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### **Spiritual and emotional needs of bariatric patients**

In addition to the medical and psychological issues of bariatric patients (“Critical Care of Patients With Obesity” [August 2004:19-27]), our chaplaincy interactions with this patient population have identified

specific spiritual and emotional needs, hopes, and resources that may contribute to positive outcomes. Listening to the patient’s story, we are better able to identify the patient’s goals and integrate those goals into the plan of care.

An interdisciplinary approach can offer heightened possibilities for improved health and quality of life while respecting the dignity and value of each patient. By recognizing the need for spiritual and emotional support, patients can be cared for with greater empathy, uniqueness, and quality. With the understanding that bariatric patients may come to the hospital with various conditions and for various treatments, both surgical and nonsurgical, it is helpful to identify areas in which the patient might be engaged. Three such areas include

issues related to the patient’s identity; issues related to the patient’s social, physical, and emotional needs; and issues related to the internal and external systems at work in the patient’s life.

### **Identity: Building Empathy, Trust, and Rapport**

Patients may feel isolated or ostracized from those around them, including medical staff, because of their condition or appearance. Practices affirming the patient’s intrinsic value and individual personality will be critical to establishing trust and rapport. Depending on the uniqueness of each patient, it may be important to:

- understand the experience of isolation/alienation/loss of intimacy by listening carefully to stories, even when they emerge as complaints;

- acknowledge traumatic memories and experiences regarding body image, social stigmas, or weight;
- normalize emotions and reactions and validate experiences;
- address issues of current body image and look realistically toward desired transformation;
- if surgery is intended, help the patient identify potential losses as well as hopes and goals;
- if surgery is not intended, help the patient identify hopes and goals for improved health and quality of life;
- address issues of abuse and/or addiction; and
- become aware of personal reactions, emotions, and stigmas that arise during patient care and interaction.

### **Needs: Acknowledging, Meeting, and Reframing**

In spite of its detrimental effect on overall health, bariatric patients' weight and size may effectively function to fulfill important needs. By recognizing and acknowledging the needs being met by the patient's current condition, more constructive means may be suggested and substituted. Depending on the patient, it may be helpful to engage a plan that focuses on how needs might be satisfied in healthier ways. Examples of such needs include:

- physical protection—barrier to pain, persons, or problems
- uniqueness
- being cared for or being dependant
- control

### **Systems: Supporting Changes**

While working with bariatric patients to discern and protect their identities and meet their needs during and after medical treatment, it will be important to:

- address issues of family support and/or sabotage;
- identify family or systemic needs that the patient's current condition satisfies;
- understand patterns, roles, and behaviors being reinforced within the family system;
- locate external, nonfamily support and resources available to patient; and
- locate and discern internal resources within the patient for coping and growth.

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