eating. This understanding strongly aligns with the literature reviewed, which points to the significant influence of psychological variables on treatment adherence and weight loss maintenance.

Mendes (2023) points out that psychopathology in the preoperative period, including anxiety, can compromise weight loss and maintenance; however, he emphasizes that, despite its high prevalence, anxiety is not the main factor associated with weight regain, with compulsive eating being the most relevant element in this process. Even so, he suggests that anxiety can hinder adaptation to the new lifestyle required postoperatively, contributing to

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worse clinical outcomes. Thus, it can be inferred that anxiety acts more as a factor of psychological vulnerability than as a direct cause of therapeutic failure.

Studies agree that anxiety can hinder adaptation to the postoperative period, impacting behaviors such as adherence to diet and physical activity. However, there is consensus that it does not act in isolation as the main predictor of therapeutic failure, being frequently associated with other factors, such as compulsive eating (MENDES, 2023). Thus, anxiety is understood more as a vulnerability factor than as a direct cause of weight regain.

It is argued that the presence of psychopathology, including anxiety, can significantly compromise surgical outcomes, influencing both weight loss and weight maintenance. Conversely, Mendes (2023) argues that anxiety is not the main factor associated with weight regain, highlighting compulsive eating as a more determining variable. This divergence indicates that there is no consensus on the relative weight of anxiety in clinical outcomes, its influence possibly being mediated by other behavioral factors.

Studies do not provide sufficient evidence for such a claim. Observational designs predominate, allowing for the identification of associations but not establishing direct causality. In this sense, Mendes (2023) points out that, although anxiety is present in the postoperative period, it is not the main factor associated with weight regain, highlighting the greater relevance of binge eating. Similarly, other studies indicate that anxiety can influence adaptation to the postoperative period, but do not demonstrate that it is a direct cause of negative outcomes. Thus, the literature supports an associative relationship, possibly mediated by other variables, and not a causal one.

It is observed that this is a significant limitation in the studies analyzed. Although some research mentions factors such as binge eating, depression, and adherence to treatment, there is not always rigorous methodological control of these variables. Furthermore, aspects such as social support, socioeconomic conditions, previous psychological history, and lifestyle changes are often not fully considered or controlled. The literature itself recognizes that eating behavior and weight regain are multifactorial phenomena, involving biological, psychological, and social dimensions.

Although the importance of emotional factors is recognized, some literature tends to emphasize variables such as anxiety and body image without fully integrating biological aspects (such as metabolic changes and excess skin) and social aspects (such as family support and cultural context). However, some authors explicitly highlight that bariatric surgery treats the physical dimension of obesity, but does not, by itself, resolve the psychological and behavioral

determinants of eating. There is a risk of interpretive bias, with an overemphasis on anxiety to the detriment of potentially more determining variables.

In summary, the literature shows that anxiety is a frequent phenomenon in the postoperative period of bariatric surgery, associated with adaptation difficulties, but it does not, in isolation, constitute a causal factor in the outcomes. Understanding it requires an approach that integrates cognitive, behavioral, and contextual dimensions.

Psychological Interventions

Although the literature indicates advances in the development of psychological interventions in the bariatric context, these findings are still marked by methodological heterogeneity and limited standardization of protocols. Marchesini (2018) points to positive results from psychological interventions focused on mindfulness and body image, demonstrating that strategies that broaden emotional awareness and promote greater reflective contact with one's own body can favor healthier adaptation in the postoperative period, indicating that such strategies can promote better emotional adjustment.

However, despite these promising results, the literature shows significant methodological diversity and a lack of standardization regarding the psychotherapeutic protocols used. Filardi et al. (2020) highlight the high prevalence of psychiatric disorders in this population and advocate the importance of thorough psychiatric evaluation before and after the procedure. However, the authors also emphasize the need for further development of structured psychological follow-up protocols capable of guiding systematic interventions aimed at the emotional needs of these patients.

In this scenario, Cognitive-Behavioral Therapy (CBT) stands out for presenting a structured, goal-oriented model with a solid empirical basis, especially in the treatment of anxiety disorders (CLARK; BECK, 2012). These characteristics make Cognitive-Behavioral Therapy particularly relevant to the bariatric context, especially given the need for intervention on cognitive and behavioral patterns associated with maintaining surgical outcomes. This characteristic makes the approach particularly relevant to the bariatric context, in which emotional and behavioral factors play a central role in maintaining surgical results.

Literature indicates that many obese patients used eating as a predominant emotional regulation strategy before surgery. Food intake functioned as a coping mechanism for feelings of anxiety, sadness, or frustration. After bariatric surgery, the physical limitation of food intake makes it difficult to use this behavior as a regulatory mechanism, potentially leading to

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increased anxiety and feelings of helplessness in the face of intense emotions. Under the cognitive-behavioral model, the absence of adaptive emotional regulation strategies can result in both the substitution of other dysfunctional behaviors and the intensification of anxiety symptoms.

The fear of regaining weight, coupled with severe self-criticism in the face of minor dietary slips, can reinforce cycles of worry, guilt, and rumination. Catastrophic thoughts such as "if I break my diet I will lose all the results" or "one mistake means total failure" contribute to maintaining high anxiety and rigid control patterns. Clark and Beck (2012) highlight that catastrophizing and overestimating threats are central processes in maintaining anxiety disorders, making cognitive restructuring an essential element in post-bariatric follow-up.

The application of CBT in this context can significantly contribute to modifying dysfunctional beliefs related to self-image, reducing catastrophic thoughts, managing social anxiety, developing adaptive strategies for emotional regulation, and preventing behavioral relapses. CBT integrates psychoeducation, monitoring of automatic thoughts, behavioral experiments, and skills training, promoting greater autonomy and a sense of self-efficacy in the patient—fundamental aspects for maintaining long-term therapeutic gains and preventing relapses.

Despite the potential of this approach, it is observed that there are still few national studies that systematically investigate the effectiveness of specific cognitive-behavioral protocols for bariatric patients. This gap highlights the need for more scientific research that evaluates, in a controlled and longitudinal manner, the impacts of CBT on reducing anxiety, preventing behavioral relapses, and maintaining surgical results.

Thus, although interventions such as those described by Marchesini (2018) indicate relevant benefits in the psychological field, the consolidation of structured and empirically validated models, such as Cognitive-Behavioral Therapy, presents itself as a promising path for improving post-bariatric follow-up. The integration between psychiatric evaluation, as highlighted by Filardi et al. (2020), and evidence-based psychotherapeutic interventions can increase the effectiveness of treatment, promoting not only bodily transformation but also sustainable emotional and cognitive adaptation.

The results presented in this study demonstrate that psychological support in the context of bariatric surgery is a fundamental element for promoting sustainable outcomes, going beyond the biomedical dimension of treatment. The literature reviewed shows strong convergence with

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this perspective, recognizing the relevance of psychological interventions in managing the emotional and behavioral demands of these patients.

Within the scope of psychological interventions, studies converge on the importance of continuous follow-up in the post-bariatric period. Furtado et al. (2025) establish the mandatory nature of psychological assessment and follow-up in a multidisciplinary context. Mendes (2023) reinforces that bariatric surgery does not, by itself, resolve the emotional aspects underlying eating behavior, making long-term follow-up necessary. Clinical evidence also indicates that psychotherapy contributes to the re-signification of body image and the reduction of emotional suffering. In this context, Marchesini (2022) highlights interventions such as body image exposure, mindfulness techniques , and cognitive restructuring, which have proven effective in reducing anxiety and improving the relationship with the body.

Analyzing the issues of psychological interventions in post-bariatric follow-up, the articles show strong convergence in highlighting the need for continuous and multidisciplinary monitoring. There is consensus that bariatric surgery, by itself, is not sufficient to promote lasting changes in eating behavior and psychological functioning, and the inclusion of psychological interventions throughout the entire process is fundamental (FURTADO ET AL., 2025; MENDES, 2023). The studies emphasize that this monitoring contributes to adaptation to bodily changes, to the management of anxiety, and to the prevention of behavioral relapses (MARCHESINI, 2022).

Although there is agreement regarding its importance, studies diverge on the form, intensity, and systematization of these interventions. Institutional guidelines, such as those of Furtado et al. (2025), emphasize the mandatory nature of psychological support in a more normative and general manner. On the other hand, empirical studies, such as that of Marchesini (2022), propose more structured and specific interventions, such as the use of mindfulness and cognitive techniques, highlighting a more active and targeted approach. Thus, the divergence lies between a more protocol-based perspective and a more interventional one based on specific evidence.

Cognitive-Behavioral Therapy (CBT) and integrated approaches with mindfulness indicate positive results, such as reduced anxiety, improved body image, and greater control over eating behavior. However, these findings are frequently based on studies with non-experimental designs or less rigorous methodologies (MARCHESINI, 2021; MENDES, 2023). Thus, the literature suggests consistent benefits, but still lacks studies with a higher level of evidence, such as large-scale randomized clinical trials with replication.

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The presence of recurring weaknesses in the analyzed studies is observed. Among them, the following stand out: the small sample size, which compromises the generalizability of the results; the limited follow-up time, hindering the evaluation of long-term effects, especially regarding weight regain; the absence or weakness of control groups, which limits inferences about the real effectiveness of the interventions; the predominance of cross-sectional or observational designs, which do not allow establishing causal relationships; and the heterogeneity of the instruments and protocols used, making comparisons between studies difficult. Furthermore, many studies do not adequately control for confounding variables , such as the presence of other psychopathologies, adherence to treatment, and socioeconomic factors, which can directly influence the results.

The gaps in the literature regarding specific protocols for bariatric patients indicate that this is a relevant and still understudied issue. Although psychological interventions are applied in this context, there is a scarcity of structured, standardized, and widely validated protocols specifically aimed at the bariatric population. In many cases, these are adaptations of existing models, such as CBT for eating disorders, without necessarily considering all the particularities of the postoperative period, such as abrupt body changes, excess skin, dietary adaptation, and identity issues. In short, although the literature points to relevant benefits of psychological interventions in the bariatric context, such evidence is still predominantly based on studies with methodological limitations. This reinforces the need for the development of structured protocols and research with greater methodological rigor, capable of empirically supporting the long-term effectiveness of these interventions.

Contributions of Cognitive-Behavioral Therapy

Cognitive-Behavioral Therapy presents itself as a particularly relevant approach in the psychological follow-up of patients undergoing bariatric surgery. These results can be interpreted in light of Beck's cognitive model (2013), considering that the surgical procedure has a significant impact on physical health, but does not automatically eliminate pre-existing psychological vulnerabilities. Therefore, it becomes essential to incorporate theoretical models capable of understanding and intervening in the cognitive and emotional processes involved in postoperative adaptation.

Although bariatric surgery is effective in reducing body weight and improving comorbidities associated with obesity, anxiety remains a recurring phenomenon in the postoperative period, potentially interfering with adaptation to the new body, adherence to

medical guidelines, and maintenance of achieved results. Despite being widely reported, this interference still lacks clear delimitation regarding its magnitude and specific mechanisms, since studies rarely control for behavioral and contextual variables.

Thus, even after significant bodily changes, patients may continue to experience anxiety if they maintain dysfunctional thought patterns related to fear of failure, social judgment, or weight regain.

In this context, CBT offers a consistent explanatory model by understanding anxiety as a result of the dynamic interaction between core beliefs, automatic thoughts, emotions, and behaviors (BECK, 2013). In the post-bariatric context, these findings can be interpreted from the cognitive model, according to which it is not the events themselves that determine emotional suffering, but how they are interpreted. In this sense, situations such as comments about weight loss, fear of weight regain, or changes in interpersonal relationships can activate previously structured dysfunctional beliefs, triggering anxious responses and avoidance behaviors.

Although surgery modifies the body, it does not directly address dysfunctional cognitive patterns that underpin feelings of inadequacy, fear of failure, or an excessive need for external validation. Therefore, without targeted psychological intervention, physical transformation may not be accompanied by corresponding cognitive restructuring. CBT, by proposing the identification and modification of automatic thoughts and core beliefs, enables the patient to develop greater cognitive flexibility and more realistic and adaptive interpretations of themselves and their bodily experience (BECK, 2013).

Among the main cognitive-behavioral interventions applicable to the post-bariatric context, the following stand out: psychoeducation on the functioning of anxiety and the cognitive model; systematic monitoring of automatic thoughts; cognitive restructuring of dysfunctional beliefs; gradual exposure to avoided situations; and training in social skills and emotional regulation. Psychoeducation promotes the understanding that anxiety is a comprehensible and modifiable phenomenon, reducing the feeling of lack of control. Monitoring automatic thoughts allows for the identification of recurring patterns of catastrophizing or self-criticism. Cognitive restructuring makes it possible to question distorted interpretations and build more balanced alternatives.

The systematic application of these strategies promotes increased self-efficacy, greater autonomy, and more stable psychological adaptation. By developing the ability to recognize and modify rigid cognitive patterns, the patient establishes a more balanced relationship with their own body, reducing the need for external validation and the constant fear of failure. Thus,

CBT intervention is not limited to the symptomatic reduction of anxiety, but contributes to a broader reorganization of the subjective experience in the postoperative period.

The integration of bariatric surgery and psychotherapeutic follow-up based on CBT (Cognitive Behavioral Therapy) is not only desirable but necessary. Incorporating a systematized cognitive-behavioral model into multidisciplinary care enhances the sustainability of surgical outcomes, promoting not only clinical success in terms of weight loss but also long-term mental health and quality of life.

CBT proposes interventions aimed at identifying and modifying these automatic thoughts and core beliefs, favoring more realistic and adaptive interpretations (BECK, 2013).

Thus, applying a cognitive-behavioral approach in postoperative follow-up can contribute to better psychological adaptation of patients, helping to reduce anxiety and maintain the results obtained from the surgical procedure.

In general, after four articles were studied, the results indicate that bariatric surgery produces significant benefits in the physical dimension of obesity, but does not automatically guarantee a proportional improvement in patients' mental health. The literature shows a high prevalence of anxiety symptoms in the postoperative period, as well as challenges related to body image, social adaptation, and weight loss maintenance. In this context, Cognitive-Behavioral Therapy offers relevant contributions by providing a theoretical model and intervention strategies aimed at modifying dysfunctional cognitive patterns and developing coping skills. These findings reinforce the importance of systematically investigating and addressing the role of anxiety in the psychological follow-up of patients undergoing bariatric surgery, increasing the effectiveness of treatment and promoting better long-term psychological adaptation.

According to Marchesini (2022), CBT acts directly on the maintaining factors of eating disorders, such as body dissatisfaction and loss of control over eating. Studies conducted by Mendes (2023) indicate that this approach promotes improved self-esteem, self-image, and a reduction in psychological symptoms. Furthermore, research demonstrates that CBT contributes to the reduction of binge eating and the development of more adaptive coping strategies, and can be used as an adjunct therapy to bariatric surgery. In addition, Marchesini (2022) highlights that the integration of CBT with mindfulness practices enhances therapeutic results, favoring emotional regulation and improving the relationship with the body.

Finally, regarding the contributions of Cognitive Behavioral Therapy (CBT), the articles converge in pointing to it as one of the most effective approaches in this context. In general,

studies indicate that CBT acts directly in modifying dysfunctional cognitive patterns, regulating emotions, and developing more adaptive behavioral strategies (MARCHESINI, 2022). Furthermore, there is consensus that this approach contributes to reducing anxiety, improving body image, and controlling dysfunctional eating behaviors (MENDES, 2023), thus being a relevant intervention both pre- and post-operatively (MARCHESINI, 2022).

Although widely recognized, there are disagreements regarding its centrality in treatment. Some authors, such as Marchesini (2022) and Mendes (2023), highlight CBT as the approach of choice for dealing with eating disorders and associated psychological aspects. Conversely, the integration of CBT with complementary approaches, such as mindfulness , is suggested, indicating that CBT, in isolation, may not encompass the full complexity of the phenomenon. Thus, a divergence is observed between a more centralized view of CBT and another that advocates integrative interventions.

The literature analyzed presents a heterogeneous scenario. There is no robust evidence to affirm the superiority of Cognitive-Behavioral Therapy (CBT) in relation to other approaches. Some studies predominantly use it as a theoretical framework, especially to explain mechanisms such as cognitive restructuring, emotional regulation, and modification of eating behaviors (MARCHESINI, 2022). On the other hand, some works present empirical applications as interventions that integrate CBT and mindfulness , albeit based on limited methodological designs. Thus, although there are indications of its clinical applicability, a significant portion of the literature still employs it more as a conceptual basis than as a rigorously tested intervention.

Several studies point to benefits associated with CBT, such as improved body image, reduced anxiety, and greater control over eating behavior (MENDES, 2023). This is mainly due to the scarcity of direct comparative studies, the absence of large-scale randomized clinical trials, and the heterogeneity of the protocols used. Thus, CBT is recognized as a promising and effective approach, but not conclusively as superior.

Firstly, there is a tendency to overemphasize cognitive and behavioral aspects, with less emphasis on deeper or contextual dimensions, such as historical, cultural, and relational factors. Furthermore, studies rarely discuss the need to adapt CBT to the specific needs of bariatric patients, such as intense bodily changes, identity issues, and the impact of biological factors (e.g., excess skin).

Considering that CBT-based interventions require active patient participation, which can be a challenge in the postoperative context. Furthermore, there is little discussion about long-term effectiveness, especially in maintaining therapeutic gains in the face of the risk of

behavioral relapses. Finally, there is little integration with other approaches, although some more recent studies already point to benefits of combined interventions, such as CBT associated with mindfulness (MARCHESINI, 2022).

FINAL CONSIDERATIONS

The general objective of this study was to understand how anxiety influences the psychological adaptation process and weight regain in patients in the postoperative period of bariatric surgery, as well as to analyze the contributions of Cognitive-Behavioral Therapy in this context. Based on the analysis of the scientific literature, it was possible to show that, although bariatric surgery promotes significant results in the physical dimension of obesity, its effects do not automatically extend to the mental health of patients, making continuous psychological support indispensable. Regarding the results, organized into categories of analysis, it was observed that the results indicate that anxiety constitutes a central phenomenon in the postoperative period of bariatric surgery, presenting a high prevalence and direct impact on adaptation to the new lifestyle. This impact manifests itself especially in the difficulty of adhering to medical and nutritional guidelines, showing that, although surgery acts effectively on the biological dimension of obesity, it does not, by itself, promote changes in dysfunctional cognitive and emotional patterns.

In this context, it is observed that psychological adaptation is also influenced by how the patient perceives their own body. Significant weight loss does not guarantee a proportional improvement in self-image, since negative core beliefs and previous experiences of stigmatization tend to persist, indicating that body image is constructed subjectively and not solely based on physical modifications.

Taken together, the findings suggest that anxiety acts as a relevant variable associated with postoperative outcomes, influencing behaviors such as binge eating, food rigidity, social deviance, and poor adherence to treatment. These factors, in turn, can compromise the maintenance of surgical results, including the risk of weight regain.

Given this scenario, the importance of continuous psychological support in the postoperative period becomes evident. Interventions such as psychoeducation, mindfulness, and emotional support are relevant to promoting patient adaptation, although the literature still points to a lack of standardization in protocols, indicating the need for greater systematization of clinical practices.

In this sense, Cognitive-Behavioral Therapy stands out as a promising approach, enabling the identification and modification of automatic thoughts and dysfunctional beliefs. Its application contributes to the development of coping skills, emotional regulation, and greater psychological adaptation, favoring the maintenance of results in the long term, although studies with greater methodological rigor are still needed to consolidate its effectiveness.

Despite the relevant contributions of this study, some limitations should be considered. It is noteworthy that the research presented a restriction regarding the linguistic diversity of the sources analyzed, since all the articles used were published in Portuguese. The lack of greater inclusion of studies in other languages, such as English and Spanish, may have limited access to broader and more up-to-date international evidence, restricting the scope of the theoretical analysis.

Therefore, it is suggested that future research broaden the methodological scope, incorporating scientific productions in different languages, as well as empirical investigations and longitudinal studies that deepen the understanding of the relationship between anxiety and post-bariatric outcomes. Furthermore, the importance of integrating surgical intervention with structured psychological support, especially based on therapy, is reinforced.

Cognitive-Behavioral Therapy, as an essential strategy for promoting comprehensive health, preventing relapses, and improving the quality of life of patients.

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