

EDUCATIVE SOMATIC APPROACHES AND THE TREATMENT OF OBESITY

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Body dissatisfaction

Body hatred

Perceptual distance

Body shame

Loss of strength

Absence of perception
of body limits



Uselessness of the body

Feeling of emptiness

Physical heaviness

Denial of the body

Ignorance of the body

Introduction and objectives

The general consensus regarding the treatment of obesity and its complications is that it requires a **multi-disciplinary approach**.

However, little consideration is given to body related disorders (body image, body satisfaction and sensitivity) within clinical teams, even though it is acknowledged that patients are often dissatisfied about this.

The efficacy of two body-centred approaches sessions have been studied through an observational study carried out within the Centre Spécialisé de l'Obésité (Obesity Specialist Center). Patients case notes were analysed with regards to self-relationship : relationship to the body, quality of life, motivation, self-esteem, coping with stress and eating behaviour.

Material and method

Body-centred approaches : the sessions offered include **relaxation, relational touch, movement exercises, body-centred dialogue**. They are facilitated by two hospital nurses.

All sessions aim to develop patients **perceptions of their bodies** (body boundaries, areas of support, rest, presence to self) in order to affect the dysfunctional relationship obese patients have to their body. It is an **internalized physical activity**.

In fact, **several dysfunctions of the relationship to the body** have been identified by the nurses among obese patients, namely body dissatisfaction, ignorance or denial of the body, the uselessness of the body, the absence of perception of body limits, physical heaviness, loss of strength, feeling of emptiness, body shame, body hatred and perceptual distance.

Body-centred approaches aim to accompany the patient in experiencing a **new relationship to their body** : a body with more 'limits' : body boundaries perception, body supports and grounding ; a body that feels more 'alive' : perception of a presence to self, of trusting their body, of a body that is calmer, sheltered from the disturbances of thoughts and judgement.



Research data concern the consultation of 18 patients case notes (descriptive information, reports), each nurse having randomly selected 9 files (16 women and 2 men, average age 42 +/- 20 years, Body Mass Index at 39 +/- 10 kg/m²).

An analysis grid including 4 descriptive criteria and 8 qualitative categories was designed to enable the transcription of the patients' answers. It was built with 4 descriptive criteria and 8 qualitative categories.

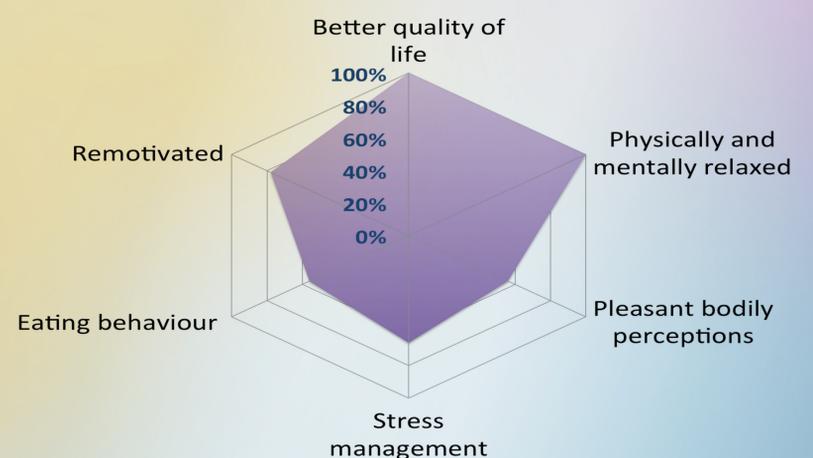
A transversal analysis was conducted with this grid, in order to get a better knowledge of patient expectations regarding body-centered approaches, and the impact they report of the related sessions.

Results

Initial **expectations** of patients are essentially : **loss of weight and regulation of their eating behaviour, management of fears and stress, to be listened to, well being and fatigue management**.

The most frequently noted **effects** :

- 18 patients out of 18 (100%) report being **physically and mentally relaxed** : calm, relaxed, more peaceful, rested ;
- 18 patients out of 18 (100%) report a **better quality of life** : less pain, more sleep, well-being, vitality ;
- 14 patients out of 18 (78%) describe a **renewed motivation** : to practice their exercises, to take active responsibility for their part ;
- 12 patients out of 18 (66%) report a **decrease in their stress**: less anxiety, nightmares, and fear of losing weight ;
- 10 patients out of 18 (56%) mention a **pleasant relationship to their body** : flexibility, lightness and freedom of movement;
- 10 patients out of 18 report **effects on their eating behaviour**.



Educative somatic approaches effects

Conclusion and discussion

Body-centred approaches have **qualitative effects on the relationship** patients suffering from obesity have to **themselves**. They allow the patients to reinvest their health, their bodies and their eating habits, and in this way to change how they relate to these different aspects of themselves.

These first results show how educative somatic approaches may contribute **beneficial and complementary effects** within a multi-disciplinary approach to obesity, in order to change how obese patients relate to themselves. .

In order to deepen our understanding of this field, a doctoral study is currently questioning the impact of body-centred practices within the care pathway of patients (therapeutic compliance, eating behaviour) and aims to better identify the effects on self-relationship (quality of life, coping with stress, self-esteem, relationship to the body, and body satisfaction) of these practices for severe and massively obese patients.

