

## **Function and Body Image: an analysis from the speech of women who underwent Bariatric Surgery**

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Introduction:

Most obese people search weight loss from conventional treatments such as diets, medications, etc. However, many patients do not respond to these maneuvers, requiring bariatric surgery which is considered one of the most effective treatments in weight reduction and maintenance of the weight loss in morbid obesity subjects, making it a procedure performed worldwide. (Santos, Burgos e Silva, 2006; Segal e Fandino, 2002; Arasaki, Grande, Oliveira e Alves, 2005).

The psychological aspects related to obesity have drawn attention of researchers, including body image ones, as shown by Carvalho (2005) e Ades & Kerbauy (2002), defined as the figuration formed in the mind about the body, encompassing physiological, social, emotional and libidinal aspects (Schilder, 1994). Cash (1993) believes that it relates to the psychological experience of the subject on its appearance and function of your body.

According to Almeida, Loureiro and Santos (2002), most studies on body image are directed to the discussion about the dissatisfaction and body image distortion, influenced by sociocultural factors. Morbidly obese people may suffer negative impact from the thin body cult and from the experience of functionality losses of the body.

From this, it was decided to investigate if there is a relation between a relation between the restrictions of the functional capabilities of the body and the improvement of the same in pre and postoperative as well as the body image into the discourses of obese women who underwent bariatric surgery.

Methodology

The study was submitted to the Ethics Committee of the Universidade Federal de Juiz de Fora, respecting all the ethical standards, as recommend by the 196/96 resolution, and received a favorable opinion coded as 197/2007.

After the approval, 20 women from SCHDO – Serviço de Controle de Hipertensão Diabetes e Obesidade - pole of treatment of obesity in Minas Gerais' state health system were selected for the study.

The option for qualitative research it was because of the richness of descriptive data. The participants answered a semistructured interview, composed of open and closed questions, concerning the personal data and subject studied. The data treatment was based in the content analysis (Bardin, 2008).

#### Discussion

Profile of surveyed women: mean age 40 years; average time of surgery: 2,85 years. The mean weight and body mass index (BMI) in the preoperative period was 137.1 kg 53.26 kg / m<sup>2</sup>, respectively, these values reduced to 79.41 kg and 30.79 kg / m<sup>2</sup>. On a year on average the respondents had lost 44.88% of total body weight. Of those interviewed, 65% were married, 80% have children, 60% attended to secondary school, 70% were monitoring health, and 40% still have some kind of health problem. Regarding physical activity there were no reports for the pre-operative, however, 45% reported to do some practice after surgery. The research found improvement in the aspect of function and change in body image perception after bariatric surgery. In speeches, the relationship between disease, function and body image appeared organized in the following categories: disability, dependency, social functions and roles, new relationship with the body.

The frequency of limitations, such as walking, working, performing domestic service in the speeches led to reflection and discussion about the implications and relationships between, illness, physical limitations caused by obesity and body image.

According to Schilder (1994, p. 158):

The organic disease causes abnormal sensations, immediately changing the image of the body, from the viewpoint of figuring and libidinal content. These sensations are immediately part of the general attitude and experience of the individual, standing at the base of transformation and transposition of condensation and symbolizations [...].

The discourse of women interviewed showed that "there is no doubt that body image is fundamentally altered by organic disease" (Schilder, 1994, p. 159). The state of obesity brought to her the constant feeling of discomfort with their

body, changing the focus on their bodily experience, and level of security and comfort was felt with the own body. These changes probably involve a change in the image they have of themselves.

With obesity, physical limitations, such as heel spurs, proposed by Schilder (1994), bring the individual to the need to perform tasks differently (or not even realize them), that is, to experience your body in a different shape, which gives it a new image of themselves. Thus, it can be conclude, based on Schilder (Ibid., p. 159) that the "modification of the function immediately influences body image, as if a change in function was transmuted into a static difference and a difference of image." The constraints generated the women interviewed, different feelings and the most cited was dependency and disability.

These feelings are important factors in the construction of body image and identity of the individual. According to Tavares (2003), to feel recognized and valued in their uniqueness are key factors in the integrity of bodily identity (p. 101) "is the starting point for developing an integrated and positive body image. Guarantees the experience of willfulness in a pleasant environment in which their vital energy flows in activities that place. " The non-occupation of roles and functions in context can make the subject feel disintegrated its identity and its meaning as an existential being.

The thought of the author is confirmed in the accounts of Participants 17 and 20, in order to win back the independence of movements and can take up their functions and roles in their social contexts, which is a great satisfaction and has importance because they have recovered their independence.

Thus, the roles of mother, homemaker and wife, profile of interviewees, confirming the author's assertion, in that obesity can influence these functions. That is, being a mother and not being able to interact with children, being a housewife and not carry out the corresponding tasks are things that stand out in the depositions.

It was noted the satisfaction of the respondents in order to return to see your body moving, performing their daily activities and may have personal care with your body. Such activities not only allowed them to return to jogging, but also to be in touch again with their internal feelings. Referring again to Tavares (2003, p. 102), to emphasize the importance of the individual's connection with their bodily sensations, we have that "the bond of each movement with our inner

reality that sustains our identity throughout our lives." It is necessary to make the bodily sensations as real and relevant to the body as other factors, such as physiological, cultural or emotional. Thus, this contact with the body, with your feelings, give the subject a sense of who she was yesterday, who she is today, and will reference who she is going to be tomorrow.

The relationship established between illness, body image and functionality deserved careful attention, because the negative impact on body image can cause a person to lose connection with their inner feelings and perceptions, involving the construction of their corporeal identity.

### Conclusion

It can be said that when there is loss of body organ function, adjustments are required to perform daily activities and, consequently, also occupied the roles are changed, as the mother, the caregiver shall be cared for and the housewife becomes depend on help to perform simple tasks. This results in feelings of disability, dependency and uselessness.

The recovery of such bodily functions brought independence to resume old habits and try new roles. Enabled these women to better contact with themselves, since they have experienced feelings of satisfaction and positive self-esteem. It can be appointed new relationship established with the body, and the possibility of caring for oneself, such as a greater connection with their inner feelings and perceptions.

Thus, bariatric surgery has restored the body of research subject to its primary function: interact and communicate with the world around them. Women demonstrated through the testimony, a positive self-concept, which pointed people to a refund of their bodily identity.

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