

Mirror, Mirror on the Wall...

WHO IS THAT?



Sally came to support group the week after surgery and attended regularly, for several weeks. She had been absent for the past month and returned having lost an additional twenty five pounds, meaning she is now down almost fifty. A huge success! The group is struck not only by her loss, but that she is wearing the same outfit we have seen her in on several occasions. She is oblivious to the fact that it no longer fits, prompting a discussion about body image. Another member, John, tells us he does not own a full length mirror or a scale, for that matter, and has not even looked at himself in a store window in years. Rhoda says she has outfits that still have tags on them, that she couldn't wear even if she were one hundred pounds thinner. And Rob, who was three hundred and fifty pounds at surgery, tells us that his estimate of his weight was over one hundred pounds off. What is going on here? Why are some weight loss patients so disconnected from themselves?

The nature of obesity and its progression as a disease accounts for part of the answer. At its most extreme, it leaves people bedridden and breathing oxygen through a tube. For the majority of the obese, it is really a testament to the adaptability of men and women. Since the progression of obesity is so slow and insidious, people are able to continue to walk and function even though they are one hundred or more pounds overweight. If obesity happened quickly, no such adaptation would be possible. Imagine the limitations on your functioning if you suddenly had to carry even a fifty pound bag of cat litter around all day! And medical complications happen so slowly that it can be years, and pounds, before health is connected to weight.

Internalizing our experiences about our body occurs over many years and research confirms what we would have suspected; namely that body image is more negatively affected by both the extent and the duration of obesity. So, if you were obese as a child, your body image is more likely to be negative than the body image of someone who was of normal weight as a child and became obese as an adult. What accounts for how people view themselves the way they do? People of all ages, shapes, and sizes receive feedback from family, friends and society that shape the way they feel about themselves. The factors which determine your body image are limited only by your willingness to do an exhaustive, self reflective search. You can, if you want to, include: the media, your health, athletic experiences, sexual experiences and family experiences to name only a few. Unfortunately, the feedback we receive from others is not always accurate, nor is it in our best interests. That old saying 'never judge a book by its cover' goes out the window and assumptions are made about who we are on the inside based on how we look on the outside. We then internalize these opinions and start to believe what others are saying about us. For example, overweight individuals are often

referred to as gluttonous or lazy. Imagine being referred to in that way every day for years on end-you just might start to believe it. As you drive down the street, or watch television, or read a magazine, you are constantly reminded of everything that you are not-essentially being rejected by society.

Research also explains that while patients may lose twenty or thirty pounds successfully, the chance of losing more than fifty without a surgical intervention is very small. Thanks to modern medicine, these people have an escape from the torture and can finally start to get on the path to feeling better about themselves and becoming healthier. However, just like a fear of spiders, you can take away the spider, but you can't take away the fear. This is the same experience that many weight loss patients experience. The weight starts to disappear, but the fear that the weight will come back does not. The person who is afraid of spiders does not go to the Amazon for a vacation, the person who is struggling with low body-esteem adapts by not looking in the mirror, stepping on the scale or looking at clothes' sizes. If weight loss surgery changed one's mind as much as it changes one's body, there would be little need for articles like this. If mental health professionals could change your mind as easily as the surgeon changed your body, you would be able to clearly see the strides you've made post surgery.

All psychological change must begin in the same way-with increasing your awareness! Begin by thinking about your body image. Think about what you say to yourself and where those thoughts come from. Try to determine the behaviors that they are linked to. For example, is it not ironic that John doesn't own a full length mirror or a scale? He tells us he has struggled his entire life with weight and yet he has systematically limited his knowledge about himself. How could he possibly modify his behavior without first monitoring it! He is not alone. Do you have a mirror and a scale?

We always ask patients to have several yardsticks against which they measure their success. We know that it is tempting to only keep track of weight. Losing weight is, after all, why you had surgery in the first place, but this is dangerous because even the most successful weight loss patients hit plateaus and none have a continuously declining weight. So if that is all you are measuring, you maximize the opportunity to be frustrated. Have you not given up on many a diet in the past because you stopped losing weight? If, on the other hand, you track your success along several dimensions, you increase the chance that you will see improvement even when your weight loss stagnates.

Want some suggestions on other yardsticks? How about the regularity and duration of your daily walks or the decreasing medication you are required to take as you have gotten thinner, or the fact that you can tie your shoes...get the idea? Look at the big picture. Has your quality of life changed? Can you do things that you have not been able to do in years or have never done before? Many patients cannot perform the simple task of crossing their legs, a task that for many is done without a second thought. Or can you finally go to the mall without having to stop every 10 minutes to rest? These are the types of quality of life experiences at which a person should be looking.

Sally, fluctuating two or three pounds for several weeks, was beginning to become frustrated and felt that just like she had many times before was failing. Her support group helped put this in perspective by questioning her on quality of life issues. Realizing that she had just reduced her blood pressure medication and recounting that her shoe size, of all things, had changed helped her recognize her progress when monitoring of the scale alone had failed!

Many patients, like Rhoda, have outfits in their closet that they will never wear again. Indeed, many have outfits that they have never worn. Many a patient has told us that they bought clothing simply because it fit, not because they liked it. Now they have little or no sense of what they would like to wear. Many have not even gone to a store to buy clothing in years. Please, try this exercise. Go to the department store to try things on. Have no intent to buy, just go to experiment. Put on things you think you will not like, things that are too revealing, things that are too yellow. The goal is to begin to

develop a style. As long as we are talking style and closets, please keep one outfit from your heaviest weight, but throw out what does not fit!

Patients like Rob underestimate their weight as they are gaining and overestimate their weight or girth as they begin to lose. Particularly if you are not inclined to look in the mirror or a store window, how could you possibly have an accurate picture of yourself? We suggest that you deliberately begin to look at yourself. After taking a shower, look in the mirror. Do not judge, just look. Compare photographs of yourself now with photographs from the past. Patients often do not feel that they look differently only to find that people who they have not seen since their surgery do not recognize them. If you do not deliberately make the effort to look at yourself and deliberately try to alter your body image, your body image will not change. Another way to get your body image in sync with your body is to ask someone you trust to show you people who look like you.

Remember you did not gain all your weight overnight, and that you will not lose it overnight. Your body image was not developed overnight and it will not change overnight. How heavy you were, how long you were heavy and what you learned from your family about weight all play a part in how difficult it will be to alter your body image. Societal demands and current style play roles as well. We applaud your desire to change and remind you that there are well trained and caring professionals willing to help.



Michael L. Sakowitz, PhD, a Clinical Psychologist, specializes in the treatment of WLS patients. He can be reached in New Jersey at 973-696-0800 or in Arizona at 602-904-3448.

James A. R. Glynn, MA, is a Clinical Psychology Doctoral Candidate at Argosy University/Phoenix. He received his master's degree from the same university in clinical psychology and is developing his specialty in sport and exercise psychology.

