

Changes in body image and obese identity: Notes on the paradox of obesity surgery

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DESCRIPTION

In recent years, the number of cases of obesity has exponentially increased, with approximately 600 million people worldwide currently classified as obese. Bariatric surgery has become one of the main methods of weight loss, being associated with higher long-term weight loss in comparison to conventional treatments, in many cases, post-obese people are still not satisfied with their physical appearance and frequently request further plastic surgery intervention. suggest that obese identity remains unchanged after surgery, Most studies indicate that the most frequent mental disorders over obese patients' lifetime are mood disorders, in particular depression and eating disorders; as for current mental disorders, anxiety disorders were found to be the most frequent. Literature also shows that the relationship between obesity and mental disorders is stronger among patients with more severe obesity.

Body image is the psychological representation of one's body and is a complex construct to describe because includes psychological, cognitive, affective and behavioral factors. Furthermore, includes a social component as it is influenced by the attitude and interest that others feel towards our body [1,2]. Slade showed that body image describes the way in which the individual perceives his own body image, the way we think about our body, it involves an experiential part, the feeling we have for our body, and the way we "treat" our body through for example nutrition, physical exercise, plastic surgery [3]. Interaction and participation reduce the psychological burden of obesity (you are not 'alone' in your illness) and you can build on the experiences of others (suggestions, sharing experiences, alternative strategies to your own etc.).

The large majority of obese people has a negative body image, that indicates a discomfort related to body image dissatisfaction, and this condition can be manifested by frequent control of weight, such as obese patients feel uncomfortable and dissatisfied with their physical appearance, they have a wrong perception of their image, and consequently diminish their self-esteem [4-6]. Previous studies showed that 74% percent of overweight people have a distortion about their body image and feel uncomfortable and often dissatisfied with their physical aspect [7,8]. The scientific panorama showed that body image does not change immediately after bariatric surgery, because these patients will be difficult to adapt for a new body, because there is a persistent obese view of self [9-11].

In the light of that, explaining the phenomena through which body image is fundamental to understand if, and how this does not change after measures like bariatric surgery. It is important for understanding the obese paradox in patients, which reduction of the weight is not associated immediately to reduction space of the brain (location on the body image structured). In this situation the treatment efficacy encompasses psychological therapies, the central goal of most bariatric patients' management programs based on psychological therapy principles is to help patients to better handle

problems evolved around maladaptive emotions, cognition and behavior rather than focusing on the maladaptive emotions to reduce [4].

Finally we would say that Obesity identity is related to lifelong body image and is an important factor affecting post-operative results. It is strongly recommended to conduct longitudinal research based on ideal body image before and after bariatric surgery, and to conduct controlled evidence-based research on psychotherapy for dissatisfaction with body image. Psychotherapy can improve the quality of body image and well-being.

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