

# **An Exploratory Study of How Postoperative Bariatric Surgery Patients Use Online Communities for Support**

By

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## **Abstract**

Bariatric surgery, also known as weight loss surgery, is often thought of as a one-day medical procedure. However, the reality is that after surgery there are long-term physical and psychological changes that each patient must manage. The goal of the exploratory study discussed here was to gain deeper insights into how a patient navigates their post-operative experience after bariatric surgery, specifically examining their use of online bariatric communities. The author conducted, transcribed, and thematically analyzed ten semi-structured interviews and identified three major themes: (1) Mental Health, (2) Belonging to Community, and (3) Support. Each theme includes several sub-themes, showcasing a range of helpful and harmful experiences from engaging with these online communities. For example, postoperative patients often felt a sense of isolation or frustration. But by engaging with online communities, they were able to find emotional support that even led to in-person meetings. Some participants also detailed the lack of mental health care and support from their surgical team, leading them to seek professional counseling or to lean more on fellow bariatric community members. Overall, this research highlights that a more comprehensive treatment plan for postoperative bariatric patients, addressing both longer-term physical and mental health, would be beneficial. For now, however, the online community seems to work to support each other.

**Keywords:** Bariatric Surgery, Mental Health, Social Support, Social Media

Obesity typically deeply impacts a person's overall health putting them at higher risk for other health related disease and illness (CDC 2020). The U.S. adult obesity rate stands at 41.9%, the first time the national rate has passed the 40% mark, and further evidence of the country's obesity crisis (CDC 2020). The standard measure for establishing if one is obese is related to a person's overall body mass index, which is calculated by your height and weight. Obesity can be contributed to a range of factors such as overeating, lack of physical activity, genetics, metabolic syndromes, and other health related diseases and illness (Kinlen, Cody, & O'Shea 2018).

When a person who is obese has exhausted all options for losing weight and their weight has negatively impacted their standard of living and care, bariatric surgery (also called weight-loss surgery) is presented as a method to address impacts obesity has on a person

physically and mentally. There are several types of surgeries performed. They are either malabsorptive or restrictive, and both involve changes to the size of stomach (Groven & Glenn, 2016). Prior to bariatric surgery, a patient must speak with a mental health professional and have a routine psychological evaluation to see if they are equipped for surgery (Benalcazar & Cascella 2021).

Studies have found numerous physical benefits after bariatric surgery. The benefits include substantial weight loss and the reversal of metabolic syndromes which are critical to improving patients' everyday lives in the long-term (Colquitt et al. 2014). Although there are numerous studies that discuss outcomes of surgery and the physical impacts, there is a need for more research into the psychological and personal journeys of bariatric patients (Coulman et al. 2020).

## ***Mental Health and Postoperative Care***

After surgery, bariatric patients experience various mental health outcomes. The process is complex and there are numerous occasions where adjustments are being made regarding stress and behaviors after surgery (Coulman et al. 2020). Some patients experience positive mental health after surgery. Bariatric surgery may lead to a *decrease* in depression symptoms and improvements on various self-assessments such as feeling less anxious (Herpertz et al. 2003). When examining psychological outcomes of postoperative bariatric patients from 1 month to 60 months, depression, anxiety, and eating disorders did often lessen in the short term (Spirou, Raman, & Smith 2020).

Other studies have highlighted the struggles that follow bariatric surgery. One difficulty is that some patients experience addiction transfer. That is, prior to surgery, patients commonly have addictions surrounding food. After surgery, they might turn to something else to fill the void. For example, some patients might find solace in alcohol consumption, shopping, gambling, or other addictive behaviors (Steffen et al. 2015). Additionally, many patients experience differences in how they perceive their bodies after surgery and some patients even experience doubt about having the surgery (Neven et al. 2012). There is no clear way to predict what patients' mental health outcomes will be postoperatively, which is why further research and understanding is needed (Jumbe, Hamlet, & Meyrick 2017). Encouragement to seek therapy after surgery may be a useful option to help postoperative bariatric patients navigate these mental health symptoms.

There is often limited formal follow-up mental health treatment for postoperative bariatric patients. Typically, this surgery is treated as just another surgical procedure with follow-up medical appointments with a bariatric care team. However, there is a need for mental health professionals to join these teams as well as for teams to be educated in this area (Johnson 2013). Then care teams would be better able to explain the potential mental health struggles patients may face.

Many patients feel the pressure to be model patients and closely follow the plan after postoperative surgical care (Berg 2020). The surgical procedure itself is a tool and results will happen quickly, but these patients need to learn that it is important to foster a system that ensures changes stay long-term. This system could include goal setting, making plans for nutrition and exercise, and making sure that support systems are in place before and during the process (Duarte-Guerra et

al. 2015). Therefore, many patients need to find support to make sure a healthy lifestyle is still maintained.

## ***Postoperative Support***

Researchers (Livhits et al 2011) have pointed out that social support is one major component of obtaining long-term benefits from surgery. Having a social support system to deal with changes right away can deter added stress and make it easier to implement changes postoperatively. Social support for bariatric patients may come from healthcare team, family, friends, and others involved in daily life of a patient (Sharman et al. 2017). Patients find it beneficial when family and friends join in on making life changes by also making changes to their diets and joining in on physical activity to ensure lifelong improvements. Alternately, lack of support from care teams and personal relationships can lead to frustration and negative outcomes such as regaining weight and other health issues (Sharman et al. 2017). There is frequently a drop off in interactions between patients and bariatric centers after surgery (Jumbe & Meyrick 2018) and many centers are *not* able to give the long-term support a patient needs (Coulman et al. 2020).

This lack of support may lead bariatric patients to seek support from others who can identify with them. There is some research showing in-person support groups can be beneficial in weight loss and maintenance of losing weight (Orth et al. 2008), but many focus on more on nutritional content and physical adjustments after surgery rather than the psychological impacts (Sutton & Raines 2010). Even those that do not include targeted approaches to dealing with mental health issues can still be beneficial by creating a supportive network and safe place to ask questions (Ufholz 2020). Limitations can also occur due to distance and time constraints on patients who had other responsibilities and cannot attend in-person (Opolski et al. 2014).

Many patients find themselves needing more daily support and understanding from those who have been in a similar situation (Yeo et al. 2020), especially those who cannot attend in-person sessions. This is the reason why online options play a vital role in finding continuing support and accountability.

## ***Bariatric Online Community***

Many postoperative patients look to social media to find that support. Studies like Robinson et al. (2020) have shown that online communities are impactful to those

who are seeking information and support after surgery. This support includes handling emotional issues such as feeling isolated, reinforcement of positivity, and addressing the different perspectives amongst patients. It also allows for patients to go at their own pace within their postoperative journey and ask questions and for support as needed. The communities allow for benefits that could be received if a person were unable to attend in-person groups.

Writing about one's own story of weight loss through "blogging" or sharing in other ways has numerous psychological benefits (Leggatt-Cook & Chamberlain 2012). These benefits include building community, motivation with staying on track, and offering a way to experience and express anxiety. Blogging may also act as barrier between falling into other behaviors like overeating or not being active. Studies like Atwood et al. (2018) have described the important role these online communities provide, indicating that professionals would be justified in encouraging their patients to partake in these communities.

Perception of how someone loses weight plays a role in the interactions people have on social media. For example, there is a stigma around surgery being "the easy way out" (Hansen & Dye 2018), and this can lead to lack of understanding. Joining bariatric-specific online communities offers the benefit of having a safe space to share concerns after surgery, victories on and off the scale, and just the sense of community in general (Ballantine & Stephenson 2011). However, there is still room for more understanding and further research into what these online communities specifically offer a patient (Koball et al. 2017). That is, what leads people to these communities, how do they choose to interact, and what mental health benefits or harms to they find by participating?

### ***Purpose of the Present Study***

The purpose of this study is to offer deeper insight and understanding of how a patient navigates their postoperative experience after bariatric surgery. The main research questions are: Why did participants engage with the online bariatric community after surgery? In what ways have they found engaging with the online bariatric community to be very helpful, less helpful, or even harmful during their postoperative experience? Conducting interviews will help researchers learn about these outcomes and how support within online communities could be used in more traditional medical setting. The focus of this analysis is on

individuals who use the online bariatric community once in the postoperative phase of surgery.

## **METHODS**

### ***Participants***

Participants (N = 10) were U.S. adults recruited and interviewed during fall 2021. Participants were recruited via social media, mainly by posting on Instagram, Facebook, and with permission of moderators on group forums that are in the bariatric online community. They were invited to participate in an exploratory interview study about to learn more about bariatric patients post operative journeys and how their engagement within online communities shaped their experiences. They needed to be at least 18-years old, a U.S. resident, and had to be at least six months post operative. Interested participants clicked a link to read the consent form, which provided more details about the interview study. If they still wished to participate, they filled out a form that allowed them to express interest and provide their email address so that an interview could be scheduled. Due to the limited timetable to complete the study, the goal was to recruit 10 participants in order to allow for enough time for transcription and qualitative data analysis. Therefore, this convenience sample is limited and results *cannot* be generalized to the broader bariatric community. However, this study does allow for a deep exploration of different people's experiences when engaging with the online bariatric community post-operatively.

### ***Procedure***

Interviews were conducted using a semi-structured interview design. In this design, the interview protocol is used to guide the interviews (Roberts, 2020), but the researcher does not aim to obtain specific answers. Instead, the goal is to gain descriptive, meaningful responses about life experiences from participants (Brinkmann 2014). By avoiding asking participants "yes or no" questions, it is hoped that more descriptive moments will be shared.

The interview protocol was designed so that questions naturally flowed from each other. The interview started by asking participants about their general experience in their first few months of the postoperative stage. Participants were asked how they felt about any in-person support groups they attended. "The online bariatric community" was defined for participants,

explaining it is a broad term that encompasses not only social media networks but also podcasts and other online forums. Participants were asked which of these online bariatric communities they engage with, what information about their journey they tend to share, and how others respond. Participants were then asked participants to describe experiences that they found helpful or harmful when engaging in online bariatric communities. Finally, they were asked if they had advice to give to people about to have bariatric surgery. Along with the main questions, participants were also asked follow-up questions to either expand upon a short answer or give more context to a certain experience. The full set of questions in the interview protocol are included in the Appendix at the end of this article.

### ***Analysis Plan***

Thematic analysis as described by Braun & Clarke (2006) is a six-step method for identifying patterns and creating themes from participants' responses. The analysis was conducted using this method in an inductive manner, as there were no hypotheses prior to interviews. Before analysis and following the interview, a short summary was completed on key take-aways from each interview (Roberts, 2020). The interviews were audio recorded on Zoom and the transcription feature from Zoom was used to automatically transcribe them. Then, the transcripts were edited to ensure that all written transcriptions match the verbal responses.

Next, the thematic analysis was conducted. Step 1) First, the researcher became familiar with the data by reading and rereading transcripts. Step 2) Next, codes were given to quotes or sections of quotes from each interview. Quotes were assigned multiple codes if what was said addressed multiple issues. Step 3) Themes or patterns were found within the data. In this step, themes were built from the codes. This entailed taking the codes that were similar and grouping them together in a meaningful way. Step 4) Next the researcher reviewed the themes and subthemes were created. If needed, some themes or subthemes were combined, separated, or even discarded. This was done so there was no overlap or inclusion of any themes that did not add value. This review process was completed several times to ensure no further themes would emerge from the interviews. Step 5) Themes and subthemes were given clear names and definitions, which allowed for a clear story to be derived from the data. Step 6) Upon final analysis of all the data, this report was created to describe the themes and subthemes, use quotes to exemplify themes, and tie

themes into findings from past research.

## **FINDINGS**

Three main themes related to participants using and staying engaged within online bariatric communities and how helpful or harmful they thought online communities were during their postoperative experience. The three themes are (a) Mental Health; (b) Belonging to a Community; and (c) Support. The author separated each theme into three or more sub-categories, each of which is discussed next.

### ***Theme 1: Mental Health***

Participants described changes to their overall well-being and mental health within the first few months after the operation. Overall, these emotional difficulties were typically the driving factor behind their decision to participate within online bariatric communities.

#### ***A. Therapy and Mental Health Preparedness***

Participants detailed that mental health was not discussed enough in the preoperative stage or the postoperative process. One participant explained, "This surgery is all mental, like, you have very physical changes, but at the end of the day, I don't think surgeons mentally prepare their patients." There was a need for more discussion between patients and their surgeons to really understand that bariatric surgery was a lifelong commitment. Participants felt as though mental health therapy would also be a helpful tool in handling the immense changes after surgery, not only physically but mentally. While some expressed the need for therapy for the first year after surgery and others mentioned its usefulness beyond one year. All ten agreed that it should be required by all surgical centers and covered by insurance.

#### ***B. Trauma and Old Habits***

Participants felt that on some level the need for surgery derived from a place that was formed out of old habits, connecting to their experience of food addiction and/or other past traumas. One highlighted this by explaining it as, "Otherwise, I think if you don't (address the trauma /old habits) it is going to come back. Because you're going to comfort yourself with food again. You're going to get back into old habits." Participants felt there was a need to understand these traumas and address



them head on to avoid weight regain or even in some cases, transfer addiction. Participants explained that because food could no longer be used as a method to soothe, they sometimes participated in other coping behaviors that could become problematic such as over-exercising or drinking alcohol to excess.

### **C. Loneliness**

Participants described that they felt a sense of loneliness or isolation derived from the fact that their support systems did not adequately understand the postoperative experience. One participant stated, "I felt kind of alone. I felt like nobody in the whole entire world was going through this." Participants also explained that even if they did have the support of family and friends, it still was not the same as those people did not understand the process in terms of how one's diet changes as well as other physical changes. Another explained how, "There was really nobody that understood or got it...I felt very alone."

### **D. Anger**

Participants also felt a sense of anger and frustration towards the health care professionals that oversaw their care. Eight participants felt care was not adequate and could not understand that programs had differing levels of postoperative support across the United States. One stated, "It really makes me angry. The lack of aftercare." Another expressed their frustration as, "I was angry at the medical community for just leaving us."

### **E. Initial Distress and Regret**

Four participants had unique occurrences postoperatively, leaving them to feel different emotions due to their circumstances. One participant ended up getting COVID-19 right after surgery and was in the intensive care unit, and two others had issues with their bodies failing to correctly consume nutrients, which required additional medical interventions. While these occurrences were due to physical postoperative complications, all who had these physical side effects experienced some type of initial distress regarding the postoperative process. One participant explained, "It was a very rough emotional ride for me for many months, but initially the first seven weeks were truly a nightmare." Others experienced a bit of "buyer's remorse" during the first few weeks. One participant explained, "I would say that, like, obviously the first week is rough. I

mean, I think when I was in the hospital, I was like, 'Oh I am having a little buyer's remorse.'"

### **F. Ease**

Two participants did not feel any negative emotions and had an easier transition in the postoperative care. This was due to the fact they felt prepared before surgery to take on what would come in the first few months. One participant stated, "Honestly, it's been easy breezy for me. I just feel like it was meant to be." Another stated, "Surprisingly, well! I really was in a good place, but I think it is because I had such good preparation beforehand."

## **Theme 2: Belonging to a Community**

Community was a main driver for all ten of the participants as they felt that there was a strong sense of safety and security when participating with those who have shared the same experience. Not all participants were just community members using these platforms to connect with others in all phases of their journey. Some were actual content creators who used their social media platforms to bring awareness to the bariatric community as a whole. They have built different community-based applications that house all different resources.

### **A. Commonality**

Participants overall felt drawn to belong to these online communities because they were able to identify with other participants. Even if community members were in different parts of the bariatric journey, they could still relate to one another and engage. They also felt a sense of belonging and commonality with one another. One participant described it as, "Your connection to people in the bariatric community will be what will pull you through on those difficult days." The connection the community provides allowed participants to feel as though they always had a friend to be there. Participants also explained that the online communities offered a deeper understanding than what their own personal relationships with relationship partners, family members, or friends could provide. Because those in their everyday lives had not experienced the bariatric surgery process it was hard for them to understand. One participant explained it as, "They [family or friends] have no context, you know, for what it's like... Even though my particular journey itself looks so different, there was still things that bore a commonality."

## **B. Comparison**

There was a sense of harmfulness or negativity found within the community. Nine participants felt that there was harm in comparing oneself to another. Participants explained that it was easy to focus on others' weight loss and appearances and that it could be harmful to their self-esteem and progress. One participant stated, "Comparison is really hard; the community is amazing. But people get caught up in the comparison game."

## **C. Beyond the Community**

Participants sometimes stated that they themselves as content creators (or other community members) try to make a difference beyond the online community when it comes to advocacy of surgery and breaking the stigma that surrounds it. Participants mentioned one quote that was used against them for having surgery that was referred to as "Taking the easy way out." One participant explained their response as a way to educate those who did not understand surgery by saying, "I see that comment, and I try to educate and tell people you know the stomach is a muscle, just like the heart is a muscle." Participants also explained that they used the social media pages as another resource for going against the stigma that surrounds it. One participant said, "So I'll make a reel and I'll be like, 'Oh you think this is the easy way out? Here's ten reasons why you're not right.'" Additionally, creators of these communities used one another's stories as a way to build more resources and highlights bariatric surgery. One participant said, "The more you know, the more people's stories that we learn, the more we can wrap around our support."

## **Theme 3: Support**

All ten had differing views on the levels of support that were offered post-op by their bariatric surgeons. Some had no offering of supports, while others were offered support but there were limitations regarding distance or timing. Eight participated in the online communities as means to deal with the lack of support from professionals and the state of their well-being postoperatively. Because participants had such a varied experience postoperatively, it drove them to find additional answers to their questions. All ten participants stayed engaged within online communities due to the support that was gained.

## **A. Informational Support**

Participants did not always join online communities due to negative impacts on their well-being after surgery. Some joined to understand the process in the pre- and postoperative phase in order to better learn what could happen. Participants would often ask if others had experienced something and what helped them. One thing people often wanted to learn about was how to move past "stalling" – the term commonly used to describe a pause in weight loss for a period of time. Two participants joined for tips regarding food ideas and recipes – mainly about protein sources and vitamin brands as they are essential for a bariatric patient's long-term success. Seven even connected with surgeons and other health care professionals in these communities to gather more information about these questions as well as to learn more about skin removal and other enhancements. One participant said, "It's just, it's a great way to get support tips and tricks. Like I said, my bariatric program is great, but there is not as much info in terms of aftercare."

## **B. Emotional Support**

Participants explained that the use of online communities forged shared emotional connections as well as the support of others that boosted their overall sense of well-being. Additionally, some were further out in the postoperative journey and did not have the support from online communities initially after surgery as bariatric surgery was not as prevalent on social media and other internet platforms. Even if someone did not join right away, they still found the communities comforting. One participant said, "I think it's [the online bariatric community] becoming helpful. Just I mean, granted, a lot of the stuff they're experiencing, it's too late for me, but it's kind of reassuring. It helps you feel less alone." Participants also shared that even though those in their personal lives might be supportive emotionally, that there is another layer of support within the community that is not the same. One explained, "Even my best friend can only go 99% of the way with you because she has not experienced it. I can get online, and I can find a group, and I can find someone who knows what I'm talking about."

## **C. In-Person Support After Online Connections**

Participants also stated that these online communities have now turned into friendships and opportunities to

meet in-person; thereby creating an additional layer of support on top of what was already found online. Participants reported meeting in-person in a variety of ways. Some connected through exercise with those who live close by or other local in-person meetups, and others attended national retreats that provide information and support. One participant explained it as, "I definitely feel like it [the prospect of meeting in real life] helps create better online communities, but then I do feel like it does help create even personal relationships with people." Participants explained how it also helped them to create more resources within their surgical centers as well. Participants were taking the initiative to do things such as lead peer-to-peer support meetings at bariatric centers and offer other services if they were properly educated in fields like nutrition or mental health services.

## CONCLUSIONS

The exploratory study discussed in this article found that the postoperative bariatric surgery patients interviewed engaged with online bariatric communities. They did so both because of the impact of the surgery on their mental and emotional well-being as well as because of the lack of care from their providers in the preoperative and postoperative phases of surgery. Overall, the author also found that participants considered online communities to be helpful. Some interviewees, however, expressed concern that limited harm *could be* found from engaging with the media.

When participants described their postoperative journeys, their comments focused on three major themes: (1) mental health, (2) a sense of belonging, and (3) support. Participants' overall well-being and layers of belonging to a community and support were interconnected. Yeo et al. (2020) showed that when people find others who have experienced a similar event in their lives, it allows for them to feel more supported and included. The shared experience of bariatric patients can help to lessen the isolation and other negative impacts on a person's well-being due to the rapid changes after surgery. Researchers like Livhits et al. (2011) have pointed out that social support is one major component of success in the long-term benefits from bariatric surgery, and many of the participants in this study really felt that their ongoing success was in connection to the support gained from the online communities. This finding connects to other studies that have shown that bariatric online communities are impactful (Ballantine & Stephenson 2011; Robinson et

al. 2020). Online communities are particularly helpful when patients need informational or emotional support and when they are seen as safe space to share.

Other studies (Spittal & Frühbeck 2018) on the experience of postoperative patients also have identified some sense of harm or change in behavior similar to that identified by participants interviewed here. For example, some participants described transfer addiction, buyer's remorse, and other complex emotional outcomes after surgery. Those interviewed in this study did *not* frequently mention concerns about body image or self-perception that prior studies have found (Kubik et al. 2013; Steffen et al. 2015). But this was likely due to these questions not specifically being asked in the present study.

Participants also referenced the stigma behind surgery and the use of the phrase "the easy way out" that has been identified in past research (Hansen & Dye 2018). However, unlike prior studies, the participants here demonstrated that they took this stigma and used it as a source to educate others about bariatric surgery. Other participants even started their own peer support communities, sometimes bringing in professionals in order to better serve the community.

There are limitations of the study analyzed here that should be kept in mind when interpreting the findings. First, no males were interviewed. However, males only account for 20% of the population who have this surgery. Females comprise the majority of the base involved in online communities (Fuchs et al. 2015). Additional research could be done to see if males share a similar experience as their female counterparts. Second, study participants were not diverse in ethnic backgrounds. This could be attributed to white people being twice as likely to get bariatric surgery compared to others (Tsui et al. 2021). Further research could also focus on select populations, especially those that are frequently neglected when it comes to healthcare. Lastly, since the author's study participants were recruited from online bariatric communities, some of the findings related to support and community may be partially attributed to how they were recruited. Additional research could be done to understand those who left online bariatric communities and why they did not feel the benefits that those in this study did.

## Implications of This Study for Further Research and Care

Further research using larger and more diverse random samples of respondents is encouraged to

provide a more in-depth understanding of the changes and challenges that a random sample of postoperative patients might face early on. However, although it is limited in size and sample selection, this study has implications for current and future bariatric surgery patients and bariatric surgery providers. Like Coulman et al. (2020) investigation, the study discussed in this article showed that postoperative experiences were complex and participants experienced many emotional changes after surgery. Two of the study participants were mental health professionals themselves and urged for more studies like this one to be done to both further support the community as well as to help with overall treatment. Johnson (2013) found that there was a need for more mental health professionals to be in place on these surgical teams. Mental health should be added in the preoperative and postoperative phase of surgery. Instead of just an initial questionnaire and consult, patients should have follow-up appointments after surgery at least within the first year postoperatively. Follow-up appointments would allow patients to address the emotional impact with a professional. These appointments would also allow patients to work through any trauma or feelings of grief related to losing their coping relationship with food.

Future research that investigates larger, random and more age and gender-diverse samples of respondents would allow exploration and analysis of the differences in care and experiences amongst populations of color who have generally not received adequate care, especially within white communities. Additional exploration could be done to find out how post operative lives may change for the different genders. Additionally, future studies could also examine “content creators” within the online community and how their mental health, overall, has changed. The creators interviewed in the current study *did* feel a sense of obligation and commitment to those within the community. They stated that providing their stories and giving others support helped them to stay accountable but also present in their own journeys. They also felt that as much support as they gave, it was given in return. Some of the content creators have also built apps in which patients pay to receive services such as peer-to-peer communication as well as professional support through workshops hosted by surgeons, nutritionists, and mental health professionals.

Since bariatric surgical centers are *not* always able to give the long-term support patients need (Coulman et al. 2020), these apps could be a cost-effective, easy to access alternative for bariatric surgery centers to offer support to patients. Prior research has shown

that providers being active in the telehealth space does help post operatively (Coldebella, Belinda, et al 2018; Sivagnanam & Rhodes 2010 ). The current study indicated that some providers *do* participate in online communities and help to bring resources. Additionally, willing patients at surgery centers could be put into cohorts in the preoperative phase so that once in the postoperative phase, they have supports in place, even if they mostly meet online.

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**About the Author: Breisha George** is currently a graduate student at Rhode Island College in the Mental Health Counseling program (MS). While earning her undergraduate psychology degree also at RIC, Breisha was a McNair scholar and conducted this research study. Her interests are focused on learning more about bariatric patients and how to improve their pre- and post-operative lives in terms of their mental health.

**APPENDIX: INTERVIEW PROTOCOL**

**Postoperative Questions:**

1. How would you describe how you were feeling emotionally the first few months after receiving bariatric surgery?
  - a. Could you describe a particular high point during that time?
  - b. Could you describe a low or difficult point?
2. How was your experience attending postoperative support groups?
  - a. If the participant did not attend, ask ‘why not’?

**Online Bariatric Community-Based Questions:**

I want to start off by explaining what is meant by the term “online bariatric community.” In essence, participating in the online bariatric community would include if you were a participant on social media applications and use them to focus on the bariatric surgery process post-operatively. This could include using Instagram, Facebook, Twitter, TikTok, Snapchat, and Pinterest. It would also include if you engaged with YouTube, podcasts, blogs, or any other community-based forums to learn about or discuss bariatric surgery online.

**Pre-Question:**

Of the different platforms I just mentioned, which of these online bariatric communities do you engage in?

**Main Questions:**

1. Tell me about why you engaged with the online bariatric community after surgery ?
  - a. What types of information do you share regarding your surgery or postoperative experience?
  - b. How does sharing this information make you feel?
    - a. *If they mention negative responses to their posts:* How do you handle the negative responses from sharing these posts?
2. Could you tell me examples of how you have found engaging with the online bariatric community helpful during your postoperative experience?
  - a. *If they don't mention it:* Do you feel engaging with this community offered you emotional support or improved your well-being?
    - i. *If yes:* Can you tell me a bit more about that?
    - ii. *If no:* Can you tell me a bit more about that?
3. Could you tell me examples of how you have found engaging with the online bariatric community may have been less helpful or even harmful during your postoperative experience?
  - a. *If they don't mention it:* Do you feel there were times when you did not receive the support you hoped for or that engaging negatively impacted your well-being?
    - i. *If yes:* Can you tell me a bit more about that?
    - ii. *If no:* Okay, sure.
4. What is your key piece of advice for a person who is newly postoperative?
5. Is there anything else you would like to add before concluding this interview?

Thank you once again for taking part in this interview.