



Usefulness of the emphasis on “the functional body” in body image intervention in ED

Gempeler, J; Rodriguez, M; Mayor, N; Patiño, C; Rogeliz, A

BACKGROUND

Body image dissatisfaction and distortion in ED have been studied and debated without achieving a sustained change in body image perception. We propose an alternative, the “functional body”, which is independent of the satisfaction or distortion of the body image. Our proposal adheres to the idea that the body is made and unmade through every day experiences, that it is therefore an unstable concept, and that it can be constructed through experience. We thus argue that the patient should be led to be more flexible in her interpretation of her daily experiences and on the way she uses her body in everyday situations, and to use the new data she gathers to update her negative body representation. The body that seems to emerge from this process (a body that patients feel suddenly “appear”) is a functional body regardless of whether it is correctly imagined.

OBJECTIVE

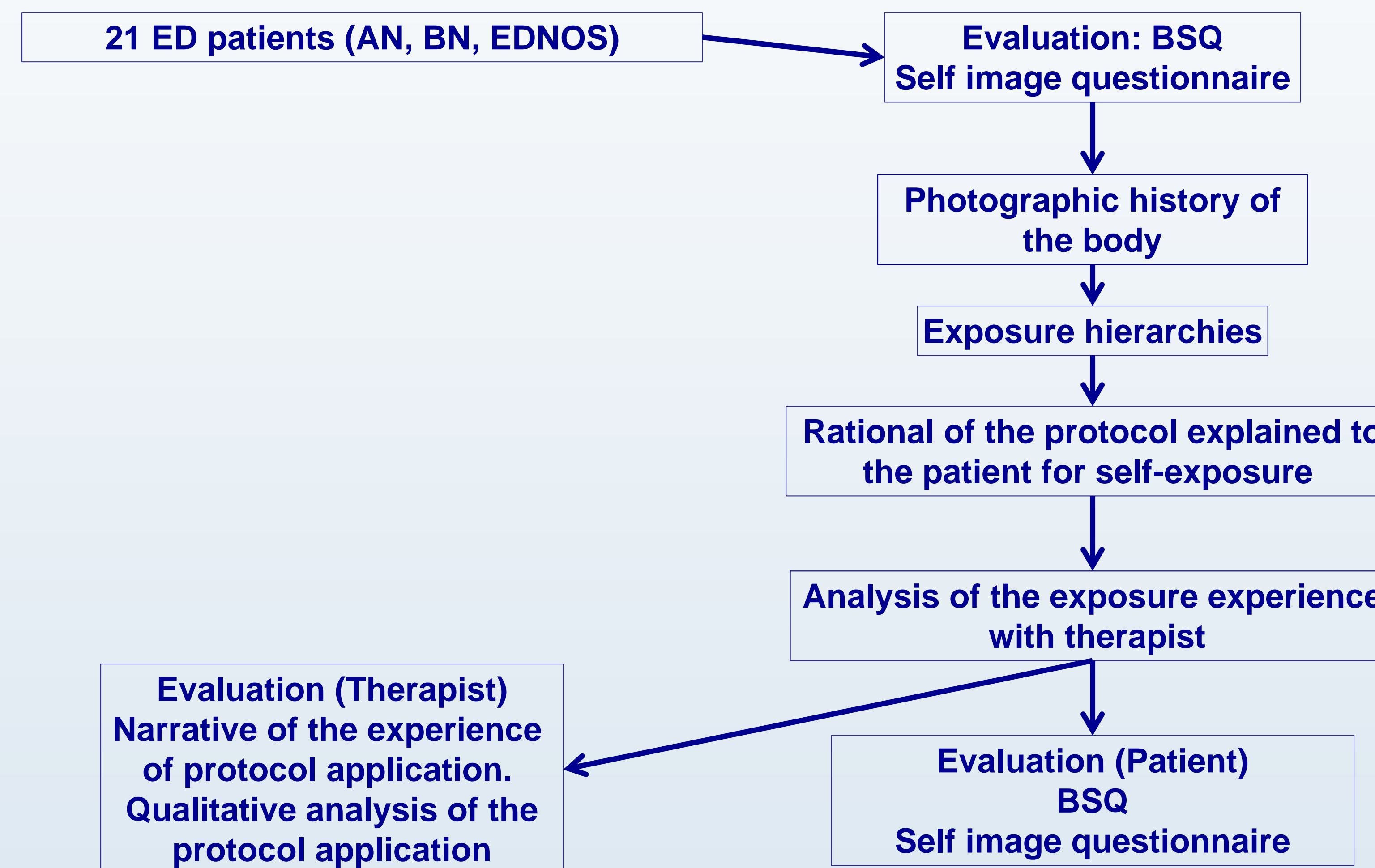
To analyze the impact of a cognitive behavioral intervention that focused in a functional body, that is: the possibility of using the body in accordance to the situations faced by the individual, as the majority of people would do in those circumstances, with a coherent pattern of cognitive, autonomic and motoric responses, independently of the satisfaction or distortion of the body image.

METHODS

21 patients with ED (AN, BN and EDNOS) were evaluated using BSQ and self-image questionnaire. Each of them made a photographic history of their body, in order to help organize a personalized exposure hierarchy. The objective of the exposure was to develop a “functional use of her body”, this objective was explained to each patient and then the exposure was organized for the patient to do it on her own. In addition, each patient was instructed to do a daily perceptual body integration exercise, since the beginning of the exposure sessions. After each session, the patient and the therapist analyzed the patient’s ability to behave in the proposed way, and revised the exposure hierarchy.

After 10 exposure sessions, the BSQ and self-image questionnaire were reapplied and each therapist made a short narrative of the experience of the use of the “functional body” concept in each patient, and answered 6 questions related to each patient’s behavior during the exposures. (See Figure 1):

Figure 1



RESULTS

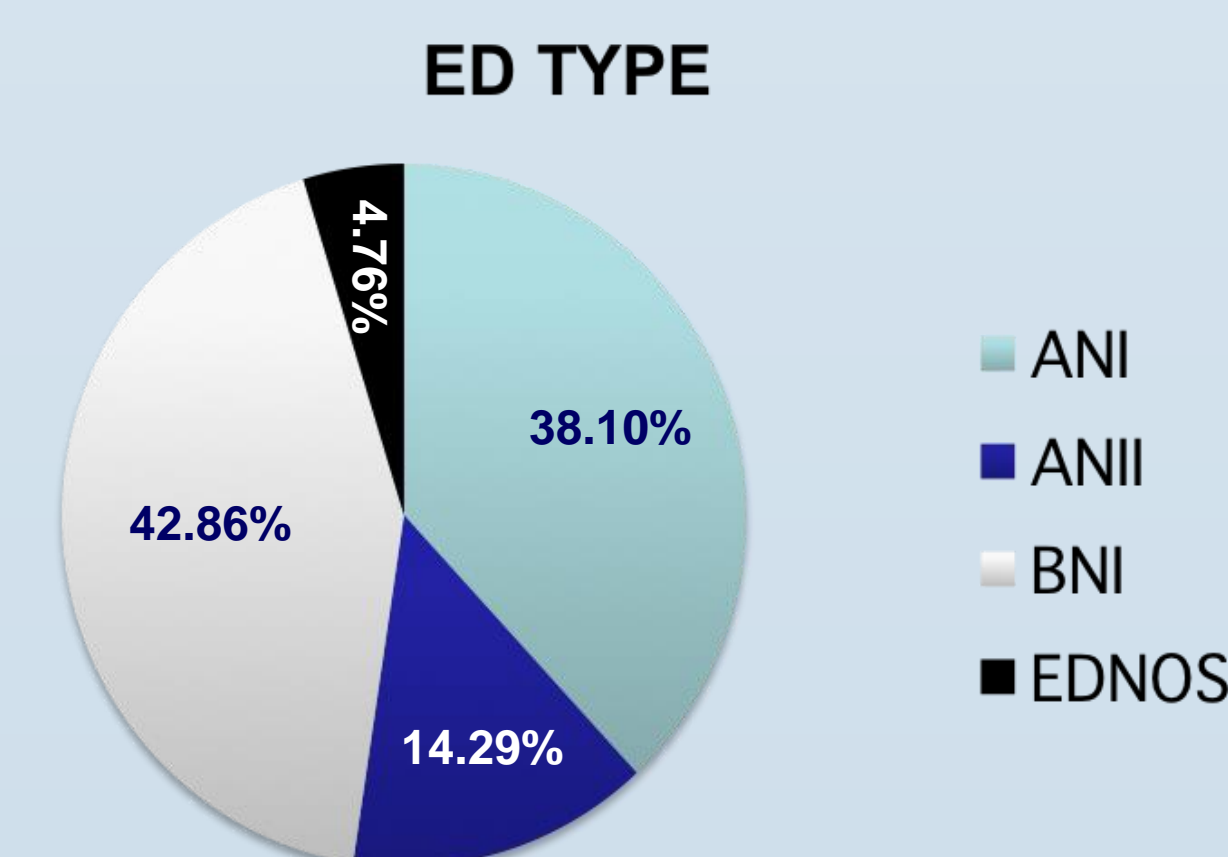


Figure 2

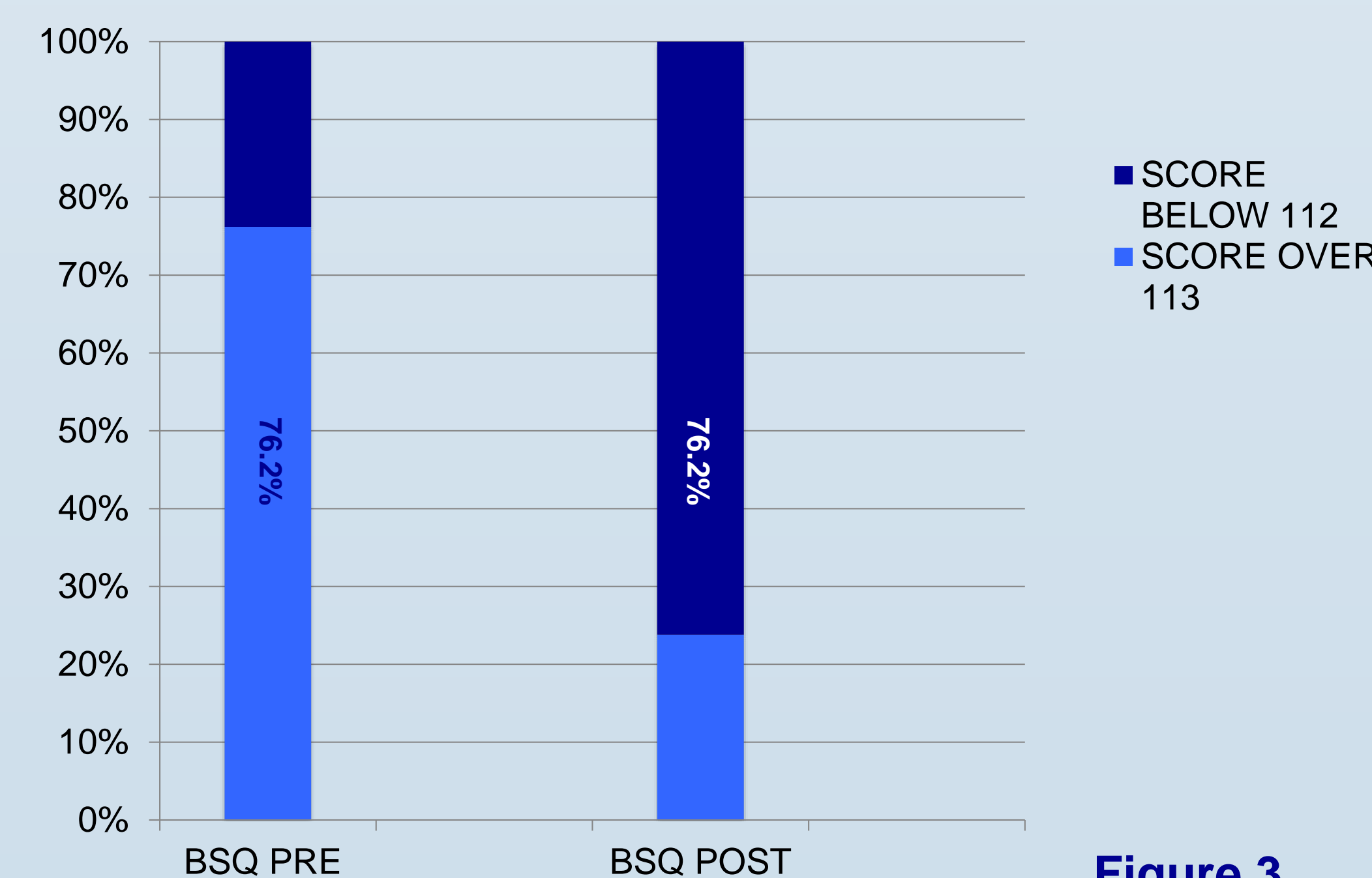


Figure 3

There is not a difference in the reduction of BSQ after intervention related to ED type ($p = 0.568$), age ($p = 0.406$), chronicity ($p = 0.930$), or BMI ($p = 0.562$).

TREATMENT RESPONSE

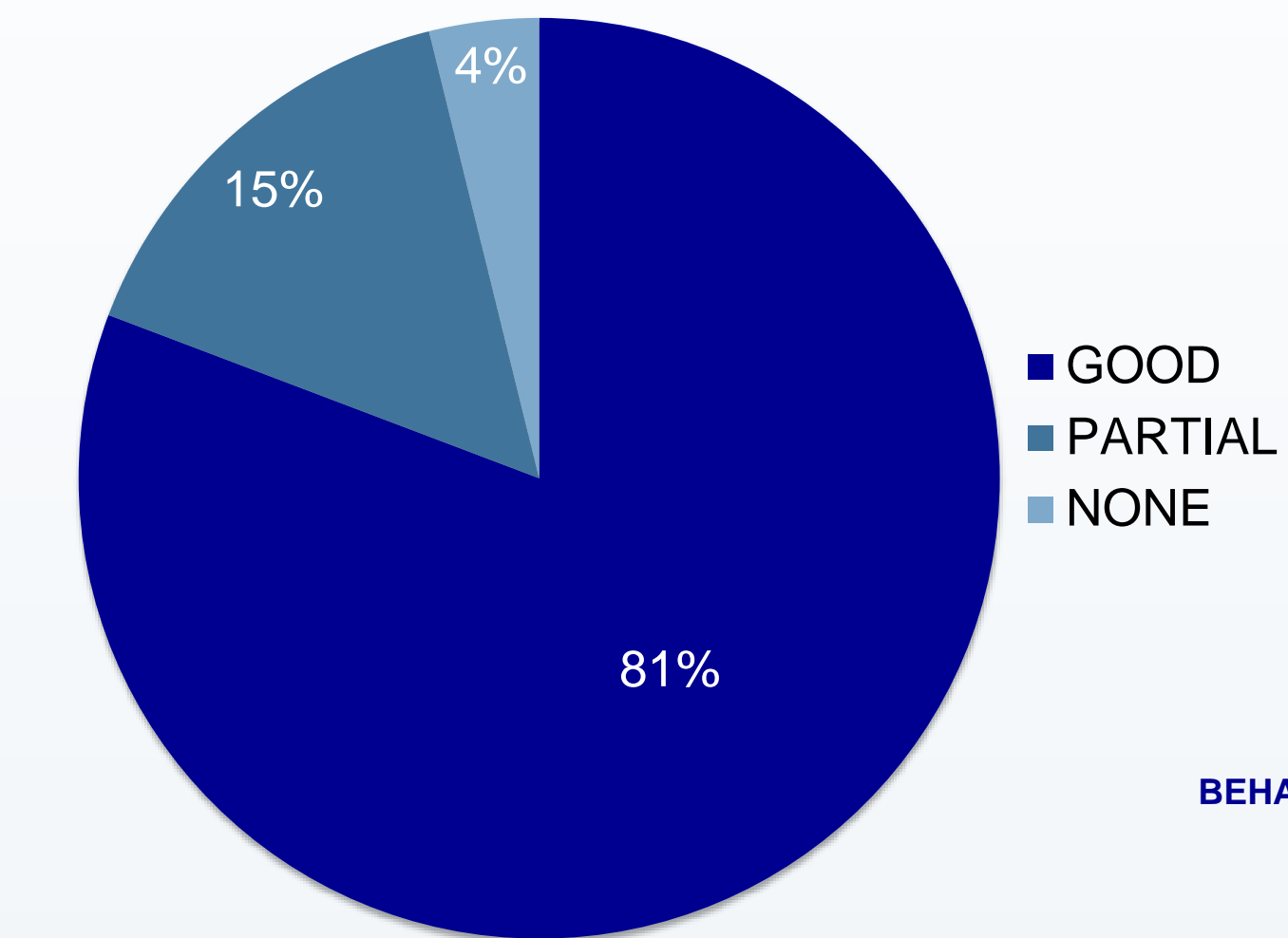


Figure 4. Quantitative analysis

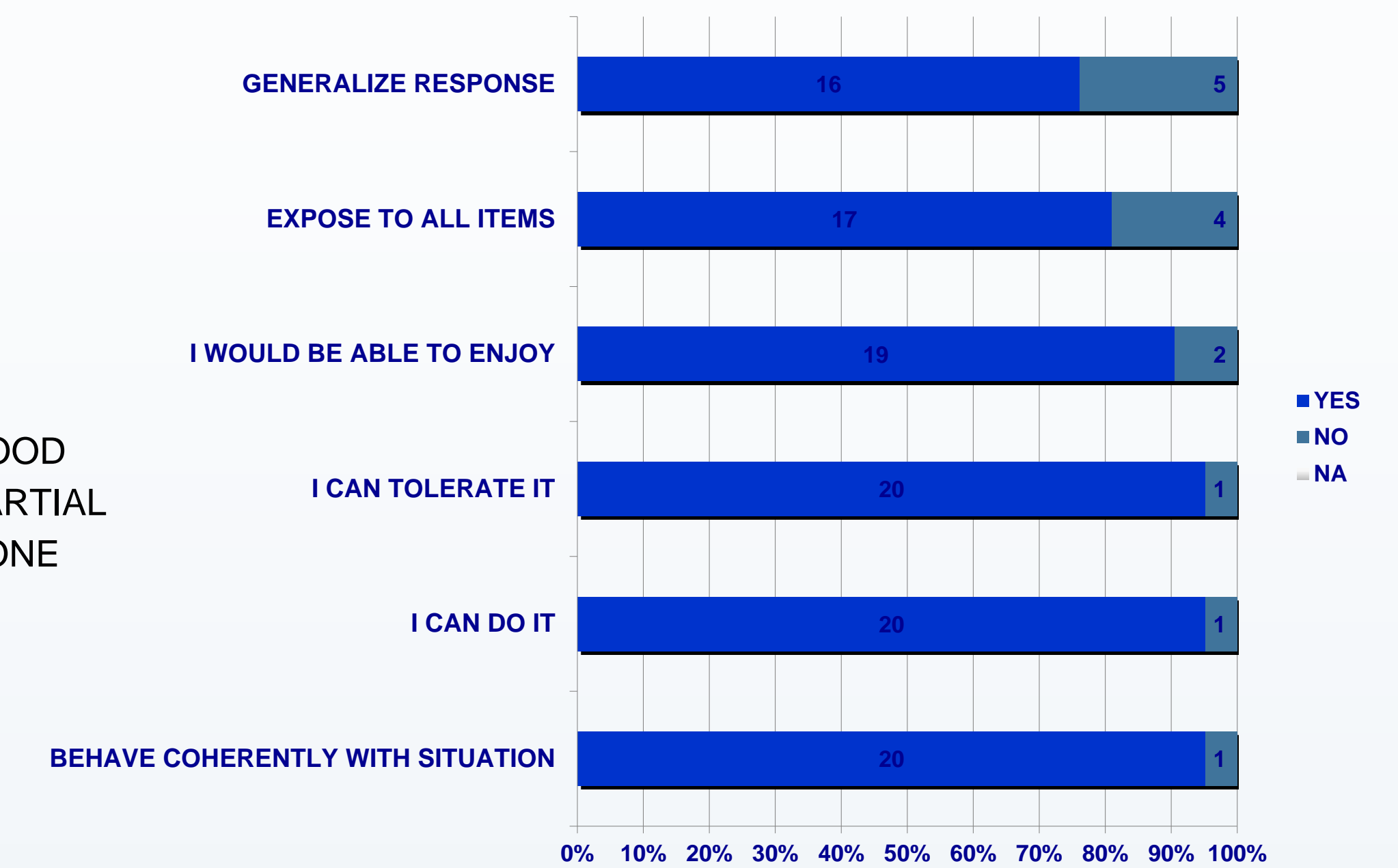


Figure 5. Qualitative analysis

Good response to the intervention was correlated in a significant way with BSQ scores after the intervention. ($\chi^2 16.4, p = 0.000$) (See fig 4 and 5)

DISCUSSION AND CONCLUSIONS

1. The emphasis on a functional use of the body seems to help the patient work on constructing exposure based evidence, changing autonomic and motor responses, and facilitating a coherent cognitive response, without referring to the “dissatisfaction, distortion” concept.
2. Body distortion migrates from one body area to another, and from one situation to another. The functional use of the body, changes the focus of attention from body shape and size to the coherence between responses and situations.
3. For some of the patients, each exposure experience felt “as if it was the first one”, however they agreed to continue trying and therefore they were able to see that “it is possible”, and some times “even enjoyable”.
4. The “look of the other” at their body was very important as a way of letting the body “appear” and have a role.
5. “Movement” inclusion in exposure steps seems to help change the focus from body size and shape to “experiencing the moment”. Dancing, exercising, yoga, theatre and having enjoyable sexual intercourse are good examples.
6. The hierarchy has to be absolutely personalized, as well as the number of exposures for each item.
7. The perfectionism present in most of them, made them question initially the idea of a functional body over one that “I can like and enjoy all the time”; this changed quickly to a more realistic way of looking at it: “A functional body”.
8. These results were obtained in a small sample, so it is necessary to continue gathering data in order to continue testing the hypothesis.
9. In order to see the maintenance of the results it is necessary to follow this sample and the sample we are constructing now.
10. We propose the need for a qualitative study that uses the patients and the therapists narratives, in order to see which elements are signaled as cue ones in the pursuing the objective of a functional body.

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