

Corporeal Image Dissatisfaction in Patients Who Underwent Bariatric Surgery

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Obesity is a chronic, complex and multifactorial disease. It is difficult to control in its most extreme forms and is characterized by therapeutic failures and relapses. Excess weight is directly related to several chronic diseases (Velásquez-Meléndez, Gazzinelli, Côrrea-Oliveira, Pimenta & Kac, 2007), besides causing psychological handicaps, such as psychosocial disorders, the consequence of stigmatization and prejudice (Bernardi, Cichelero & Vitolo, 2005; Teichmann, Olinto, Costa & Ziegler, 2006). Psychopathologies such as depression and anxiety disorders can also arise due to the difficulties faced by overweight people (King, Shapiro, Helb, Singletary & Turner, 2006; Shapiro, King & Quiñones, 2007). Bariatric surgery is indicated as one of the most efficient treatments against morbid obesity, both regarding weight loss and weight maintenance. There are several criteria for performance of this surgical procedure, indicated only to those people with extreme overweight (Kelly & Kirschenbaum, 2010). Even though bariatric surgery has become the main medical treatment for obesity nowadays, it is necessary to consider other aspects, such as the impact that these sudden changes cause (Castro, 2009). Schilder (1981) defines corporeal image as a body image formed in a person's mind, that is, the way the body presents itself for this individual, involved by feelings and immediate experiences. The author highlights that corporeal image is not merely a cognitive construction, but also a reflection of desires, emotional attitudes and interactions with other people, being a changeable phenomenon. Thus, corporeal image includes the several ways a person experiences and conceptualizes his/her own body (Tavares, 2003; Saur & Pasian, 2008). Corporeal image consists of a complex construct, which involves perceptual, affective, cognitive and behavioral aspects of corporeal experiences (Cash &

Pruzinsk, 2002). The rapid and drastic weight loss in people who underwent bariatric surgery causes transformations in corporeal image. Besides, studies show that in more than a third of obese people, especially women, even with a drastic reduction of weight, we do not realize a considerable bettering of corporeal image. If this is not properly diagnosed and addressed, patients can either quit or criticize treatments for not getting the improvement they had idealized (Cordás, 2002). Concerning psychological treatment, this work addresses the principles of Cognitive-Behavioral Therapy, since studies indicate that it helps obesity treatment programs as it aids and reinforces the development of mechanisms of self-control, fosters reduction of negative emotional states and propitiates a better psychosocial performance (Kirschenbaum, Germann & Rich, 2005; Butryn, Phelan, Hill & Wing, 2007; Kelly & Kirschenbaum, 2010). This study aimed at analyzing the degree of (dis)satisfaction about corporeal image among patients who underwent Bariatric Surgery. We will now describe the methodology we used. Participated in this study 100 adult patients of both sexes, with no restriction as to age, education or post-surgical period. We used the following instruments: questionnaire of socio-demographic data and clinical conditions and the Figure Rating Scale for adults. This last instrument was adapted and validated by Kakeshita (2008). It is composed of fifteen figures of each gender. The cards are 6,5 cm wide and 12,5 cm tall, with the figure centralized against a black background. The figure is outlined by a margin 0,5cm distant from both the borders of the figure and the card. Each figure is shown to the participant in a separate card, with no facial expressions or disproportions in corporeal figure. The participant is asked to select which figure he/she thinks best represents his/her body. Next, he/she is asked to choose the image that best represents the body he/she would like to have. Finally, the participant has to select the image that represents his/her ideal body model for men/women in general. This is an interval scale in which average BMI ranges between 12 and 47,5 kg/m². The instruments were applied by individual interviews carried out at the Bariatric Surgery Ward of a university hospital located in the state of São Paulo. After participants read and signed the Term of Free and Enlightened Consent, approved by the Ethics Committee of Research on Human Beings of the institution, we started collecting data, between August and December 2009. Participants' weight and height were

measured by the researcher by using proper scales and stadiometers. The socio-demographic results obtained were: 85% of participants were female, average age was 40 (DP=10,3); 53% finished high school; 55% were married or had stable partners; 50% were employed; 45% received less than two minimum wages; 56% belonged to the social class called C by Brazilian Criterion of Economic Classification. Regarding clinical conditions, we have the following results: average BMI was 34,27 kg/m²; pre-operation BMI was 52,05 kg/m²; 51% of the interviewees were more than 24 months into post-op period; most of them had undergone Fobi-Capella Surgery (97%); 52% were in excellent health condition, except for occasional vomits; 89% were under medication, the most common being vitamin complexes, antihypertensives, anti-inflammatories, antiulcerants and humor stabilizers; 67% did not drink alcoholic beverages; 53% stated they did not exercise regularly. Data regarding corporeal image indicated that the average BMI of the figure chosen as best representing their current bodies was 33,48 kg/m². Average BMI of the figure selected as the desired body was 25,94 kg/m². Figure 5 (average BMI 22,5 kg/m²) was appointed more frequently (19%) as the image that represented the body they would like to have. Therefore, results suggest that there was significant weight loss among the participants. However, the chosen images of the desired bodies were in a thinner zone of BMI when compared to their actual bodies, thus indicating certain dissatisfaction with corporeal image. We conclude, then, because obesity is a complex and multifactorial disease, treatments require a(n) (inter) multidisciplinary assessment, with the accompaniment of several health-care professionals, such as doctors, nutritionists, personal trainers, physiotherapists, psychologists/psychiatrists. Within this context, studies suggest that Cognitive-Behavioral psychological intervention (an address directed to the resolution of specific problems, by using several techniques, such as cognitive restructuring, stress control, training of social abilities, practice of assertiveness, among others) offers tools for the bettering of corporeal image in obese patients who underwent Bariatric Surgery.

Keywords: Corporeal image, Bariatric Surgery, Cognitive-Behavioral Therapy.

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