



Bariatric Surgery in the Capitalist System, Solution for Self-esteem or Obesity

Cirugía bariátrica en el sistema capitalista, solución para la autoestima o la obesidad

Holguer ROMERO-URRÉA

ORCID: <http://orcid.org/0000-0002-0877-0339>

ID-Scopus: 33156677 005033019B01

rholguer2006@hotmail.com

Gabriel SUAREZ LIMA

Lorena RAMÍREZ MORÁN

Gloria ARBELÁEZ RODRÍGUEZ

Universidad Estatal de Milagro, Ecuador

Este trabajo está depositado en Zenodo:
DOI: <http://doi.org/10.5281/zenodo.1438573>

RESUMEN

El contexto en el cual el individuo se desarrolla, influye en su estado mental y determina la percepción de la realidad; las necesidades de aceptación y pertenencia a menudo están sobrevaloradas, la gente busca estar en equilibrio con las demandas de la sociedad, como en el sistema capitalista: en cambios regulatorios y mercadeo constante, que a través de la tecnología de alimentos industrializados, consumo e imagen personal, determina el bienestar de la población, se impone el comportamiento, se exigen exigencias productivas rigurosas; esto fuerza la pérdida de un estilo de vida saludable, la autoimagen se distorsiona en la depresión y la obesidad; el ser humano es capaz de arriesgar todo lo que tiene para verse mejor, incluso los modernos tratamientos quirúrgicos invasivos, costosos y arriesgados, como la cirugía bariátrica.

Palabras clave: Cirugía bariátrica; autoestima; obesidad; tratamiento; depresión

ABSTRACT

The context in which the individual develops, influences his state of mind, and determines the perception of reality; the needs of acceptance and belonging are often overrated, people seeks to be in balance with the demands of society, just like in the capitalist system: in regulatory change and constant marketing, which through the technology of industrialized food, consumption marketing and personal image, it determines the welfare of the population, behavior is imposed, rigorous productive exigencies are demanded; this forces the loss of a healthy life style, the self-image becomes distorted in depression and obesity; the human being it's capable of risk everything he got in order to look better, even to trendy invasive surgical medical treatments, expensive and risky ones, like the Bariatric surgery.

Key words: Bariatric surgery; self esteem; obesity; treatment; depression

Recibido: 02-06-2018 • Aceptado: 23-07-2018



Utopía y Praxis Latinoamericana publica bajo licencia Creative Commons Reconocimiento-NoComercial-CompartirIgual 3.0 Unported (CC BY-NC-SA 3.0). Para más información dirijase a https://creativecommons.org/licenses/by-nc-sa/3.0/deed.es_ES

INTRODUCTION

Obesity appears as the result of a consumerist system, reflected in the capitalism imposed by the social context, the idiosyncrasy is modified depending on the group to which it belongs, and the eagerness to believe and develop requires a certain rhythm of life that asks in return for deprivation and leaving the comfort zone. The growing interests and needs are often confused, true aspirations are lost and people only works for acceptance and recognition; this system of life produces bad eating habits and the loss of discipline: junk food, changes of schedule in the lunch and dinner times, eating away from home, and all sorts of people fall into this attractive world of success, which at the end of the day is accompanied by kilos of extra fat, if this trend is not stopped, by the year 2030 the number of obese Latin Americans will reach 30% of the population (Barco Díaz et al: 2018).

The most dispersed reality is that of the concept of oneself, the man differs from the conceptions of the woman and vice versa, mainly due to the diversity in their interests, but both worry about their physical appearance, considering the woman as the one who invests more in his personal acceptance than the man, at least in her appearance. The perception of themselves changes when there are mood disorders, in a depressive state for example, after a loss, in the mourning process they reject their bodies and themselves there is no self-acceptation and they resort to all methods to accept themselves first and then be accepted for their social context.

The first category of diseases is caused by the increase in the mass of fat cells themselves. This includes the stigma of obesity and the behavioral responses it produces, and the mechanical consequences of being overweight, such as osteoarthritis and sleep apnea (Aguerri: 2016, p. 24).

The self-conception produces anguish, depression and distorts the interpretation of the perceptions given in the cerebral cortex based on the stimuli that are received from a capitalist context, where the figure is important but, in that emotional state, it modifies everything that is seen, what is perceived; they feel fatter, skinny, old; less attractive and sensual. The psychic symptomatology, which modifies the behavior, leads to undisciplined consumption of food, they become introverted and not very participative. This psychic disorder produces bulimia, which is the exaggerated desire to eat, accumulates fat and body mass with weight gain. The new body aspect develops the feeling of discomfort and seeks to compensate with the approval of others, there appears the desire to please and with it the desire to improve their physical appearance in general.

In order to help them, the capitalist system develops in medical science, treatments and alternative restrictive surgical techniques such as liposculpture, liposuction, bariatric surgery, vertical gastropathy with band in severe obesity cases or the gastric sleeve; The capitalist system offers a broad coverage before serious public health problems or general needs to solve obesity, to a certain point an impossible objective; for years, obesity was considered as a behavioral disorder that could be solved with a dietary regime, discipline; also was believes that by itself, this behavior did not produced any problems (Rodríguez & Marisol, 2017). Today, this is explained as a multifactorial result, of excitatory actions and inertias produced by a decadent discipline sense and insecurity in the acquired self-conceptualization, in the particular development.

Bariatric surgery emerges as a solution and was implemented to relieve the situational state of the morbidly obese (Baltasar et al: 2017) that in the psychological field, he was seen as a weak, transgressive, amoral, undisciplined and clumsy subject in his movements. It took a long time to be considered as a disease, in other words, to determine that obesity was not chosen condition. Bariatric surgery is a surgical procedure on a healthy organ in order to try to solve a disease that is systemic and that clearly does not originate in the stomach, but in the mind. This procedure consists in changing the way the digestive system works, placing a band in the middle of the stomach on the outside; in this way the food is redirected without going through a large portion of the stomach and the small intestine, which absorbs some calories and nutrients (Álvarez Díez: 2017). These procedures are known as "bypass" or gastric bypass procedures, this helps to avoid major complications such as heart damage, joints, diabetes, among others.

INCREASE IN WEIGHT BY INDISCIPLINE

Weight gain for several reasons produces side effects and in most patients one or more of these symptoms are observed: Hypertension, ischemic heart disease, brain strokes, Congestive Heart Failure, Ventilatory Insufficiency, Obstructive Sleep Apnea Syndrome, Insulin Resistance, and Type 2 Diabetes Mellitus, Atherogenic dyslipidemia, Hyperuricemia. Menstrual dysfunction, polycystic ovary syndrome, infertility, increased perinatal risk, urinary incontinence. Cholelithiasis, hepatic steatosis, nonalcoholic steatohepatitis, liver cirrhosis, gastroesophageal reflux (Abreu Jarrin, et al: 2013).

Alterations in lung function have been described in overweight patients, however, this occurs predominantly in patients with severe obesity mainly. The main effect is the decrease in residual volume associated with an increase in abdominal pressure on the diaphragm. The distribution of fat, regardless of the totality of the fat, influences the ventilatory capacity in men, possibly as a consequence of the level of visceral fat (Aguerrí: 2016, p. 24).

The most important risk factors are those that are related to sleep-related breathing disorders. More than 70% of patients with apnea-hypopnea syndrome Obstructive sleep (OSA/CSA) presents some degree of obesity, greater weight greater breathing difficulties during sleep, weight loss solve these types of problems (Caminiti, et al: 2010).

Given the psychosocial, economic conditions, and demands of physical and aesthetic conditions of a capitalist society, based on a false moral and contaminated ethics imposed, men and women become conditioned patients. Those people who want to look good to keep up with progress (Hernández, et al: 2017) those who have their work, husband, wife, a couple of children and several bills to pay; and thus lack of free time to take care of their health through apparently natural means; like exercise, a healthy lifestyle with self-care, good food and adequate rest; they have become mentally amorphous, with a physical appearance impaired by eating errors. With this self-diagnosis of their self-image, they seek to have a "perfect figure" (Pace, Cacioppo & Schimmenti: 2012; Parodi: 2015; Gómez & Lino: 2015).

In this capitalist world, science develops leads the way to extraordinary inventions in order to help those people which feels insecure, unstable and with a very low self-esteem, successful people, do not find a complete happiness, with their money, special and tight clothes, that clings to the figure of his body, hoping to hide their voluptuous abdomen, in search of acceptance, to maintain that kind of status that capital gives them. All of this prevents them from taking free time in order to take care of themselves with diet and exercise, they are hindered by doing their jobs, leaving aside their own family and friends, they cover these shortcomings by looking for any marketing announcement that alleviates their own concept, to reduce their weight; among their friends, they suggest all kinds of arts to each other: balms, concoctions and potions that helped other people to achieve their objectives.

To explain the levels of self-esteem Rosenberg, 2000 cited in (Maldonado & Pérez, 2007) divided and defined as high, medium and low self-esteem and by Coopersmith, 1976 cited in (Sparisci, 2013) coincides with the division and adds different characteristics that individuals present (Freire & Alejandra: 2017, p. 49).

The reduced conception of oneself, or being obese, is not an absolute guarantee for a person to become a potential candidate for this type of intervention, nor the fact of wanting to look good. Currently, other requirements are required: according to the body mass index (BMI), first and foremost, dietary and physiotherapeutic resources must be exhausted, supported by psychotherapy, in addition to adequate metabolic control by clinicians and endocrinologists. Once those steps are completed, the surgery should be evaluated (Aguirre Fernandez, et.al. 2017), it is necessary for the psychologist to issue a criterion, to ensure that he will be able to overcome after the intervention.

One might wonder to what extent the cultural conceptions of beauty and the evaluation that the subject makes of it determine the appearance of psychiatric disorders related to body image, and what would be the weight of this social / cognitive variable within the classifications categories currently used (DSM-IV-TR and ICD-10), such as: Eating Disorders (anorexia nervosa, bulimia nervosa), somatoform disorders (Body Dysmorphic Disorder, TDC) and Delusional Disorder of somatic type (Luna Montano: 2001, pp. 383-388).

This diagnosis allows us to predict if it exceeds the emotional conflicts that led to the intervention, when the self-esteem is high, the ideas will be positive and, on the contrary, when it is low, there is a high prevalence of misconceptions, based on the thought of self-reference (Mazagatos, Ingles-Borda y López-Picado: 2015), the denial and self-rejection grows to remain without self-values, self-esteem is intimate in its relation to obesity, the person develops a low or lack of self-image and/or they perceive themselves with little value as people and social beings, there is inhibition, introversion, depressive tendencies, in some cases anxiety, they worry of what others think of them (Torres et al: 2015). These types of people seek a model of perfection in their figure according to what they themselves think of themselves.

It is interesting to find the answer of what is the parameter of perfection imposed on the physical structure of a person, being thin at this height of the century is being "cool", the chubby is separated by its own concept and by the rejection of those who remain in the Top of the apparent success. Capitalism steals the time to take care of themselves, but if they have enough money, they can buy a model-like figure for themselves. In addition to this social requirement, other factors could disturb him or her and encourage them to seek a risky physical intervention with great sacrifice, which although not established, involves risks that could make their life worse in the post-surgical process (Baile a& González: 2011; Lin et al: 2013).

In the market in the current century, the SPAs¹ are in vogue, each one more modern than the other, with sophisticated mechanisms with bombastic names that that sells hope to the people, in order to hide their weight gain and the ruthless passage of time, the marketing in capitalism sells what people do not need, everyone could hear offers to lose weight without surgery, using liposonix or the famous ultraliposculpture, which is sold as the next generation and treatment number one in the United States. This method consists of high-energy and focused ultrasound that destroys the adipose tissue of an area of the body, without damaging the skin. Extreme changes are offered in the skin, without surgery, remove wrinkles spots, physical and emotional well-being is sold, through techniques called ultra-cavitation, cryolipolysis, each one created for the aim of lower weight and let the people be accepted in a consumerist world, they are not obese neither are in a health risk, it's just the feeling of self-acceptation.

CLASSIFICATION OF SURGICAL TECHNIQUES

The surgical techniques are classified into two groups: restrictive techniques (vertical banded gastroplasty, adjustable gastric band, sleeve or gastric tubulization) and mixed techniques, which have a restrictive and malabsorptive component. The most frequent one its gastric bypass (Ramírez Rincón, et al: 2017).

Sleeve gastrectomy is a restrictive form of weight loss surgery in which about 2/3 of the stomach is removed. The size of the stomach adapts and ends up looking like a sleeve or a tube. Its advantages are that it does not cause malabsorption, and the patient loses weight: the stomach will accept a smaller volume of food since its size is reduced, most of the cells that produce the hormone involved in the "feeling of being

¹ In Ecuador one of the best businesses it's the one that relates to beauty. Every type of action or intervention that has an aesthetic goal, with less effort, is practiced by people who do not have time to face their shortcomings in order to be accepted.

hungry" are extirpated along with the stomach, and the speed at which the stomach empties its reduced (Olvera, et al: 2018).

It was found that the initial weight loss due only to sleeve gastrectomy is very good (from 50 to 60% of the excessive weight per year) and comparable with laparoscopic gastric bypass (Álvarez Díez: 2017). Sleeve gastrectomy provides some advantages compared to bariatric procedures; such as not needing new connections between the intestines (as needed with the laparoscopic gastric bypass), not needing adjustments as needed with the laparoscopic gastric band, and the possibility of converting it later into either a gastric bypass or a gastric band laparoscopic if necessary.

Sleeve gastrectomy has become very popular in adolescents, due to the reasons described above. They come in an obese state or with noticeable weight gain to the consulting offices, they don't have concomitant diseases themselves, they look for the acceptance of their peers (Montes Manrique: 2013). There is a peak in clients at certain times of the year, which coincides at the end of the year, when there is an increase of depressed people due to the frustration derived from the lack of achievements in the year. This type of patients are related to emotional losses or desire of having a stable relationship, they consider themselves isolated by their physical appearance and seek to perform an intervention at any price.

COST - EFFECTIVENESS

There exist many kinds of treatments to offset or control obesity or the loss of the figure in the XXI century; from physical exercises, balanced diet or physiotherapy. Image is an important factor to be successful, everybody invests on their own image, and the levels of obesity increase daily. Everybody is economically active, which means that the diverse occupations represent different levels of difficulties to keep a balanced diet and the recommended amount of exercise according to the food ingestion (Gil-Rojas, et al: 2017). Thanks to some of the capitalism instruments, some needs are created, people undergo some interventions (with or without surgeries) with no guarantees at all, and quite often it is necessary to keep doing them every year, which brings other risks and higher investments.

The main question is to know how long they would keep their dreamed body. When there is a surgery, the risk of death is the same as any other intervention, the costs are high and the recovery time is relative with the capability of resilience of the patient and their economical capabilities. Government hospitals don't perform those kind of treatments, but the specialists that work in these government facilities, often, will open their own consulting rooms and their own private surgery rooms and even they perform interconsultation. People who are not obese and who have an apparently normal health can be intervened and be released almost immediately after they recover from the intervention.

The objective of bariatric surgery is to correct and control the pathologies associated with morbid obesity and to improve the patient's quality of life. It provides a loss of weight that will decrease the number of post-surgical complications (Aguerrí: 2016, p. 7).

In capitalist countries those kinds of interventions are practiced in a relatively normal way², it is given to the majority of people who asks for them and there is several health services that are provided, in a subsidized way, from the government. In Ecuador, these institutions give these kinds of surgeries to people even if they are not obese but if they present behavior disorders or depression, the patients are evaluated psychologically to determine their emotional state and why they seek this kind of solution. As a comparison we can see how in socialist countries, like Cuba³, these kinds of surgeries are also subsidized by the government but the

² Capitalist countries have businesses to keep high levels of health, being the most common those that offer a sense of beauty, and healthy foods that are sold by multinational businesses.

³ In Cuba, the constitution states that aesthetic operations will be paid by those who request them. Even in this country the true health needs are already interpreted.

selection process is rigorous, and it is only given to people who they believe needs it, making sure the patient has a family and is well structured.

CHILDHOOD OBESITY

It is common to find parents that allow their kids to eat junk food or other kind that it's not considered healthy, which also creates alimentary conflicts. Many times kids are also allowed to choose their own food, and the habit of bringing lunch boxes to the school allows the parents to use food with high levels of carbs. The XXI century's kids are in permanent inertia, with all their attention dedicated to electronics, they do not perform games where they can burn calories and that increases the levels of obesity in the children. Children with obesity also suffer from bullying, they are rejected and experiment isolation, angst and despair, which increases their tendencies to have a higher food consumption. In 2010, around 43 million of children below 5 years of age were overweight.

The disequilibrium between the food ingestion and the energy expenditure is recognized as the main cause (Nuño, et al: 2017), of childhood obesity. Thanks to the parent's purchasing power, the children can access to everything they want and do not exercise enough. The parents often work for long periods of time, which means that children stay with their grandparents or other caregivers; sometimes they will also provide the kids with food that is high in carbs and sugar. In general, marketing targets food and drinks which can be unhealthy for kids. The bars and cafeterias in schools and other institutions also help this tendency of obesity in children. In undeveloped countries around 35 million children are overweight, and in developed countries this number goes down to 8 million (Redondo Figuero & Noriega Borge: 2011).

There are a lot of prejudices surrounding children with obesity, and the majority of those prejudices are developed during earlier stages of childhood, when the children establishes relations with friends, play games with them and share activities together. Most of the time, children will chose kids with the stereotypical images, those that are portrayed in the media as the "healthy and beautiful ones", and therefore children who look different tend to be rejected; young children, as six years old, already have interiorized the societal stereotypes of attraction (Losada & Rijavec: 2017). This creates a psychological conflict, because society creates a negative perception of others, standardizing what the media want us to accept and making people with bigger weights or physical differences to invest money trying to change their appearance in order to fit in.

POSTOPERATIVE CARE

The post-operative is the biggest condemnation for the patient during the process towards their integral well-being and recovery, it must be underlined that more than indescribable pains, they suffer hair loss, the sensation of hunger, the habit of eating by anxiety, and so forth. There is also an increment of the symptoms and this could lead them to seek to satisfy their appetite. They begin to eat indiscriminately, until a recurrence of their physical state, if the depressed or anxious state persists after the intervention⁴, people gain weight again. Those who undergo these treatments, put all their faith in the intervention⁴. Thinking that with it, everything will change and they will be accepted by their partners, friends and their family. But they do nothing to change their way of acting in the face of diverse stimuli from their context.

Looking for a solution to a life devoid of emotional balance, and an adequate life system, the patient must face a world completely different from his previous life. Based on indiscipline and permanent satisfaction with the amount of food, with a small stomach, the feeling of hunger produces anxiety if it was not controlled before

⁴ The person with low self-esteem, looking for a radical change with the least effort, could have difficulties in maintaining their weight. Often he or she will blame the whole process, dodging their responsibilities and part in it. He or she will not accept the responsibility to keep in check their adequate weight.

the intervention with psychological⁵ help; in this post-operative phase, it is increased until it is eaten obsessively, due to the need for more calories, your appetite looks for carbohydrates, which without discipline can produce malnutrition or weight gain. The role of the psychologist is important not only in the evaluation to refer to the surgeon, but also in the postoperative period⁶ (Ríos Martínez: 2016). Because he is the one, who must regulate the balance between the anxiety to lose weight and the anguish of not being able to eat what he needs⁷. Initially, the role of the psychologist was exclusively to evaluate the patient to determine the type of personality, and to detect possible emotional conflicts that may determine that the patient cannot overcome their affective poverty, anxiety and depression.

Once the surgical procedure is finished, the patient continues with antibiotic prophylaxis, analgesics, solutions and total fasting. On the first postoperative day, he only had ice intake and strict ambulation, and on the second day he underwent additional test with oral methylene blue, followed by a liquid diet, Penrose withdrawal and discharge to his home. The patient is assessed at eight days of the procedure by external consultation and afterwards at month, three, six and 12 months during the first year of surgery and thereafter on semi-annual visits (Márquez-González, & Cerón-Rodríguez: 2017, pp. 176-177).

Every surgical intervention has its own risks. They go from the medical errors due to medication failure or previous and post-surgical exams, depending on mood and psychosocial⁸, condition of the patient, etc. Bariatric surgery can cause serious side effects, if taken in mind that there are greater long-term health benefits than risks, the attitude will be positive in the face of post-operative symptoms. Although the operation can be performed laparoscopically, all bariatric surgeries are considered major surgeries (Rubio, et al: 2017). Among the possible complications that can occur are: infection, intestinal obstruction, nutritional deficiencies gastroesophageal reflux, blood clots, pneumonia, bleeding ulcer, suture dehiscence, marginal ulcer, gastrointestinal communication gastric, stenosis of the gastrojejunal anastomosis and eventration (Ramírez Rincón, et al: 2017).

These patients of bariatric surgery are individuals prone to taste alterations and food aversion, in many cases to meat and dairy products. The nutritional status of these patients becomes somewhat unstable, since in many cases without proper control can be deficient in vitamins and minerals (Vera Alay & Barberan Astudillo: 2017, p. 23).

It has been shown that after successful bariatric surgery, patients obtain benefits such as reduction of blood glucose and blood pressure, reduction or elimination of sleep apnea, reduction of the workload of the heart and cholesterol levels; due to the lack of vitamins and minerals, but generally improves quality of life, after bariatric surgery the Muscle Mass Index (BMI) decreases, the physical measures, overweight, for about a year, improves the physical part, but the psychic aspect, decays, after two years the decrease in mental health conditions is observed⁹. This intervention leaves excess skin to lose weight and should be subjected

⁵ The emotional state is crucial in the recovery of the patient, so it is suggested that before the surgery or any type of aesthetic treatment their self-perception is equivalent to acceptance, with or without positive results, knowing that in passing the anesthetic effect the increase of feelings of anxiety will increase, and the results will be counterproductive.

⁶ The specialist clinical psychologist must remain with the person who has been intervened, before and after the process, in order to maintain their mental health and help their recovery through personal acceptance.

⁷ The intervened patient must have confidence in his ability to overcome the psychological effects of hunger and the need for satisfaction, or fullness of his or her stomach.

⁸ In the capitalist system social classes are easily observed, because of the capital they invest, but there are cases in which people with a medium to low economic status can develop feelings of compensation, and through this type of surgical interventions they try to put themselves at the level of the people who one day rejected it.

⁹ In particular, women which rely on surgical intervention, mechanical and medication actions that are applied to improve their social and personal status, there is no change in attitude. Their lack of identification, poor self-esteem and identity hinder their self-acceptance and can fall into a greater depressive state than the one before the treatment

to a new operation called abdominoplasty, which is excessive skin removal; Patients who underwent this second intervention have a better quality of life and self-acceptance than those that were not (Catalan, et.al: 2018).

CONCLUSIONS

Obesity brings concomitant diseases that produce a conflicting state of life, self-esteem decreases in men and women, seek to compensate with successes in different scenarios, in this time of search for progress, the true interests and needs disappear. Once they have obtained the money with their jobs, they use it to increase their shortcomings.

The capitalist system converts its inhabitants into individualistic beings, into instruments of a society, conditioned to production and they will be identified according to their capacity of performance, in the previous sociopolitical systems the exploiters could be identified, but in this system they are they self-exploit, accumulate activities, seek to keep busy at all times without having time to relax, work is already home, become hyperactive and come to confuse leisure time with work, have money but little health ; the acceleration of the system takes away the time to maintain an adequate lifestyle, nutrition and sedentary lifestyle produce disorders at the digestive level, and accumulation of fat that produces weight gain.

The concern for the body scheme grows in a capitalist system, but it is not confronted because the degree of personal and economic satisfaction is greater than the needs of maintaining an adequate lifestyle, if money exists, marketing creates realities on the self-esteem, draws a picture of success in the mind of the worker, and suggests a series of interventions from surgical to ultrasound handling biological and physical theories, it is no longer exclusively the obese who seeks these interventions, they are all people who need to look good , so do not have any disease.

While bariatric surgery improves the living conditions of obese people and gives them a new hope to enjoy the pleasure of eating any kind of food without any lesser burden of conscience and without worrying about weight gain, one should think that after the operation only one year will have the desired success, and that after two years the psychological problems manifests, there should be a model of psychological treatment to prevent relapse, even before the operation, the patient should remain in treatment psychological to improve their condition.

Costs of surgery influence the applicant's economy, are costly, involve risk and recovery is very painful, the process of food rehabilitation increases anxiety with depressive periods; but it is worth paying that price just to feel good about yourself and be accepted by others? Being part of a group is necessary for the seemingly normal individual to be happy, depending on the type of personality, there are also people who are intervention will provide a bit of momentary security, the physical aggression received in the operation, compensates the seconds in which the person who was intervened was the center of attention of their friends.

Since its creation the operation was established for the obese, but in social or public health centers, people who are overweight, and are not considered obese, with the help of friendships and influence of doctors undergo this operation, with better results than the real candidates for this operation, for the capital that governs this system, who has enough money to feel good for two years, risks it, they prefer to suffer for a moment than the rest of their lives. Those who need the operation are the obese, but in a small number are those who risk the operation, who most request this intervention are women, each of us know at least a couple of women who went through the scalpel, without needing it.

In the capitalist countries the personal care and the figure depends on the capital you want to invest to work your personal and social security and acceptance, you can say that if I had money I would do it, and if a statistical analysis is carried out, it will be proven that a prevalence of insecure people with low self-esteem

that performs this type of intervention, among them, women who have experienced emotional losses and remain with a minimized emotional state.

The perception of fatness and obesity suffered from childhood, forces to deal with the social paradox, where the current lifestyle prevailing in our society, new eating habits and sedentary lifestyle, favor in many individuals the development of obesity, but at the same time the same society is the one that punishes the obese, in addition to the concomitant diseases, it cannot establish a stable affective relationship.

People with excess weight mostly adapt to their appearance, get couples who have the same tendencies to obesity, share the indiscipline in food and both fatten and teach their children their food indiscipline, but when one of them looks for the health of the family, will have a permanent struggle for the type of food and an appropriate lifestyle. The society has imposed a personological profile on the man or woman with overweight; Aristotle considered that because obesity was not healthy, people who had the right weight acted ethically, and therefore the obese were lenient.

Capitalism offers a new image, leaving health aside, seeking the wellbeing of people, regardless of whether it is momentary, regardless of the risks, physical or psychological, in various circumstances influence the economic aspect over the real needs of the patient and of the family. So we do not ask if health and aesthetics are a Utopia or a praxis.

BIBLIOGRAPHIC REFERENCES

Abreu Jarrin, M.; Ramos Tirado, S.; Trejo Munoz, N. & Cintado Tortolo, D. (2013). Caracterización clínico-endoscópica de pacientes con hemorragia digestiva alta. Hospital General Pedro Betancourt de Jovellanos. *Rev. Med. Electrón.* [on line]. 2013, vol.35, n.2.

Álvarez Díez, M. N. (2017). Evaluación a largo plazo de las comorbilidades mayores en obesidad mórbida tras bypass gástrico anillado por laparoscopia. Tesis, recuperado em: <https://dialnet.unirioja.es/servlet/tesis?codigo=64461>

Aguerri, A. R. (2016). Calidad de vida y tolerancia alimentaria postoperatoria en el paciente obeso tratado mediante gastrectomía tubular laparoscópica (Doctoral dissertation, Universidad de Salamanca).

Aguirre Fernández, R. E., Aguirre Posada, R. E., Ganan Romero, M., Aguirre Posada, M. E., Lee, C., & José, Á. (2017). Complicaciones metabólicas de la cirugía bariátrica. *Revista Cubana de Cirugía*, 56 (4), pp. 1-10.

Baile, J.I y González M.J. (2011). Comorbilidad psicopatológica en obesidad. *Anales del Sistema Sanitario de Navarra*, 32 (2), pp. 253-261.

Baltasar, A., Bou, R., Bengochea, M., Serra, C., Ferri, L., Pérez, N., & Cipagauta, L. (2017). Cuatro décadas de la cirugía bariátrica en un hospital comarcal. *Nutrición Hospitalaria*, 34 (4), pp. 980-988.

Barco Díaz, V., Álvarez Figueredo, Z., Sánchez Sarría, O. L., & Puerma Contreras, S. (2016). *Cirugía bariátrica como práctica avanzada en la obesidad mórbida. Reto para la enfermería en cien fuegos*. Hospital universitario Dr. Gustavo Aldereguía Lima. Facultad de Ciencias Médicas Cienfuegos. Cuba

Caminiti, C., Evangelista, P., Leske, V., Loto, Y., & Mazza, C. (2010). Síndrome de apnea obstructiva del sueño en niños obesos sintomáticos: confirmación polisomnográfica y su asociación con trastornos del metabolismo hidrocarbonado. *Archivos argentinos de pediatría*, 108 (3), pp. 226-233.

Catalán, V., Salvador, J., Frühbeck, G., & Gómez-Ambrosi, J. (2018). Mejora en la calidad de vida tras cirugía bariátrica. *Anales del Sistema Sanitario de Navarra*, Pamplona.

- Freire, P., & Alejandra, M. (2017). *Autoestima y obesidad en pacientes de la clínica de cirugía Bariátrica del Hospital Carlos Andrade Marín* (Bachelor's thesis, Quito: UCE).
- Gil-Rojas, Y., Lasalvia, P., Hernández, F., Garzón, A., Andrade, P. C., & Rosselli, D. (2017). Costo-Efectividad de la Cirugía Bariátrica en Colombia. *Value in Health*, 20 (9), A894.
- Gómez, I. & Lino, J.G. (2015). *Apego inseguro en el retraso del desarrollo del habla en los niños y niñas entre cuatro a seis años de la comuna San Vicente del cantón Santa Elena en el año 2014-2015*. [http://repositorio.upse.edu.ec/handle/46000/2150]
- Hernández, M. D., M. B., Budia, A. L., Mas, M. B., Siles, I. D., & Testal, J. F. R. (2017). Apego preocupado, pensamiento rumiativo y pensamiento referencial en candidatos a cirugía bariátrica. *Apuntes de Psicología*, 35(1), pp. 63-71.
- Lin, H.Y., Huang, C.K., Tai, C.M., Lin, H.Y., Kao, Y.H., Tsai, C.C. & Yen, Y.C. (2013). Psychiatric disorders of patients seeking obesity treatment. *BMC Psychiatry*, 13 (1), 1.
- Luna Montano, I. (2001). Mujer, Belleza y Psicopatología. *Rev. colomb. psiquiatria* [on line]. 2001, vol.30, n° 4.
- Losada, A. V., & Rijavec, M. I. (2017). Consecuencias psicológicas en niños con obesidad producto de la estigmatización social. *Revista Neuronum* ISSN: 2422-5193 (on line), 3(2), pp. 46-65.
- Márquez-González, S. M., & Cerón-Rodríguez, F. (2017). Experiencia en el reforzamiento de la línea de grapeo en manga gástrica laparoscópica con sutura invaginante no absorbible. *Revista Mexicana de Cirugía Endoscópica*, 17(4), pp.175-178.
- Mazagatos, B., Ingles-Borda, S. & López-Picado, A. (2015). El cuerpo como objeto de deseo en obesos mórbidos con antecedentes de abuso sexual. *Revista de la Asociación Española de Neuropsiquiatría*, 35 (126), pp. 267-275.
- Montes Manrique, M. A. (2013). *Efectos metabólicos de la Gastrectomía vertical en un modelo de rata diabética no obesa*. Tesis doctoral. Repositorio Documental, Universidad de Valladolid, España.
- Nuño, M., Hevia, M., Bustos, C., Florenzano, R., & Fritsch, R. (2017). Distorsión de la imagen corporal en madres hacia sus hijos con sobrepeso u obesidad. *Revista chilena de nutrición*, 44 (1), pp.28-32
- Olvera, D., Zárate Treviño, A., & Hernández Valencia, M. (2018). Effect of surgical gastric bypass on body weight and dysmetabolism in obese people. *Acta Médica Grupo Ángeles*, 16(1), pp. 85-86.
- Parodi, C.A. (2015). Ansiedad, depresión y trastorno de la imagen corporal en pacientes que consultan en la Unidad de Obesidad del Hospital de Clínicas. *Mem. Inst. Investig. Cienc. Salud*, 13 (3), pp.64-74.
- Pace, U., Cacioppo, M. & Schimmenti, A. (2012). The Moderating Role of Father's Care on the Onset of Binge Eating Symptoms Among Female Late Adolescents with Insecure Attachment. *Child Psychiatry Human Development*, 43, pp. 282-292
- Ramírez Rincón, Alex et al. (2017). Características clínicas y demográficas de pacientes sometidos a cirugía bariátrica en Medellín. *Medicina U.P.B.*, [S.l.], v. 35, n.º 2, p. 81-88, feb. doi:http://dx.doi.org/10.18566/medupb.v35n2.a02.
- Redondo Figuero, C., & Noriega Borge, M.J. (2011) Obesidad Infantil. *Cuadernos Pediatría Social*, 14, pp.2-7.
- Ríos Martínez, M. (2016). Temas selectos en psicología bariatica, *Instituto de Investigación y Educación en Ciencias de la Salud*, 1ª edición, México.

Rubio, M. A., Martínez, C., Vidal, O., Larrad, A., Salas-Salvadó, J., Pujol, J., & Moreno, B. (2004). Documento de consenso sobre cirugía bariátrica. *Rev Esp Obes*, 4, pp. 223-249.

Rodríguez, R., & Marisol, G. (2017). Los rasgos de personalidad y su influencia en los trastornos de la conducta alimentaria en los/las adolescentes de Bachillerato de 16 a 17 años del Colegio de Bachillerato Beatriz Cueva de Ayora (Bachelor's thesis).

Torres, R. & De las Nieves, M. (2015). Relación entre obesidad, adherencia a la dieta mediterránea, autoestima y actividad física en escolares de 6° de Primaria.

Vera Alay, D., & Barberan Astudillo, L. (2017). Estudio Comparativo entre Balón Intragástrico y Manga Gástrica Laparoscópica, en: *El Manejo del Paciente Obeso Periodo Octubre 2014 a Octubre 2016*. Hospital Teodoro Maldonado Carbo (Master's thesis).