How to cite this article: Barreto, E. S. S., Cintra, M. V., Pinto, P. S. P., & Almeida, S. R. (2019). "Anxiety makes me fatter": a case study on the importance of self-care in obesity. *Journal of Psychology, Diversity and Health, 8*(1), 41-48. doi: 10.17267/2317-3394rpds.v8i1.2181

Experience Report

"Anxiety makes me fatter": a case study on the importance of self-care in obesity

"A ansiedade me engorda": um estudo de caso acerca da importância do autocuidado na obesidade

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RESUMO | O presente estudo de caso foi desenvolvido com base em uma abordagem qualitativa, exploratória e descritiva, tendo como objetivo compreender a importância do autocuidado e seus impactos em uma paciente com obesidade. Os atendimentos tiveram a duração de 12 sessões, foram realizados no Centro de Endocrinologia e Diabetes do Estado da Bahia (CEDEBA), à luz da Terapia Cognitivo-Comportamental. Como resultados, percebeu-se avanços terapêuticos, a partir de metas pré-estabelecidas no início do processo, como desenvolvimento da autoconfiança, aumento da autoestima, mudança nos hábitos alimentares, reconhecimento das situações que despertam a ansiedade, compreensão da importância do processo de autocuidado e seu impacto no tratamento da obesidade, assim como adesão a um estilo de comunicação mais assertiva. Foi possível concluir que o processo psicoterapêutico, em conjunto com um olhar interdisciplinar, e técnicas focadas na mudança do estilo de vida e compreensão do adoecimento e tratamento, podem transformar a vida de um indivíduo obeso, principalmente no que concerne ao autocuidado, fator de grande relevância no tratamento.

PALAVRAS-CHAVE: Obesidade. Autocuidado. Psicologia.

ABSTRACT | The present case study was developed based on a qualitative, exploratory and descriptive approach, aiming to understand the importance of self care and its impact on a patient with obesity. The sessions lasted 12 sessions, were performed at the Centro de Endocrinologia e Diabetes do Estado da Bahia (CEDEBA), in the light of Cognitive-Behavioral Therapy. As results, therapeutic advances were perceived, based on pre-established goals at the beginning of the process, such as the development of self-confidence, increased self-esteem, changes in eating habits, recognition of situations that arouse anxiety, and its impact on the treatment of obesity, as well as adherence to a more assertive style of communication. It was possible to conclude that the psychotherapeutic process, together with an interdisciplinary approach, and techniques focused on the change of lifestyle and understanding of illness and treatment, can transform the life of an obese individual, especially with regard to self-care, a major factor treatment.

KEYWORDS: Obesity. Self-care. Psychology.

Submetided 11/19/2018, Accepted 03/18/2019, Published 03/28/2019
J. Psycho. Divers. Health, Salvador, 2019 March;8(1):41-48
Doi: 10.17267/2317-3394rpds.v8i1.2181 | ISSN: 2317-3394

Introduction

The tendencies of nutritional transition, which occur worldwide since the 20th century, are moving toward eating habits with higher energetic density and higher levels of sugar, saturated fats, salt, and genetically modified food, as well as the reduced consumption of complex carbohydrates and fibers (Ministério da Saúde, 2014; Crovetto, 2014; Moubarac, 2013).

Globalization and consumerism, allied to the need for immediate pleasures, contributed for obesity to become a public health problem since it does not only involve a relationship between body, health and food but also with the organization of society (Ministério da Saúde, 2014) through interpersonal relationships and the creation of social patterns of esthetics and beauty, which influence how individuals signify overweight.

The most recent study, conducted by the National Health Research of Brazil (Pesquisa Nacional de Saúde, PNS), shows that, in Brazil, in 2013, obesity increased from 14% to 25.2% in comparison with 2003, characterizing an increase of 11.2 percentage points. Thus, the prevalence of obese women increased in 2013 to 59.8% and of obese men to 57.3% according to the census (Instituto Brasileiro de Geografia e Estatística [IBGE], 2015).

According to Tavares, Nunes and Santos (2010), obesity has multifactorial causes, such as genetic background, metabolism, endocrine disorders, psychological factors, and socio-economic, educational, cultural and behavioral issues. However, in most cases, apart from these possibilities, it is associated with sedentarism and the abusive ingestion of calories, which are stored in the adipose tissue as fat, generating a positive energy balance.

Evaluation methods that can be performed to measure nutritional and food profiles, are: exploration of the patient's life history, investigating all contexts of his or her life and the moment in which weight gain started, eating history and lifestyle, evaluation of current weight and height, assessment of waist size, evaluation of eating habits of the individual and his or her family, evaluation of level of physical activity, performance of biochemical blood tests, lipid profile, evaluation of blood glucose, endocrine conditions, blood pressure and risk of cardiovascular disease, as well as risk of developing cancer and relevant health habits (Ministério da Saúde, 2014).

Thus, one can notice that the treatment of obesity cases involves a denser therapeutic offer and that working in multiprofessional teams is relevant (Sgobbi, 2017), thus encouraging activities in educational groups that promote a reflection about adequate and healthy eating, importance of physical activity, changes in lifestyle habits (Ministério da Saúde, 2014) and adherence to the clinical treatment. Regarding most complex cases, these should be treated in specialized services (outpatient or hospital care).

That way, the psychologist's work, inserted in the multiprofessional team, may facilitate an expanded view of the eating behavior that is inserted in the process of losing-gaining weight. Through Cognitive Behavioral Therapy, it is possible to induce cognitive changes through cognitive restructuring, addressing sabotaging thoughts in order to make them functional and adaptive (Beck, 2013), thus affecting the quality of social relationships, self-esteem, self-image perception and giving a new meaning to the treatment itself (Luz & Oliveira, 2013).

Therefore, Novais, Conceição, Domingos and Duque (2009) highlight the importance of the work directed to self-care, a set of voluntary and intentional attitudes aiming to keep life, health and well-being (Orem, 2001), which is permeated by basic factors that influence decision-making, such as age, gender, state of development and health, socio-cultural context, modalities of diagnosis and treatment, as well as family factors, life patterns and habits, which allows the individual to think about his or her way of being and acting from a search for the truth, in order to promote welfare to him or herself and others (Bub et al., 2006).

In the literature, however, we noticed a scarcity of studies addressing the role of the psychologist in the development of works directed to the stimulus of self-care, mainly regarding patients with chronic conditions, such as obesity. Thus, this study aimed to understand the importance of self-care and its impact on a patient with obesity.

Method

This case study was developed based on a qualitative, exploratory and descriptive approach through psychological assistance conducted at the Endocrinology Center of the state of Bahia (Centro de Endocrinologia do Estado da Bahia, CEDEBA), Brazil. The patient is called Maria (fictional name), is female, has 51 years, is single, does not have children and lives alone. She joined CEDEBA in August 2016 in the program for obesity treatment and started psychological counseling in June 2017 after a referral from her dermatologist, who noticed depression symptoms in her speech.

The patient received assistance 12 times, one every week, except for holidays and justified absences, from June to October 2017. In the end, the patient was discharged from individual psychological counseling and was referred to a multiprofessional group of obesity focused on clinical treatment, mediated by a psychologist and a dietician of the service.

The procedure of data collection occurred from the contents that emerged and were addressed during psychological counselling, through the initial interview, observation and clinical listening, as well as tools that were applied throughout the process, such as Hospital Anxiety and Depression Scale (HADS), Problems and Goals List, Social Skills Training, Goal-Directed Fantasy, Coping Cards, as well as techniques directed to psychoeducation, such as Advantages and Disadvantages and Food Game, developed especially for the patient and her demands.

Data analysis, in turn, was built from the analysis of the patient's discourse over the psychological counseling, as well as from the result and content of the applied tools and techniques.

It is important to highlight that this research is part of the main project entitled "Obesity: psychological, behavioral and nutritional aspects", submitted in 2017 and approved by the Committee on Ethics and Research of the Health Cabinet of the State of Bahia, on October 1st 2018, under the CAAE number: 88585218.0.0000.0052. The participant of the study signed the Free Informed Consent Form (FICL) according to the regulation 466/12 of research involving human beings.

Case presentation

Maria has a life history of suffering. She lived in a town in the countryside of the state of Bahia with her parents and two older brothers but, at the age of 10, started working life in a family house, which promised her school and a "better life". However, nothing of that was fulfilled. At the age of 14, she moved to São Paulo, where she worked in another family house and experienced physical and sexual violence from neighbors. She returned to her parents' house at the age of 16, married and became pregnant, but lost the baby at six months of gestation, being abandoned by her husband soon after. She married again at the age of 20 but experienced physical, verbal, psychological and sexual violence and, 15 years later, asked for the divorce.

During the following years, she worked at some family houses, but also experienced verbal and psychological violence from her employers, who told her she was "dirty" and "ill-mannered". At this same time, her father died, and her brothers moved to the capital, where they married and started to live each one in his own house. At the age of 40, she started a relationship with a musician, which lasted 10 years. The patient reports that this was her most "peaceful" relationship because they never fought and he always respected her. However, six months before this counseling, they decided to break up since Maria wanted to get married and wanted him to have an "actual" job to sustain their home, but he desired to continue as a musician.

Currently, she works in a family house where she experiences verbal, financial and psychological violence. On the other hand, the patient points out that she has a "maternal affection" for the two daughters of her employers, who "grew up" with her, but today they are older and do not accept her opinion or complaints, which generates a feeling of frustration.
Regarding her clinical pathology, the patient refers to overweight since she was 11 years old, when she had her first period, but only saw herself as obese at the age of 36, when she looked herself in the

mirror and realized she weighed 115 kilograms, just as the scale showed. At the end of the psychological counseling, the patient was weighing 110 kilograms, her lowest weight since she joined CEDEBA. Regarding complaints and comorbidities from the obesity, the patient shows anxiety, difficulty in following a food plan and low self-esteem, as well as a diagnosis of pre-diabetes, heart arrhythmia and arthrosis.

Therapeutic process

The therapeutic process lasted 12 sessions, one per week, from June to October 2017. The focus of the work was adhering to the food plan, understanding of the factors that trigger the anxiety symptoms, giving a new meaning to the violence experiences, and evoking self-care and self-appreciation.

In this respect, we explored the life context of the patient and situations of violence, evaluated and monitored her mood, using the hospital anxiety and depression scale (HADS), explored the support networks, and established the problems and goals in face of obesity and the difficulties in following the food plan and healthy lifestyle habits and putting self-care strategies into practice. We also conducted a Social Skills Training, focusing on passivity, assertiveness and aggressiveness, advantages, disadvantages and possible consequences of adhering to the assertiveness.

Additionally, we developed and applied the "food game", consisting of the items of the food plan of the patient herself and aimed to identify the food items of the plan and understand the substitution list, portions and meal times. We also applied psychoeducation, addressing advantages and disadvantages of the lack of self-care and passivity, consequences of the obesity in the patient's life, importance of following the food plan, understanding of the factors that trigger anxiety symptoms and accountability for self-care.

Complementary to that, we identified the areas and aspects that need attention on her body, creating and addressing goals to face difficulties regarding searching for physicians, taking examinations and following treatments. We also explored the experiences of violence through the technique of Goal-Directed Fantasy, which aimed to give a new meaning to the situations by going through key moments of Maria's life, such as childhood, work experiences, relationship experiences, perception of obesity and current life.

In the meeting of the closure of the therapeutic process, one week after the last session, we built coping cards aiming to facilitate the giving of new meanings to the experiences of violence and relapse prevention in the following themes: self-care, healthy eating habits, and anxiety symptoms.

Additionally, we delivered a therapeutic tool that reinforces the idea of self-care, self-esteem and the importance of prioritizing oneself. This card, written and produced by the author, contained the following sentence: "May you always have the chance to look at yourself, see yourself, care for yourself, love yourself. Show yourself as a woman, daughter, sister, friend, crush, worker, someone who fights, who constructs and reconstructs herself, who forgives and embraces herself because every day, at the end of the day, it is yourself that you have!".

In the end, the patient was discharged from the individual psychological counseling and referred to the Group of Reflection and Support to Obese People (Grupo de Reflexão e Apoio a Pessoas Portadoras de Obesidade, GRAPPO), one of several that are active in CEDEBA and that is part of the clinical treatment. The group aims to induce the reflection of the participants about psychological and socio-cultural issues related to obesity, offering interdisciplinary support to the patient in order to make him or her a protagonist of his or her process of self-care, providing significant experiences and changes in lifestyle habits.

Results and discussion

Over the psychotherapeutic process, the patient was able to develop resources and strategies, especially regarding self-care, which was the aim of this study. Thus, it was possible to notice the impact on the treatment of obesity, lifestyle, habits and relationship with herself and the world.

In this respect, we noticed the development of social abilities as one improvement in Maria's therapeutic process, as the patient developed greater assertiveness in her communication with her employers. It is worth highlighting that social abilities are an individual's repertoire based on a diverse group of social behaviors that impact his or her social competence, leading to healthy and productive relationships (Del Prette & Del Prette, 2010a).

Assertiveness, in turn, is one of the classes of social abilities and includes the use of coping strategies in face of situations in which an undesirable reaction from the interlocutor is likely, allowing response subclasses, such as giving ones opinion, analyzing requests, recognizing flaws, keeping or finishing an affective/sexual relationship, expressing anger and requesting changes in attitudes when bothered, engaging with authority figures and learning to accept criticism (Del Prette & Del Prette, 2010b).

That way, the patient presented situations in which she was able to highlight labor rights and the importance of her treatment at CEDEBA to her employers, as well as being able to say no to requests to work outside her working hours, thus presenting assertive and functional attitudes, and she obtained, as a consequence, the acceptance from her employers regarding her need to leave to attend the counseling. On another occasion, the patient was able to say no to a man with whom she was starting a relationship since she realized the bad intentions in his behavior, being able to inform him in an assertive way that she did not want to be with him anymore.

Another highlight in Maria's therapeutic process was an increase in socialization with her "brothers and sisters" from the church by attending religious celebrations and participating in the organization of events, even though they occurred during working days of the week. These are functional coping strategies, suggesting that the patient is already able to recognize that her work is not the only context of her life by also prioritizing leisure and religion.

The patient also mentioned self-esteem as a changing aspect since she started to feel interested in dressing better and wearing some clothes that were in the closet for years, such as skirts. Maria stated that these clothes changed her mood because she felt more willing to leave home and take care of herself.

Self-esteem is how someone sees, feels and admires him or herself (Schultheisz & Aprile, 2015). The lack of high self-esteem is noticeable in obese individuals and can be reinforced by prejudice and ideals created in the face of social standards of aesthetics and beauty (Marcelino & Patrício, 2011). This context may cause depressive episodes or eating disorders to alleviate anxiety, as well as the development of a distorted body image.

These indicators of low self-esteem were noticed in the patient's discourse when she started the therapeutic process since she presented a history of passive behaviors in her love and work relationships, which were the result of lifelong experiences of violence and influenced how she perceived herself in the world.
Self-confidence is also an aspect of Maria's therapeutic process, being addressed and recognized as progress by the patient since she was able to increase trust in herself through the sessions because she "did not know she was able in the past" which led to her dependent, submissive and passive behavior.

Additionally, it was possible to notice the change in Maria's eating habits after the Food Game and psychoeducation. The patient presented as a novelty the breakfast before leaving home, fruits for morning and afternoon snacks, use of several items of the food plan, understanding of the substitution list and correct partition of the items during the meals.

In the field of healthcare, psychoeducation encompasses psychological and pedagogical tools and aims to teach patients about their clinical picture, illness and treatment, providing prevention and awareness regarding their health (Lemes & Ondere, 2017).

The use of playful material in the Food Game facilitated Maria's understanding of her own food plan and stimulated creativity and identification of possibilities in the face of a variety of items. This action, allied to psychoeducation regarding self-care and consequences of obesity provided a reflection in the patient, who reassessed her eating habits and

started to put into practice the food plan during her meals and helped her to identify and understand the factors that trigger her anxiety.

The patient recognized as situations that evoked her anxiety the moments of "pressure" where she believed she would not be able to "handle" something, such as having lunch ready in time or not being late to therapy. Maria stated that, in such situations, she did not ingest food but, because she was feeling nervous and stressed, she used aggressiveness as a coping strategy, believing she was protecting herself from a possible complaint. Thus, the patient perceived anxiety as not being related to food ingestion, therefore not being the cause of her overweight, which made her transfer the responsibility for the symptoms to a possible thyroid problem and an inherited aspect of obesity.

This attitude of Maria raises the hypothesis of a lack of accountability for her self-care. According to Andrade (et al., 2017), self-care is an attitude directed to concrete daily situations regarding an individual's care for a health requirement and can be understood from two points of view: pre-decision, when an individual evaluates whether or not he or she will perform the self-care actions, and operations that follow the decisions, which is when an individual dedicates to self-care actions (Orem, 2001).

Later, aiming to settle the addressed and elaborated subjects over the therapeutic process, thus avoiding relapse and facilitating the change in meaning, we produced, in the closure session, coping cards with goals set by the patient herself from the following topics: self-care, anxiety control, coping with situations of violence and difficulties in maintaining healthy lifestyle habits.

These cards, according to Beck (2013), may work as easily accessible reminders since their content presents practical information that facilitates coping with specific problem situations. The author also states that coping cards have three objectives, recording the automatic thoughts on one side and an adaptive response on the other; strategies to cope with the situation; and motivating self-instructions.

The patient presented, as strategies to deal with anxiety "try to stay calm, breathe slowly, take time, because everything will work out"; to situations of violence "breathe deeply, remain serious, firm and certain of my convictions, go on with my purpose, not letting anyone humiliate me nor let me down because of these things"; to maintain healthy habits "respect the limits of the food plan, eat only the adequate portions, do not fast, because I take the risk of eating twice as much later, remember that it possible to control oneself and avoid choosing fatty food"; and for self-care "respect my time, body and space, because everything that happens with my body is my responsibility".

We noticed, through the constructed cards, an understanding of the patient about the possibilities of maintaining good eating habits, strategies to deal with the anxiety symptoms and her role in the self-care process, although practical actions were not yet implemented and this responsibility is shared by her with hereditary factors, as seen in family history of illnesses, and physical factors, due to the comorbidities that she developed.

Regarding the strategies to cope with the experiences of violence, it is necessary to highlight that Maria had difficulty in giving new meaning to these situations throughout the therapeutic work, addressing them in every session, even after the application of the technique of Goal-Directed Fantasy. On the other hand, after the development of the card, it became noticeable, through her discourse, that she was reflective in the face of the subject.

However, although this study fulfilled its purpose and the patient is still being followed up individually and in group in CEDEBA, even after discharge from the psychological counseling, it was not possible to document whether the self-care habits were maintained or not after the last session, in 2017, and whether the patient was able to lose or maintain her weight, among other things, this being a limiting factor of this study.

Final considerations

In face of what has been elucidated, we can conclude that the work directed to the elaboration of self-care strategies, with psychotherapeutic

counseling, may significantly impact the reality of an obese individual, especially the patient of this study, being of great relevance in clinical treatment, together with an interdisciplinary approach in a multiprofessional team.

Through the application of Cognitive Behavioral Therapy techniques, it was possible to notice changes in the patient's lifestyle, such as development of self-confidence, increase of self-esteem, change in meaning of the eating habits, recognition of situations that trigger anxiety, understanding of the importance of the process of self-care and its impact on the treatment of obesity, as well adherence to a more assertive style of communication.

This case study was also able to contribute to the academic research, expanding the understanding of the impact of self-care actions on the treatment of obesity, this being a differentiator in face of the scarcity of academic production on this subject that is connected to the work of the psychologist.

To understand the time of the patients and let one's own time outside of the service room was a challenge and great learning in the therapeutic process of this patient and construction of the case study because it is not easy to "dance" in the same pace since the beginning. It was necessary to develop patience and creativity, to know the steps of those who dismantle themselves and, later, to perceive the need to follow them to better understand them.

Author contributions

All authors participated in the conception, design, search and analysis of the research data, interpretation of the results and writing of the scientific article.

Competing interests

No financial, legal or political competing interests with third parties (government, commercial, private foundation, etc.) were disclosed for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.).

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