“Who am I now?” The lived experiences and identity construction of individuals following bariatric surgery

A thesis presented in partial fulfilment of the
requirements for the degree of
Master of Science in Psychology
at Massey University, Wellington Campus New Zealand.

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2021

Abstract

Obesity is a complex health condition that is contributing to declining physical and mental health worldwide. As obesity rises, weight loss interventions are being developed. Bariatric surgery is considered the gold standard regarding weight loss intervention. This study investigated the lived experiences of participants following bariatric surgery, with an emphasis on the effects bariatric surgery has on identity construction. Semi-structured interviews were conducted with 11 participants. Interview responses were analyzed using narrative analysis. The analysis uncovered 5 major themes of the lived experience of bariatric surgery; the reasons to choose bariatric surgery, the benefits of the procedure, the challenges that occurred following surgery, stigmatization of bariatric surgery, and the necessity of support throughout the bariatric surgery journey. The analysis also showed the effect bariatric surgery can have on identity, through a persistent 'obese view of self 'and body perception difficulties, leading to difficulty in adapting to a 'new' body. In conclusion bariatric surgery is an advantageous procedure, but difficulties adapting from an 'obese' identity are apparent. Psychotherapeutic treatment is strongly recommended throughout the bariatric surgery journey.

Acknowledgements

Firstly, I would like to thank Massey University, particularly Keith Tuffin and Elena Maydell for their ongoing supervision, advice, guidance, support, and patience throughout this process, I could not have completed this journey without both of you. Secondly, I would like to thank my family and friends for the constant support and understanding given to me on this long journey. Thirdly, my husband, Brendon, for being so patient and accepting of how important this research was to me. Lastly and most importantly, I would like to thank the participants who so generously took part in this research by sharing their own personal experiences with bariatric surgery, without your stories this project would not exist, I will remain eternally grateful to you all.

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Chapter 1: Introduction

1.1 Background

From both physical and psychological perspectives, obesity is considered a widespread health concern across many countries in the world. The World Health Organization (2019) describe obesity as one of the leading causes of preventable death throughout the western world. Obesity is reported as having detrimental effects on physical and psychological wellbeing, as well as societal and economic consequences. Aotearoa/New Zealand has the third highest rate of adult obesity in the OECD (The New Zealand Ministry of Health, 2020). The New Zealand Health Survey covering the years 2019 to 2020 states that 1 in 3 (30.9%) of individuals aged 15 years or over and 1 in 10 (9.4%) children aged 2-14 years old are considered as obese (The New Zealand Ministry of Health, 2020). Obesity reportedly can lead to grave physical health consequences for individuals, which may result in the development of comorbid health issues such as diabetes, heart conditions, hypertension, fertility issues and some cancers (Groven et al., 2013; Yanovski & Yanovski, 2002).

In addition to the physical problems associated with obesity, there are also psychological matters which arise. Individuals who are considered as being overweight or obese often deal with weight stigmatisation within society (Hunger, Major, Blodorn & Miller, 2015). Weight stigmatisation involves discrimination of an individual based on their body size. Overweight and obese individuals within western society are often perceived as being lazy, taking no responsibility for their health or wellbeing and demonstrating a lack of self-control (Hunger et al, 2015). Additionally, obesity is seen as being undesirable and unattractive, leading to the formation of stigmatisation of obese individuals.

Individuals classed as obese are often devalued, facing widespread discrimination, including current or potential employers, healthcare professionals, family, and friends, as well as the unfavourable portrayal of obesity within the media (Hunger et al., 2015). As people who are obese are constructed by society as having certain undesirable traits, the constructions of the word “obese” may become entrenched and intertwined within their identity (Alegria & Larsen, 2013; Faccio et al., 2016; Hunger et al., 2015). Burr (2015) states that an individual’s identity is constructed through shared discourses within a society, describing identity as ever evolving, the construction of one’s identity greatly depends on the discourses present within society, within that time and context. Hunger et al (2015) indicate that when an “obese” identity is adopted, individuals often experience, anticipate and suspect weight related stigmatization from varying areas of society. These areas of society include job opportunities, social occasions, media representations, healthcare encounters, customer service interactions, family, and friend interactions.

As obesity prevalence grows within the western world, so does the need to develop effective ways of combatting the unwanted, ever-increasing obesity statistics. One initiative, proposed as being the 'gold standard' of combatting obesity problems, has been the introduction of bariatric surgical intervention, also known as weight loss surgery (Buchwald et al. 2004) Bariatrics is a branch of the medical field that deals specifically with the causation, prevention, and intervention of obesity (Australian & New Zealand Metabolic and Obesity Surgery Society, 2015). Bariatric surgery is offered throughout New Zealand and is available through privately funded health care, as well as limited publicly funded health care (Australian & New Zealand Metabolic and Obesity Surgery Society, 2015). According to McLeod et al., (2012) bariatric surgery presents as a 'life changing' option for obese and morbidly obese patients, with research consistently reporting bariatric surgery as being the only effective form of weight loss intervention for those considered morbidly obese (Buchwald et al., 2004; Chang et al., 2014). Two of the most common bariatric procedures performed with New Zealand are the Roux-en-Y gastric bypass and sleeve gastrectomy (Australian & New Zealand Metabolic and Obesity Surgery Society, 2015).

Depending on the surgical procedure performed, patients are expected to lose a large portion of weight (Buchwald et al, 2004), with estimates of between 50-80% of excess body weight expected to occur. The surgery is considered a success when those who undergo the procedure reach the desired percentage of weight loss, outlined preoperatively by their surgeon (Perdue, Schreier, Swanson, Neil & Carels, 2018). Most individuals who undergo bariatric surgery tend to lose a large portion of their excess weight in the first year to eighteen months after surgery (The New Zealand Ministry of Health, 2017). This fast and rapid weight loss may lead to a disconnection between mind and body, or what is termed as "mind-body lag" (Perdue et al, 2018). Mind-body lag involves the patient losing their excess weight, but still viewing themselves as they previously were, as an obese person. It results in the inability to perceive their outer image as a 'smaller' person, despite the physical weight loss occurring (Perdue et al, 2018). This occurrence has been identified as raising challenges for individuals in assimilating their 'new self' into their 'old self' (Alegria & Larsen, 2013)

In summary, bariatric surgery offers significant benefits to the individual, including the decrease in physical health issues, and an increase in psychological health and wellbeing through increased confidence and self-esteem, better social opportunities, and an increase in energy levels. Although, there are some psychological challenges identified within previous literature that may lead to difficulty in navigating their 'new' identity (Alegria & Larsen, 2013).

1.2 Research Aim

A significant amount of literature exists around the physical benefits and outcomes of bariatric surgery, although there appears to be limited qualitative research on the lived experiences of individuals who undergo bariatric surgery and the transition from being considered obese to a ‘normal weight’. The aim of this research is to explore the lived experiences of bariatric surgery, with a focus on the identity construction of individuals who have previously undergone bariatric surgical intervention, contributing to what is already known about identity and bariatric surgery.

2. Literature Review

The literature search included years 2011 to 2021.These dates were selected as the surgical procedure is relatively new, warranting a focus on more recent research. Although, due to the limitations around previous research, some older research was presented if deemed relevant. The databases utilised to conduct this literature search were Discover, Web of Science, and Wiley Online Library. Searches were conducted using the key words: bariatric, bariatric surgery, obesity, weight loss, weight loss surgery, stigma, stigmatisation, identity, identity construction, benefits, reasons, social support, mental illness, psychosocial, eating behaviour, regain, regaining weight, support.

2.1 Obesity Background

Obesity is a chronic health condition becoming increasing prevalent throughout the world (Kubik et al., 2013). Obesity is known to be a worldwide leading cause of premature and preventable death (World Health Organization, 2019). The World Health Organization (2000) describes the increase in obesity throughout the world as a “global epidemic”. New Zealand is not exempt from the epidemic levels of obesity, with high rates of both child and adult obesity.

Physically, obesity involves an excess amount of fat accumulation that may adversely impact the health and wellbeing of an individual (World Health Organization, 2019). The physical cause of obesity is understood as an imbalance between the number of calories consumed via food and drink versus the number of calories expended through movement by an individual (World Health Organization, 2019). However, there are many other factors that contribute to obesity, including environmental factors, physical health conditions, psychological disorders, societal factors, and genetics (Feng et al., 2010).

Obesity is most frequently characterized and measured via the body mass index (BMI). The BMI aims to estimate the amount of fat an individual may have on their body depending on their height and weight and classifies whether a person is underweight (<18.5) an ideal ‘healthy” weight (18.5 – 24.9), overweight (25 -29), or obese (30>). A BMI of more than or equal to 30kg/m2 (obese category) increases the likelihood of developing or having developed poor health (World Health Organization, 2019). Although BMI is widely used as a method of measuring obesity, Summerfield & Ellis (2016) argue that BMI can be inconsistent, as it does not account for an individual’s bone mass, muscle mass, body frame or ethnicity, which are all attributes that may influence an overall BMI score.

Obesity is often associated poor physical health. Obesity can lead to severe physical health disparities that may have detrimental effects on an individual’s quality of life (Chang et al.,

2014; Sarwer et al., 2013; Sturm, 2002) Health conditions such as cardiovascular disease, diabetes, hypertension, differing types of cancers, fertility issues and mobility complications are risk factors directly related to obesity (Barber et al., 2019; Buchwald et al., 2004; Chang et al., 2014, World Health Organization, 2019).

The economic cost of obesity is also discussed within literature. The New Zealand Institute of Economic Research (2015) reports the negative effects obesity may have on a wider societal level, including factors such as higher levels of hospitalization, higher instances of physical and psychological health diagnoses and increased chances of premature death. According to The New Zealand Institute of Economic Research (2015) these factors contribute to a lower socioeconomic way of life for obese individuals, consequently lowering the national economic benefit, as well as increasing the amount of government tax spent on obesity related illnesses. Griauzde et al., (2018) also describe obesity as a “public health burden”.

Psychological health and wellbeing are also likely to be affected by obesity, with the severity of obesity being associated with the likelihood of worsening psychological health (Kubik et al., 2013). Mood disorders, lowered self-esteem and anxiety are common psychological comorbidities in relation to obesity (Kubik et al., 2013). However, the interaction of obesity and lowered psychological health is described as being multifactorial (Kubik et al., 2013) with differing aspects contributing to the development of such conditions. Obese individuals may have higher prevalence of body dissatisfaction, leading to lower self-esteem and depressive symptoms (Stunkard & Wadden, 1992). Repeated failed attempts at weight loss are also likely to exacerbate and lower self-esteem and depressive symptoms, such as hopelessness (Stunkard & Wadden, 1992; Kubik et al., 2013)

2.2 Obesity & Stigmatisation

The obesity literature frames obesity as undesirable, unhealthy and unsustainable. Whilst obesity is considered a global disease that needs to be resolved (World Health Organization, 2019) the prejudice and marginalisation that obese individuals face should be considered when discussing obesity.

Individuals who are considered as being obese regularly struggle with weight stigmatization within society (Hunger, Major, Blodorn & Miller, 2015). Weight stigmatization involves discrimination and a formation of opinions of an individual based solely on their weight and body size (Pepper & Ruiz, 2007).

Hunger, et al (2015) assert that overweight and obese individuals are frequently devalued within society. Discrimination and stigmatization of obesity is reportedly related to the

causation and aggravation of depressive symptoms in some obese individuals (Kubik et al., 2013). Research shows that obese individuals may also suffer from reduced quality of life due to the constant prejudice they experience within society (Alegria & Larsen, 2013; Kubik et al., 2013).

For an overweight or obese individual, the concept of "being fat" may become intertwined with their identity. As pointed earlier, Hunger et al (2015) suggests that when a "fat identity" is assumed, individuals often experience, anticipate and suspect weight related stigmatization from varying aspects of society, including job opportunities, social occasions, media representations, healthcare encounters, customer service interactions and family/friend interactions. The concept of 'fat identity' is very important for this research and will be investigated further.

2.3 Bariatric Surgery Background: The Gold Standard of Weight Loss Intervention

As obesity statistics continue to rise worldwide, weight loss intervention is becoming essential (Buchwald et al., 2004). While many methods of weight loss intervention exist, bariatric surgery is reportedly becoming the most commonly used strategy in weight loss treatment (Cummings, Overduin, & Foster-Schubert, 2004), often being described as the "gold standard" of weight loss intervention (Buchwald et al., 2004; Faccio, Nardin & Cipolletta, 2016).

Bariatric surgery, or weight loss surgery as it is commonly known, is performed on the stomach and/or the intestinal areas within the body. The aim of the surgery is to reduce obesity and the risks associated with the disease through restricting the capacity of the stomach and/ or malabsorption changes (Buchwald et al., 2004; Chang et al., 2014). Research undertaken by the New Zealand Ministry of Health, Clinical Trials Research Unit (2017) suggests the most commonly performed bariatric procedures in New Zealand/Aotearoa are the Roux-en-Y-gastric bypass (RYGB) and sleeve gastrectomy procedures. Both procedures reduce the amount of food that can be consumed, whilst the RYGB procedure also has a large effect on how food is absorbed within the gastrointestinal part of the body (Willmer & Salzmann-Erikson, 2018).

Bariatric surgery is performed both within the private and public health sectors in New Zealand. Individuals who seek bariatric surgery as a form of weight loss intervention must meet a specific criterion before they are considered as a candidate for the surgery. The New Zealand Ministry of Health 'Weight Management' guidelines suggest that those who are eligible for publicly funded bariatric surgery must have a BMI of < 55kg/m2 or > 35kg/m2 with

health comorbidities, or a weight of less than 160kg (New Zealand Ministry of Health, 2017). Publicly funded candidates must have also had previously failed non-surgical weight loss methods for at least two years prior.

Privately funded bariatric surgery follows a similar criterion as recommended within the public system, although variations to this criterion may be present depending on the differing clinics throughout New Zealand. The Ministry of Health Clinical Guidelines for Weight Management (2017) state pre-operative and post-operative care recommendations, both of which include the monitoring of health, nutrition support and dietetic counselling. The National Institute for Health and Care Guidance (2019) recommend that individuals who undergo bariatric surgery should stay under close medical review for two years post-surgery before being discharged into primary care.

Bariatric surgery is an appealing option for weight loss intervention for both health professionals and obese individuals. It is considered as the safest and most effective form of treatment for obesity, resulting in effective, long-term weight loss results (Buchwald et al., 2004; Willmer & Salzmann-Erikson, 2018). Bariatric surgery offers to provide an individual with positive outcomes, such as, a 50-80% reduction in excess weight, enhanced health and wellness outcomes, and a reduced rate of mortality (Sjostorm, 2008; New Zealand Ministry of Health, 2017).

2.4 Stigmatisation of Bariatric Surgery

Whilst bariatric surgery is reported as a 'life changing' opportunity for obese individuals, not all perspectives of bariatric surgery are positive. Suggestions within the current literature indicate that the public perception of bariatric surgery shows some negativity towards those who undergo bariatric surgery as a means of weight loss intervention (Hansen & Huey Dye, 2016; Rahiri et al., 2019; Thorsby, 2008; Vartanian & Fardouly, 2014).

Obesity is constructed within society as a 'self-inflicted' condition, that is not 'normal' or suitable (Hansen & Huey Dye, 2016). It is a condition that is up to the individual to find a solution for (Rahiri et al, 2019). In this sense, bariatric surgery has been described as 'cheating', as well as suggestions made that those individuals who undergo the procedure are 'taking the easy way out' (Groven, 2013; Throsby, 2008; Vartanian & Fardouly, 2014).

The current societal preoccupation with 'working hard' for the idealised body (slimness) through vigorous diet and exercise appears to play a part in the formation of stigmatisation associated with bariatric surgery (Thorsby, 2008; Trainer, Brewis & Wutich, 2017). Constructions have formed within society that bariatric surgery removes the need for an individual to actively participate in diet and exercise. It is considered an 'effortless' approach

to taking control of one's weight. Consequently, the stigma exists that those individuals who undergo bariatric surgery, will not maintain a sense of responsibility or 'ownership' of their weight loss. This is due to the preconceived idea that the surgical procedure enabled the weight loss to occur, with minimal effort from the individual taking place (Rahiri et al, 2019; Trainer, Brewis & Wutich, 2017).

Research by Vartanian & Fardouly (2014) found that participants within the study, considered those who underwent bariatric surgery as being lazier, sloppier, and less competent than those who lost weight via diet and exercise, further demonstrating the stigmatisation and negative connotations bariatric surgery can carry within the general public.

Trainer & Benjamin (2016) highlight that bariatric surgery as a procedure is stigmatised due to the population of people it is catered towards, which is individuals who have a BMI of 30 > and are considered, according to the BMI scale, as obese. As previously discussed, obese individuals are already immensely impacted from the daily stigmatisations associated with having a larger body. They are often considered lazy and lacking any self-control or responsibility (Hunger et al., 2015). As bariatric surgery is considered an 'easy' alternative to weight loss, it has been stigmatised as a 'lazy' individual's approach to weight loss (Rahiri et al., 2019). These individuals are seen as electing to undergo a 'cheats' procedure to produce results with minimal (Trainer & Benjamin, 2016). These stigmatisations disregard the specific lifestyle changes individuals who undergo bariatric surgery adhere too.

Hansen & Huey Dye (2016) reported on a group of bariatric surgery patients and their experience with stigmatisation associated with undergoing the procedure. Their research found that 90% of respondents had an experience with stigmatisation relating to their choice to undergo bariatric surgery. Respondents reported being labelled a 'cheat', being perceived as lazy and lacking willpower to engage in their own diet and exercise regime.

Reluctance from some medical professionals to refer individuals for bariatric surgery has also been reported within previous research (Hayden, Dixon, Piterman & O'Brien 2008; Foster et al., 2003). The reasons for this hesitation are broad, including not agreeing with bariatric surgery as a means of intervention (Foster et al., 2003; Hayden, Dixon, Piterman & O'Brien, 2008) believing that weight related issues is an individualistic problem that should be remedied by the individual (Foster et al., 2003), profoundly embedded bias towards overweight and obese individuals (Bocquier et al., 2005; Foster et al., 2003) and not being familiar with the procedure or surgeons, despite perceiving it as the most effective form of treatment (Avidor et al., 2007; Hayden, Dixon, Piterman & O'Brien, 2008)

Media representations of bariatric surgery have also heavily contributed to how bariatric surgery is constructed within society, as well as the development of stigmatisation and discrimination against the procedure (Glenn, McGannon & Spence, 2012).

According to Glenn et al (2012) the media contributes to the stigmatisation and discrimination of individual's who undergo bariatric surgery, as well as the procedure itself. The media discourses surrounding bariatric surgery are largely biomedical, constructing bariatric surgery as a means of medical necessity to treat a pathological condition (obesity) for the procedure to be justifiable. Doctors and surgeons are represented as 'ultimate knowledge bearers', as well as being able to provide a 'life saving' opportunity for obese individuals (Glenn et al 2012). Research undertaken by Rahiri et al (2019) within a New Zealand based context demonstrated that some medical professionals are utilising the media as a platform to dispel preconceived biases towards bariatric surgery, advocating for better health outcomes and more funding for individuals to access the surgical procedure.

Individuals who are considered obese are represented within the media as having aberrant behaviour and out of control lifestyles (Throsby, 2008) Bariatric surgery is therefore represented as the 'fix' to counter these divergent behaviours and return a sense of normality to an individual's life through the promise of 'normal' weight and restricted eating habits (Glenn et al., 2012). Women were largely the target of media articles relating to bariatric surgery, positioning the procedure as an opportunity for woman to regain control over their body's appearance, rather than their body's capabilities (McGannon & Spence, 2010).

Media representations push the problematic idea that after losing weight, an individual becomes more valuable (Rahiri et al., 2019; Thorsby, 2008). However, individuals who undergo bariatric surgery, regardless of weight loss, are positioned as failures (Markula, 2008). Firstly, through allowing themselves to become obese in the first place and, secondly, despite the fact they have actively lost weight, it is assumed they did not do it through diet and exercise alone, therefore, skipping the 'hard work' that is of societal value (Glenn et al, 2012; Thorsby, 2008). The discourses shared by the media primarily further influence and promote weight-based stigmatisation, discrimination, and biases within the general public (Glenn, McGannon & Spence, 2012).

The above literature presents that those individuals who are considered as being obese and who choose to undergo bariatric surgery continue to face stigmatisation and discrimination, regardless of the choice to make changes to counter obesity and blend with societies standard of "normalcy" (Hasen & Huey Dye, 2016).

2.5 Identity Challenges after Bariatric Surgery

Identity is often defined as holding unique and personal qualities within a certain individual that separates us from others, qualities that are consistent and remain as a moderately fixed entity throughout life (Gordan & Gergen, 1968). However, it is argued from a social constructionist paradigm that the concept of identity is socially situated and is constructed through discourses, dependent on the historical time, space, and context (Burr, 2015). From a social constructionist view, identity is flexible and forever adapting to the context it is constructed within.

Goffman (1963) presented the idea that individuals may attempt to hide their stigmatised identity from the outside world, however, for a person labelled as obese, body size is difficult to conceal, therefore hiding the identity associated with the stigmatisation could be challenging (Giardino, Keitel, Patelis & Takooshian, 2019). Bariatric surgery offers a chance to escape the stigmatised obese identity and regain a sense of idealized 'normality' (Trainer, Brewis & Wutich, 2017).

Identity is an important concept to consider in patient experiences of bariatric surgery. As described above, identity construction can be attributed to certain dialogue occurring within a particular time and context and is endlessly evolving (Hermans & Hermans-Konopka, 2010; Faccio, Nardin & Cippoletta, 2016). Individuals who undergo bariatric surgery have previously been perceived within society as being obese and having certain characteristics associated with the idea of obesity (Perdue et al., 2018). For some of these individuals, a large portion of their lives has been living within the discourses surrounding obesity. The discourses that surround obesity can become intertwined within an individual, leading to the development of a fat identity (Alegria & Larsen, 2015; Faccio et al., 2016; Perdue et al., 2018).

The concept of identity has been briefly mentioned within the current literature surrounding lived experiences of bariatric surgery (Magdaleno & Chaim, 2010; Faccio, Nardin & Cippoletta, 2016; Griauzde et al., 2018; Chan, King & Vartanian, 2020). Although, few studies have exclusively focused on identity changes and bariatric surgery from a patient's perspective (Alergia & Larsen, 2015; Faccio et al., 2016; Perdue et al., 2018).

Undergoing bariatric surgery and therefore losing weight, would assume the individual would no longer be identified or identify themselves as fitting within the 'obese identity', as their physical appearance no longer matches the physical characteristics stipulated within obese discourse (Alegria & Larsen, 2015). However, research suggests that some individuals who

undergo bariatric surgery may struggle to assimilate their new physical (slimmer) appearance (Griauzde et al., 2018).

Alegria & Larsen's (2015) focused on the self-evaluation of post-bariatric surgery patients and found that despite the participants suggesting they experienced newly found confidence and increased self-esteem, some experienced a level of body-image distortion. Participants, although retaining a 'normal' BMI and losing a large portion of excess body weight, still viewed themselves as obese (Alegria & Larsen, 2015). Furthermore, the participants self-perception of being 'obese' was still retained despite comments and reinforcement from others that they no longer fitted within the category of being 'obese', demonstrating the challenges individuals who undergo bariatric surgery may face in terms of adapting their identity.

Faccio et al (2016) came to similar results within their own research focusing on body perception and changes within the identity 'system' of individuals who are undergoing or have undergone bariatric surgery. Participants within the study were found to have difficulty in adapting their identity to their new body, retaining dominant self-perceptions relating to obesity despite no longer being considered obese, from a medical and societal perspective.

Similarly, Chan, King & Vartanian's (2020) study argues that post-operative bariatric patients struggled with their identity after major weight loss. Participants within the study described their experiences as 'being lost within the world', as their identity shifted from the societal perspective of obese to 'normal', they struggled to establish their 'place' within society. Participants also described experiencing 'dual lives' in terms of identity (Chan, King & Vartanian, 2020). This highlights the idea that identity is not static and always evolving (Burr, 2015) Individuals who undergo bariatric surgery struggle to assimilate to their 'new normal' identity whilst retaining their 'old obese' identity. Furthermore, participants within the study stated experiencing a loss of identity after the outward physical characteristics of obesity had been removed (Chan, King & Vartanian, 2020) suggesting that the outward appearance after bariatric surgery, does not match the inward identity for some individuals.

From the literature, it is established that individuals who undergo bariatric surgery experience considerable difficulties with their identity after the surgical procedure, with a large portion of individuals retaining a sense of 'obese identity' despite outwardly appearing as a 'normal' body size. This can lead to challenges throughout the bariatric surgery journey (Faccio et al., 2016). Perdue et al (2018) argue that retaining an obese identity after bariatric surgery is associated with a diminished quality of life in regard to participants overall health and wellbeing. It is also suggested that the re-construction of identity after bariatric surgery

is central in regaining higher self-esteem, leading to motivation towards continuing on a journey of 'success' in terms of maintaining a 'healthy' weight (Magdaleno & Chaim, 2010).

The above literature and research suggest that psychological intervention after bariatric surgery is important at the beginning of the bariatric surgery and weight loss journey. (Magdaleno & Chaim, 2010; Alegria & Larsen, 2015; Faccio et al., 2016; Nardin & Cippoletta, 2016; Perdue et al., 2018; Chan, King & Vartanian, 2020) Psychological intervention is recommended, firstly, to bring awareness to the identity struggles that could occur after bariatric surgery, and secondly, to educate individuals through this period of transition from obesity to a 'normal' weight.

2.6 The On-Going Journey: The Importance of Support

The journey after bariatric surgery is not linear. Once the weight is lost, the journey of maintaining the 'successes' comes to the forefront for most individuals. In biomedical terms, a successful outcome of bariatric surgery is marked by a reduction in weight as well as a reduction in physical health conditions (Chang et al., 2014). Successful outcomes have also been marked by increased self-esteem and confidence, more social opportunities, better relationships, and an increase in energy (Kubik et al., 2013).

While the concept of success can be reached in terms of weight loss, previous literature indicates an ongoing 'battle' to remain 'successful' in maintaining the weight lost can occur (Tolvanen et al., 2021). Whilst some increase of weight is considered normal after bariatric surgery, 'regain" as it is termed, is a large portion of weight regained after bariatric surgery. Regain is predominantly feared by bariatric surgery patients and is often associated with thoughts of failure, guilt, and shame (Coulman et al., 2020; Thorsby, 2008).

Regain is a common occurrence after bariatric surgery (Wharton, Kuk, Luszczynski, Kamran, & Christensen, 2019). The literature stipulates weight regain can be due to an array of complex reasons, such as dietary adherence, limited physical exercise, challenges with eating habits, increasing portion sizes, the type of surgical procedure and the adequacy of support received before and after bariatric surgery are highlighted as important factors (Chan, King & Vartanian, 2020; Coulman et al., 2020; Rahiri et al., 2020; Sjöström, 2013; Tolvanen et al., 2021; Wharton et al., 2019). Access to adequate support before and after bariatric surgery is strongly advocated for in relation to achieving and maintaining the successful outcomes after bariatric surgery and combating the chances of weight regain (Chan, King & Vartanian, 2020; Coulman et al., 2020).

Support occurs in many different variations, such as support from clinical professionals, family, and friends, as well as support groups, all providing differing, but of equal importance,

levels of encouragement for individuals who have undergone bariatric surgery (Chan, King & Vartanian, 2020; Coulman et al., 2020; Rahiri et al., 2020; Tolvanen et al., 2021)

The current literature highlights the importance of continuity of care provided by clinical professionals after bariatric surgery. Long-term follow up support is recommended due to the barrage of physical, psychological, and social changes individuals experience after undergoing bariatric surgery (Coulam et al., 2020). Nurses, dieticians, doctors, psychologists, and general practitioners are identified as the clinical professionals most likely to play a significant role in the level of support provided to individuals after their bariatric procedure.

The importance of long-term support from medical professionals is crucial for many aspects, including the monitoring of nutritional levels, diet, exercise, and physical health conditions (Chan, King & Vartanian, 2020; Sharman et al., 2015). Research conducted and reported by Sharman et al., (2015) identified those medical professionals working with bariatric surgery patients, should review patients support needs and accessibility to support on a regular basis to ensure the best outcomes for the patient.

Psychological support through means of psychological intervention and therapy is also highlighted as having a significant impact on individuals who undergo bariatric surgery; (Coulman et al., 2020; Fried et al., 2013; Rahiri et al., 2020). Chan, King & Vartanian (2020) interviewed several patients who had undergone bariatric surgery, to examine their experiences of psychological care post-surgery. Through their examination, they identified that pre- and post-operative psychological support is significantly valuable for individuals to gain insight into themselves, their eating habits and the implications obesity may have had on their life, as well as providing opportunity for individuals to access strategies for preparing for life after bariatric surgery. Furthermore, research conducted by Coulman et al., (2020) argues that long-term individualistic psychological care is necessary to reflect the changes individuals cycle through after bariatric surgery. By administering psychological care on a long-term basis, this ensures the provision of an adequate level of support that is applicable to the individuals current situation. However, although the significant need for psychological care is identified by individuals who undergo bariatric surgery, the lack of clinical evidence into the effectiveness of psychological care after bariatric surgery hinders its use within some bariatric service settings (Ogden, Hollywood & Pring, 2015; Rahiri et al., 2020).

Some individuals who undergo bariatric surgery have reportedly described the experience as “lonely” and “isolating” due to the inadequate or lack of support received by medical professionals (Coulman et al., 2020; Hilgendorf et al., 2020; Tolvanen et al., 2021). Previous literature indicates that individuals who undergo bariatric surgery are likely to seek support

from peers who have undergone the procedure themselves (Athanasiadis et al., 2021; Atwood et al., 2018; Coulman et al., 2020; Rahiri et al., 2020). Athanasiadis et al., (2021) explain that social media groups catered to bariatric patients are an efficient form of social support for individuals who undergo bariatric surgery through the provision of peer education and motivation. Accessing social support from peers may help individuals overcome any feelings of isolation, instead developing a sense of belonging and connectiveness within a group of likeminded individuals, building a sense of community and relatedness, as well as a collective understanding of the positive and negative experiences of bariatric surgery (Athansiadis et al., 2021; Atwood et al., 2018; Hilgendorf et al., 2020).

Support from significant others (family and friends) can also affect an individual's bariatric surgery journey (Atwood et al., 2018; Lent et al., 2016). Research undertaken by Lent et al., (2016) on bariatric surgery patients and their families indicated that support from family after bariatric surgery helped engage not only the individual, but the larger family in healthier behaviours, therefore affecting the on-going outcomes of bariatric surgery.

Whilst support is reportedly an important part of the journey, it is essential to identify there may be individuals who do not have the means to access the necessary support after bariatric surgery. Chan, King & Vartanian (2020) highlight the obstacles that may impact on an individual's choice to access support after bariatric surgery, such as financial implications, and previous negative experiences with accessing support. Thorsby (2008) highlights that shame and guilt associated with not 'meeting' the expected outcomes from bariatric surgery may be another barrier to accessing support.

Furthermore, Hilgendorf et al., (2021) emphasized the difference in public versus privately accessed healthcare and the levels of support provided by each. Their research indicated that privately accessed bariatric surgery is more likely to provide a superior level of support than a publicly accessed procedure. It is important to highlight socioeconomic status of individuals may also adversely affect their ability to access and attend adequate support (Coulman et al., 2020). A lack of transport, cell phone and internet accessibility and social isolation are all extenuating barriers to accessing support (Coulman et al., 2020).

Inadequate support is associated with poorer outcomes for individuals who undergo bariatric surgery (Athansiadis et al., 2021; Rahiri et al., 2020). The current literature surrounding the aspect of support and bariatric surgery highlights the importance support has on the on-going journey individuals navigate after bariatric surgery. Individuals who are able to access and attend regular support are shown to have better long-term weight related outcomes than those who did not (Kaouk et al., 2019). Additionally, support should be received in varying forms, and at varying times throughout the journey (Chan, King & Vartanian, 2020; Sharman

et al., 2015). Ideally, support is individualistic, catering to the specific needs of the individual after undergoing bariatric surgery. Pre-operative support is also regarded as necessary to prepare and educate individuals on the expectations and possible challenges they may encounter after the procedure, as well as identifying any mitigating issues that may have an effect on the overall outcomes of bariatric surgery. This in turn, will further enhance the on-going process after bariatric surgery takes place.

2.7 Literature Gap & Summary

In summary, there is significant quantitative literature on the physical effects and benefits of bariatric surgery, as well as the psychological benefits of undergoing the procedure. While some qualitative literature exists on the individual lived experience of bariatric surgery, this type of research should be further explored and utilised due to the rich data it is able to produce. The benefits of bariatric surgery are well documented within the literature, covering the physical and psychological benefits of undergoing the procedure. Stigmatisation of obesity is widely reported within the literature, whilst there is limited literature dedicated to the lived experiences of stigmatisation in relation to bariatric surgery. The physical challenges individuals may experience are extensively reported within the literature. There is limited literature available on identity and bariatric surgery, although the literature that is available presents consistent findings. The intention of this project is to supplement the current literature by gaining greater insight and understanding into the lived experiences of individuals who undergo bariatric surgery, as well as looking at how identity is constructed for individuals who undergo bariatric surgery and lose a large portion of their excess weight.

3. Methodology

3.1 Theoretical and Analytical Frameworks

This project followed the main principles of narrative inquiry framework (De Fina & Georgakopoulou, 2012). It aimed to describe the significant and meaningful lived experiences of individuals who have undergone bariatric surgery which resulted in a substantial loss of body weight.

Narrative inquiry is located within the social constructionist paradigm, as such this is the epistemological orientation I have adopted for this project. Consequently, narrative inquiry rivals the traditional realist positions mostly associated with the understanding of data (Earthy & Cronin, 2008). It focuses on the individual's lived experiences, as told by the individual through their own narrative, exploring the social, cultural, and institutional influences behind these stories (Patton, 2015).

Social constructionism suggests that social experiences are produced through human interaction, producing co-created knowledge that contributes to attitudes, thoughts, perceptions, and behaviours (Burr, 2015). The social constructionist understanding of identity is that it is produced within this co-creation of society, meaning it is fluid, changeable, and constantly being constructed and reconstructed dependent on the time and space it resides in (Bamberg, 2004). Through the social constructionism view of identity, I have been able to understand how the identity construction of the participants within the research is formed, through shared assumptions that occur within a society, within a particular time and space (Burr, 2015).

I have drawn upon two theorists to examine the experiences shared by participants, in understanding how identity is constructed for participants who have undergone weight loss surgery.

Herman's (2010) concept of Dialogical Self Theory (DST) has provided insights into understanding how the 'Self' and identity can evolve through dialogical practices that occur within space and time. DST suggests that identity is endlessly evolving and is not a fixed entity. Dialogue within societal relationships can affect how individuals construct their identity and view themselves. DST acknowledges that identity, which is usually seen as an internal process, is greatly affected by external dialogical processes that take place within a society (Hermans & Gieser, 2011). Therefore, identity cannot be separated from a society which it exists within, identity or the self being part of society implies that changes to one's identity

would assume fluctuations within society's changing dialogue (Hermans et al, 2011). DST also involves concepts called 'I-positions'. The 'I' focuses on dialogical interaction with the social world and is largely dependent on contextual factors. It is said that the 'I-positions' interact dialogically within different parts of the self and are formed through exchanges of agreements and disagreements, questions and answers, conflicts, and negotiations (Faccio, Nardin & Cipolletta, 2016).

DST has provided me with the further understanding of how identity is co-constructed through time and space, as well as how the participants within the project transitioned from negotiating an 'I-obese' identity to an 'I—ex obese' identity and the occurrences that could arise during this transitional period.

Secondly, George Herbert Mead's (1956) theory of 'Generalised other' has contributed to my understandings of how individuals may act based on social rules presented within narratives that they expect to be shared by others (Dodds, Lawrence & Valsiner, 1997). In terms of the participants negotiating 'who they are' now after being perceived in society as a certain 'way', the 'generalised other' provided me with some insights into how an individual may present themselves before and after weight loss surgery to 'fit into a box' dependent on the discourse and rules produced within a society at that time.

3.2 Recruitment of Participants

I commenced recruitment via a recruitment poster (see Appendix A) which I emailed to a New Zealand based weight loss surgery clinic and a private weight loss surgery clinic Facebook support group. I kindly requested that, if deemed appropriate by the clinic manager, the poster be forwarded to patients who had undergone weight loss surgery at least 12 months prior. As such, the poster was displayed on both the clinics Facebook page and the private Facebook support group. Recruitment also occurred through word of mouth after speaking with my own personal contacts who knew of others who had undergone weight loss surgery and were interested in sharing their experiences.

To be involved in the study, participants needed to be: 18 years of age or over, have previously had a diagnosis of obesity at some stage in their life (BMI 30>) and had undergone a weight loss surgical procedure (Gastric Bypass or Sleeve Gastrectomy) at least 12 months prior to the interview. The rationale for imposing a minimum 12-month post-operative period was that individuals who undergo bariatric surgery have usually lost a large portion of their excess weight within this timeframe (Australian & New Zealand Metabolic and Obesity Surgery Society, 2015). It also permitted for the participants to have lived experience of the weight loss surgery process, whilst also allowing the ability to report on their previous experiences of this process without a 'forecaster' or predictive outlook.

Initially, the recruitment process produced responses from 13 participants, however one participant withdrew due to distance and technology complications and another one due to time constraints. This resulted in 11 participants who were interviewed for the project. Seven of the participants who offered to share their experiences were recruited through the Facebook posts, three were acquaintances recruited through word of mouth, and one was a friend of myself. Braun, et al. (2018) highlighted there being no definitive way to establish how many participants should be included within a qualitative analysis, however, a smaller number of interviews could be rigorously analysed, producing meaningful data, in comparison to a larger number of interviews that may be "superficially explored" (Brinkmann, 2013).

Before interviews commenced, I provided each participant with a full outline of the research project (Appendix B) and ensured any questions they may have had were answered. I provided each participant with an informed consent sheet (Appendix C) and ensured I used jargon-free language within both the research outline and informed consent sheet to try best to avoid any misunderstandings that could have hindered informed consent (Massey University, 2007). I endeavoured to promote autonomy of the participants throughout this process, ensuring they were aware they were able to withdraw their participation within the research at any stage (Massey University, 2007).

To recognise the contribution and time given to the research by participants, they were offered a $20 koha voucher. Two participants chose to decline this offer and instead wished for their contribution to be donated to a charity of their choice. The koha was given in accordance with Massey Universities (2017) Code of Ethical Conduct instructions on compensating participants for their time.

3.3 Data Collection

The data collection method utilized was individual, semi-structured interviews with each participant. The use of semi-structed interviews within qualitative research is very common, especially within areas that focus on health and wellbeing (DeJonckheere & Vaughn, 2019) Semi-structured interviews provide flexibility through "open-endedness" as they allow for some structure in relation to the research focus, whilst still giving the participant the freedom to share their own thoughts and experiences, unearthing rich and valuable data (DeJockheere et al, 2019). Semi-structured interviews have also been conducted successfully in previous research relating to bariatric surgery and identity (Faccio et al, 2016). Interviews were also chosen for their ability to elicit a pathway for conversation. Conversation is the bearer of vital and abundant knowledge through social, cultural, and

personal perspectives and experiences (Brinkmann, 2013). It was these considerations that led to the choice of using semi-structured interviews as the method of data collection.

To ensure data was consistent across the interviews, I developed an interview guide consisting of 10 open ended questions (Appendix D). The questions focused on topics such as the motivations to have bariatric surgery, the perceived goals and outcomes of bariatric surgery, the meanings associated with being deemed as obese or as a normal weight and the post-operative experiences of bariatric surgery.

I pilot tested the interview guide with a friend who had undergone bariatric surgery and was willing to take part in the research. This was done, firstly to establish its meaningfulness, secondly, to ensure the language used within the questions was coherent and able to be easily understood. Lastly, that the interview could be conducted within a reasonable time frame. It was clear after the pilot interview that some questions needed to be reworded to allow for more open-ended answers.

As such, I planned for the interviews to take place in a neutral area that allowed the participants to feel comfortable to converse with ease (Brinkmann, 2013). Eight of the interviews were conducted through online conferencing applications such as FaceTime or Skype, resulting in three face to face in person interviews. Throughout the interview process, I considered the implications online interviewing may have on the connection built between myself and the participants and was reflective on how this, in turn, could affect the co-construction of narratives built. However, despite these concerns, I was unable to determine or identify whether the presence of online interviewing impacted on these concerns.

Throughout the interviews, the interview guide was purely used as what its name suggests, a guide. I ensured there was flexibility to deviate from the questions within the interview guide if this was the direction the shared experiences of the participants went to. This allowed for the interviews to remain centred around the interviewee by ensuring they were able to lead their narratives and what they prioritised as important when sharing their experiences, rather than developing rigidity by adhering to a specific interview structure.

Lastly, the data was collected using a digital voice recorder. I transcribed the data firstly with a transcription software called Otter.ai, which resulted in far too many mistakes within the transcripts. I then proceeded to transcribe the interviews myself, checking and editing each one.

3.4 Data Analysis

Narrative analysis was the chosen method of analysis for this project. There is “no-one-fit-all” approach to narrative analysis (De Fina & Georgakopoulou, 2015). The method of analysis itself encapsulates several different approaches to the production of findings (Earthy et al, 2008). The focus of analysis was embedded within the narrative framework implying that identity is fluid and malleable and it is subject to the continuous cycle of reconstruction and deconstruction (Bamberg, 2004) through stories that occur within a particular time and space (De Fina & Georgakopoulou, 2015).

Described by Clandinin (2013) as “an approach to the study of human lives conceived as a way of honouring lived experiences as a source of important knowledge and understanding” (p. 17) narrative analysis employs the stance that individuals’ personal experiences hold rich and important information about the social world. These experiences are shared through stories to produce a narrative that is bound within time and context (Earthy et al., 2008). Narratives also give individuals the opportunity to share and find meaning within their own personal stories whilst constructing their identities at both an individual and collective level (De Fina, 2015).

As the research project focused on the experiences of individuals who have undergone weight loss surgery whilst also seeking to understand how these experiences may have contributed to the construction or reconstruction of identity over time, narrative analysis offered a suitable and appropriate method of analysing these experiences.

As a novice researcher, it was important to me to maintain a sense of validity throughout the research and analysis process. To do this, I followed Fraser’s (2004) recommendations on doing narrative research for guidance. These recommendations consisted of seven phases focusing on the interviewing process, transcribing, interpretation of the transcripts, scanning for differing areas of experiences, linking in the personal experiences with political, searching for commonalities and differences among the participants and lastly, writing academic narratives about personal stories (Fraser, 2004).

Once the interviews were completed, the process of transcribing was an important part of the analysis. Maydell (2010) suggests that “the process of interpretation begins with transcription” (p. 409). This related to how I managed the data and the importance of raising my awareness of my own interpretations, as the researcher, and how these were to be intertwined within this process. Using Fraser’s (2004) recommendations, I transcribed the interview data myself, rechecking and rereading the data multiple times, which ensured I became familiar with the content.

I also utilised Litchman's (2013, p.258) process of coding to organise the data into themes. This involved first categorising the data, reviewing it, and organising it into various different categories, sub-categories and finally ending on themes, and sub-themes. Throughout this process I also used Fraser's (2004) phases of scanning for different areas of experiences, linking these experiences with the political and searching for commonalities and differences within the different stories. This helped me broaden my perspectives, helping me to identity prominent themes within the narratives and begin the writing phase of analysis.

It is also important to highlight the interaction that occurs between researcher and participants (Burr, 2015). Although the participants have constructed meanings through sharing their own experiences and narratives, I, as the researcher, have also constructed these meanings through my own interpretations of the interview data. As I have also undergone weight loss surgery, it was important for me practice reflexivity throughout this process by considering how my own experiences, attitudes and perspectives may have impacted on the analysis process (Lazard et al., 2017).

Lastly, consideration must also be made that research occurs within 'the midst of our lives (Clandinin & Caine, 2013, p. 170), meaning that the outcomes of the research are insights shared within a certain space and time, for both the participant and researcher. Clandinin & Caine (2013, p. 170) also note "exit, for narrative inquirers, is never a final exit" that is, there is no finality within narrative inquiry as stories are reshared, retold and relived as individuals live their lives in motion. The story will continue past this research.

3.5 Ethical Considerations

Before commencing the recruitment and data collection phases of the project, I identified the potential ethical issues present within the research. These were identified as being the potential distress participants may experience when discussing their own experiences, my own prior experience with weight loss surgery, cultural awareness, autonomy and the privacy of participants and researcher safety. Throughout this process, I was guided by the Code of Ethical Conduct for Research, Teaching and Evaluations Involving Human Participants (Massey University, 2017). I then submitted an online Human Ethics Risk Assessment application which detailed the purpose of the project and ethical considerations I had identified. Through peer review and consultation with my primary supervisor, the project was judged to be low risk.

As the primary researcher and in accordance with the ethical guidelines from the University, I was committed to producing thorough and ethically sound research to ensure fair work was produced as well as participant safety being upheld. It was identified early in the research planning that there could be a chance that the interview process may evoke some distress

for participants through sharing and discussing in detail their own experiences of bariatric surgery. I strived to ensure that participation within the project maintained respect and compassion for those willing to share their experiences for the purpose of research.

Therefore, before commencing each interview, participants were informed of their rights to conclude the interview at any stage should they feel uncomfortable or distressed. A list of appropriate support services was made available on the information sheet distributed before the interviews commenced. I ensured that I had a plan to follow if a participant did become upset or distressed throughout the interview to dissipate the chance of causing unnecessary harm to the participant. If such incident were to occur, the interview would have been terminated immediately and support offered, however no instances of distress within the participants occurred to the best of my knowledge.

It was essential that participants rights to privacy and autonomy were upheld throughout the research process (Massey University, 2017). Informed consent was collected in writing from participants once they had read the research summary. The purpose of this was to ensure the participants were well informed on what the purpose of the research was, an understanding of what participation within the research involved, and an understanding of how the collected information was to be used.

As most of the participants were involved with the same weight loss surgery clinic and 'community', it was important that their privacy was at the forefront of the research by ensuring the anonymity of participants was always protected (Massey University, 2017). This was ensured by implementing pseudonyms for each participant from the outset of interviewing and ensuring no identifying information was presented within the interviews or transcripts. All other information collected from participants, consent forms and any other information was stored securely within a locked cupboard in my own office. All digital data collected from participants was password protected and no identifying information was stored within these. Once my research report is accepted, all audio recordings and interim data will be destroyed.

Lastly, as the primary researcher, it was my responsibility to be aware and recognise the differing worldviews and cultural backgrounds the participants of the research may have and be respectful of the same (Massey University, 2017). These considerations have informed my further analysis of the data.

3.6 Reflexivity

As I am someone who has undergone weight loss surgery myself, I do have an 'inside' understanding of the experiences that may occur after weight loss surgery. It was important

for me to determine whether I should reveal this information to the participants or not. Through careful consideration I chose to share this information with participants before the interview began and maintain reflexivity throughout the research process (Maydell, 2020).

Reflexivity is an important aspect of qualitative research, it focuses on how differing contexts may influence and shape the research process (Lazard & McAvoy, 2017). I ensured that I reflected how my own thoughts, beliefs and experiences may shape the totality of the research process, my interaction with participants, and interpretation of the data collected from participants. I considered the problems and issues that could arise from having 'inside experiences' and how I was going to rectify these problems.

The potential problems or issues that I identified were my own perceptions of bariatric surgery impacting on the data analysis, as well as my own prior experiences and beliefs around bariatric surgery and how this could impact my interaction with participants. I mitigated these potential issues from arising by initiating reflexivity throughout the research process and by being aware of my own feelings and attitudes.

Chapter 4: Analysis & Discussion of Findings

Five themes were identified within the narrative analysis of eleven participant interviews. These covered 1. The reasons why individuals choose to undergo bariatric surgery, 2. The benefits of undergoing bariatric surgery, 3. The challenges experienced after bariatric surgery, 4. Stigmatisation experienced as an individual who has undergone bariatric surgery, and lastly 5. The importance of support throughout the bariatric surgery journey. The analysis and findings are discussed below.

4.1 "It's risky, but I have my reasons..." The Reasons for Undergoing Bariatric Surgery

Bariatric surgery is seen as the 'gold standard' of resolving health problems directly associated with obesity. As with any form of surgery, bariatric surgery can present with complications, on the operating table and off it. Individuals considering bariatric surgery are usually well informed of the potential risks and dangers. The possibility of risks such as post-operative bleeding and leaking, nutritional deficiencies, gastrointestinal problems and although unlikely, death, are discussed with patients prior to their surgery (Chang et al., 2014)

Despite the risks associated with the surgery, participants claimed that bariatric surgery was the right and necessary option for themselves. As bariatric surgery becomes a more prevalent means of managing obesity (Chang et al., 2014) it is valuable to understand the reasons and motivators behind an individual's choice to undergo weight loss surgery (Altaf & Abbas, 2019)

Participants were asked why they decided to undergo bariatric surgery, and what motivators laid behind this decision. There appeared to be a commonality of reasons and motivators shared throughout the narratives by participants, some of which overlapped, which I will discuss below.

4.1.1 Physical and Mental Health Reasons

Physical health reasons are a prominent reason or motivator for deciding to have bariatric surgery. Obesity is often associated with poor health, this concept is often intertwined in societal discourses (Chang et al., 2014; Groven et al., 2013). Bariatric surgery offers a promising chance for individuals to remedy the effects of poor health on their bodies through losing excess weight. As such, comorbidities related to obesity or other physical health conditions related to weight gain were a motivating factor. This was evident through Daniel's statement when speaking about the reason he decided to undergo bariatric surgery:

"For me it was all for the like, health reasons. I had like type 2 diabetes, high blood pressure, um, sleep apnoea..." (Daniel)

Conditions such as type 2 diabetes, hypertension, cardiovascular risks, sleep apnoea and the development of some cancers are likely to become less prevalent or resolved after significant weight loss occurs (Garrett et al., 2020). For Daniel, the surgery offered a chance to resolve the health issues he had developed in relation to obesity and work towards achieving better health outcomes for himself.

Fertility complications and the desire to start a family were also evident reasons and motivators for some female participants to undergone bariatric surgery.

"I was diagnosed with polycystic ovaries and um, the realisation that it could affect my fertility and other things down the track was yeah, probably the biggest, the biggest thing" (Emma).

"I suffered from polycystic ovaries and endometriosis really bad, and from the age of 16 I was averaging having a surgery every year… my weight just fluctuated so bad, that my gynaecologist was just begging me to have the surgery" (Claire).

Studies conducted by Jamal et al., (2012) have shown that polycystic ovary syndrome (PCOS), a disease that can be linked to obesity, increased chances of weight gain and overall fertility problems, is likely to be dramatically improved or resolved after a decrease in excess weight. Studies suggest that PCOS presents barriers that make it harder for women diagnosed with the condition to lose excess weight without some sort of intervention (Barber et al., 2019). Regarding these considerations, bariatric surgery can be seen as a means of guaranteed and long-term weight loss success which in turn, leads to the reduction of PCOS symptoms and increases chances of fertility (Jamal et al., 2012).

"I desperately wanted children, so that was a big factor" (Claire)

A motivator for Claire to undergo bariatric surgery was to reduce her health concerns, as well as the desire to have children. According to Musella et al., (2012) obesity can lead to complications with fertility, resulting in troubles with starting a family. Losing excess weight has been associated with an increased chance of conception and overall improvement in maternal and perinatal outcomes (Gonzalez et al., 2015) As bariatric surgery offers the outcome of weight loss for individuals, it presents as an attainable option for increasing the likelihood of pregnancy for women (Musella et al., 2012).

While physical health reasons have been shown to play an important part in the decision to undergo bariatric surgery, mental health reasons were also considered an important motivator by one participant, Kyle:

> *"Um, mainly for my mental health was, umm, number one priority and then, um, number two was obviously physical health and gaining confidence in myself, very little self-confidence… and self-worth previously." (Kyle)*

Obesity is linked to an increased risk of developing a psychological condition, such as anxiety, mood disorder, body image dissatisfaction and a lack of self-esteem and confidence (Kubik, et al., 2013) Obese individuals are often subjected to stigmatisation and discrimination based on constructed narratives within a society relating to obesity, which, unsurprisingly increases the likelihood of psychological distress (Hunger, et al., 2015) For Kyle, bariatric surgery presented as an option to decrease his physical health problems, while increasing his mental wellness through the idea that the outcomes of the surgery would help him gain self-confidence and self-worth.

4.1.2 Family as a Motivator

Through the data, it became apparent that family was also an important motivator and reason for some participants to decide to undergo bariatric surgery.

> *"...well I have one son, so it was actually more about him, and not so much about me, and I thought, well I can't do that to him..." (Louise)*

> *"And thinking about my son, like, he's 31 now and he's getting married next year, and I wouldn't have been around that, you know?" (Louise)*

Louise discussed the importance of undergoing bariatric surgery to prevent her health from deteriorating which will result in increased longevity. By doing this, it enabled her to share more quality time with her son, as well as experiencing important milestones that occurred within her son's life.

For Jane and Daniel, it appears children were a motivator for their decision to undergo bariatric surgery. They both share the desire to increase their longevity to be present in their children's lives as they grow up. Jane also expressed a fear of not being present for her daughter if she did not address her obesity.

> *"Um so, I needed to do something about it because, um, I was pretty much petrified thinking that I… wouldn't be around as long for daughter as I would like…" (Jane)*

"I've got four kids and I wanted to be... be around longer." (Daniel)

Recent studies undertaken by Sloan, Roberson, & Neil (2020) support the above findings, their research identified the importance family influences play on the choices to undergo bariatric surgery. A desire for quality of life spent with children was identified within this study to be one of four important motivators for undergoing bariatric surgery (Sloan et al., 2020).

4.1.3 Health Professional's Advice as a Motivator

Health professional's advice and suggestions also acted as a motivator for some participants.

> *"And I think it was what my doctor said to me, you know you won't make 50 and I think that was the actual cruncher…" (Louise)*

Louise discussed how her doctor's advice that she would not survive past the age of 50 made a large impact on her decision to undergo weight loss surgery. As health professionals are trained in ensuring the best health outcomes for their patients, it is assumed Louise's doctor thought it would be within Louise's best interests to consider bariatric surgery as an option, to manage her physical health conditions that were associated with obesity.

Jane also mentions how her doctor contributed to her decisions to have bariatric surgery.

> *"My doctor said to me … I'm not going to find it easy to actually be able to lose weight by myself, um and just asked if I' thought about weight loss surgery" (Jane)*

Jane describes her doctor as being one of the reasons she initially began to consider bariatric surgery. The recommendation was made based on Jane's previous unsuccessful attempts at losing weight combined with her physical health conditions. Jane's doctor informed her that the chances of losing weight herself, without intervention from an outside source, were relatively nil. Research shows that doctors usually agree with the consensus that bariatric surgery is an effective solution to resolving obesity related conditions and feel comfortable discussing it with their patients (Shahryar et al, 2015). As doctors present as a trustworthy source of health-related information, it is understandable how Jane decided to follow the advice given to her around the option of bariatric surgery. In this instance, the doctor has presented surgery as a solution to obesity whilst also suggesting the notion that it is the "only option" if Jane wants to successfully lose weight.

4.1.4 It is the Last Resort…

The reasons to undergo bariatric surgery appeared to present as being 'the last resort' or a 'matter of life a death' for some participants.

> *"I had gotten to a point where I couldn't continue the way I was going, my health was suffering and my husband said if I didn't go for and have the surgery, I'd be dead" (Kylie).*
>
> *"I had been to my GP because I had high blood pressure and she said to me that she couldn't give me anymore medication, I was on top of what I possibly could be and that if I didn't go anything about my weight, I wouldn't see my 50th birthday" (Louise).*
>
> *"I thought I might as well try, because I'm not going to be able to use it if I die" (Louise, regarding putting her finances towards surgery costs)*

Kylie and Louise both view bariatric surgery as a matter of "life or death". The decision to undergo bariatric surgery seemed to be one of urgency. Both shared their fears of worsening health leading to premature death if they did not do something to remedy it. As their fears intensify, the decision to have the surgery and lose their excess weight presents as a promising and effective solution to addressing these concerns (Groven et al., 2013). Louise also discusses using her saved finances towards the cost of her surgery. She would rather utilise her savings towards making a change for herself, highlighting that surgery is the only option left in diminishing the chance of impending premature death.

> *"I tried, um, every diet under the sun… I've spent thousands and thousands on um, on other options" (Jane)*
>
> *"… at that stage I was 129 kilos and that it was just an impossibility... I had been struggling with my weight since I was 11 years old and I'd done all the diets, id lost weight and regained weight…" (Anne)*

For Jane and Anne, a motivator towards the decision to undergo bariatric surgery was it presented as the "last resort". After trying tirelessly to lose weight through other means and a series of diets, surgery presented as the last option left to lose the weight. Nothing else had worked, so more drastic intervention was needed to initiate the desired change. This highlighted the idea that bariatric surgery may seem like a radical solution to go for if the individual has not made numerous attempts to lose weight through other, less radical, avenues (Groven et al., 2013; Wysoker, 2005).

Throughout the discussions presented above, it becomes apparent that the reasons and motivators shared through the participant's narratives all seem to link to the idea of

participants changing their lives for the better. Bariatric surgery offers an opportunity to change adverse physical and mental health conditions, prompting a better quality of life. For some, bariatric surgery served as the last resort after trying many other avenues to lose weight unsuccessfully, as well as serving as a matter of 'life or death'. Bariatric surgery presents itself as a promising life changing journey.

4.2 "An Easier Life": The Benefits of Bariatric Surgery

In the previous section, participants demonstrated that the reasons, motivators, and perceived benefits of undergoing bariatric surgery outweighed the potential risks associated with the surgery. The benefits of bariatric surgery are well reported within research (Smith & Ghaferi, 2018, Groven et al., 2013). A large portion of this research focuses on the positive physical and psychological outcomes participants have gained from undergoing bariatric surgery. This section will discuss the perceived benefits that participants experienced after undergoing bariatric surgery.

4.2.1 "I've Made the Change" Better Physical Health Outcomes

The physical health benefits gained from undergoing bariatric surgery appeared to be a common theme among participants. Reducing the risk of gaining an obesity related comorbidity or reducing a health condition that existed prior to undergoing bariatric surgery were described as greatly beneficial, for instance, Claire shared:

> *"Not having the endo or polycystic ovaries, like I couldn't ask for anything more really" (Claire).*

Claire discussed how one of her most positive experiences from undergoing bariatric surgery was the reduction in her pre-existing health conditions. After suffering from the symptoms associated with these health conditions for a long time, as well as a long struggle trailing differing methods to control these symptoms, Claire was relieved the surgery had achieved what she was hoping it would, improved health outcomes.

Daniel also discussed how he benefited greatly from bariatric surgery by being able to reduce his health problems that were directly related to obesity. He shared he is now able to partake in running as a form of exercise more freely without suffering from the adverse side effects he did pre surgery.

> *"Being able to kick away all the like health problems that came with my size, that's been awesome and also being able to run, because before it was like 40 meters, and I felt like I was dying afterwards" (Daniel).*

Louise shared an awareness that after bariatric surgery, there is still some risk that health conditions will remain or occur:

> *"You know, being healthy and lowering the risks of strokes and that sort of stuff, health-wise, it's pretty big. I mean, I know people still have them and things can go wrong, but at least I've now made a change, um, to prevent all of that" (Louise).*

Despite this, Louise also shared how hugely beneficial bariatric surgery had been for her in terms of lowering her chances of suffering from a health condition directly related to obesity. She described herself as having made a change by undergoing bariatric surgery and losing her excess weight, and by doing so has further prevented her chances of ill health.

Renee discussed how her pre-existing health condition, which was exacerbated by obesity, greatly reduced after undergoing bariatric surgery and losing her excess weight:

> *"Another really interesting by-product of the um, weight loss surgery, is that my lupus symptoms have gone" (Renee).*

Renee also shared how much determination she had physically put into her journey after undergoing bariatric surgery. She suggested that now she has lost her excess weight, which resulted in a huge reduction of her health issues, her body is physically able to do anything. By losing weight, she has removed the physical barriers that her body previously was not able to overcome. Upon removing the physical barriers, the only barriers that exist in preventing her from reaching her goals, are psychological ones, such as laziness.

> *"I've made a huge effort physically, which is probably one of the biggest things, that I can now, I can now, you know? The only thing stopping me from doing anything is laziness really, but for me that's the biggest thing because I was so hampered by my health, yeah, so, for me the biggest change is that my body will now do what I ask it to do" (Renee).*

As suggested within differing research conducted on the benefits of bariatric surgery (Groven et al., 2013; Smith & Ghaferi, 2018), the physical health benefits of undergoing bariatric surgery are an important aspect of the journey that participants went through after the surgery. The narratives shared by participants demonstrate the importance of regaining better overall physical health and the benefits this entails. After suffering from health conditions related to obesity, bariatric surgery has given the participants the ability to regain a sense of control over their body, and how it is physically able to perform. Through reducing their excess weight, the participants have therefore increased their overall physical health outcomes.

4.2.2 Increased Energy Levels Leading to Motivation

A widely discussed benefit of undergoing bariatric surgery was the increased levels of energy participants felt they had gained after losing their excess weight. Obesity has often been linked to higher levels of fatigue as well as decreased energy levels (Dina et al., 2018). As energy levels increased, it appeared participants had more motivation to achieve daily activities, for instance, Paige said:

> *"Lots more energy, it's easier to do things and more I'm motivated to do things" (Paige).*

Paige suggested as her energy levels increased, it became easier for her to take part in activities as well as being more motivated to take part in these activities.

> *"I think having a lot of energy and being able to interact better with my daughter, and because my husband also had the surgery… all three of us being more active with our daughter, that's the biggest and best thing for me" (Paige).*

Because of the increase in energy levels, Paige felt her relationship with her young daughter had been enhanced. Paige felt she was able to take a more active approach when interacting with her daughter. For Paige, the increase in energy levels not only served as a motivator to take part in more activities, it also enabled her to establish a more energetic role in her daughter's life.

Jane and Louise also shared similar narratives to Paige. They discussed having increased energy as an important factor in increasing their activeness within their families and households:

> *"The energy I have and just being able to um, I don't sleep to lunch time anymore, I actually have the get up and go, I'm not a morning person but um, you know I can… me participating in my family a lot more and helping out around the house a lot more… yeah the energy is, um, great" (Jane).*

> *"I'll actually be able to chase my grandchildren around you know? Not just sit on the couch. Or being able to join them if they do any activity or something, it's pretty big" (Louise).*

Through these narratives, it is apparent that bariatric surgery, which lead to the reduction of excess weight, has provided participants with a sense of rejuvenation through increased energy levels, giving them the motivation to complete tasks that they may have been

previously limited by. The increase in energy has allowed participants, in a sense, to resume their daily lives with ease, by giving them back the autonomy of participating in household and family activities.

4.2.3 "I've Got my Confidence Back" Increased Confidence

Several of the participants described an increase in self-confidence after bariatric surgery and losing their excess weight. According to previous research (Kubik et al., 2013) obesity is often associated with negative self-image. Kubik et al., (2013) also suggest that individuals who undergo bariatric surgery often report a resurgence of confidence and positive self-image when they begin to lose their excess weight.

Kyle shared this narrative towards self-image:

> *"I just didn't feel attractive or a reason why anyone would feel attracted to me, in that position, because I had such a negative self-image" (Kyle).*

Kyle described having a negative self-image prior to bariatric surgery. He believed others would not feel attracted to him due to his body size which contributed to his feelings of unattractiveness within himself. After undergoing bariatric surgery and losing his excess weight, Kyle described an increase in confidence:

> *"I have a lot more confidence now, um, I do see myself as fit and strong… I probably see myself as more attractive and more like I am worthy of being loved by someone else" (Kyle).*

Kyle felt his confidence had increased in comparison to before he lost his excess weight. He saw himself as a fit and strong person after he had lost weight, which in turn helped him feel more attractive. Kyle shared that the attractiveness he felt he had gained, made him feel as though he was more worthy of being loved by another individual.

Emma discussed how losing weight helped her regain confidence she had previously lost:

> *"Because I feel better about myself, I've got confidence back that I haven't had for years and years, so if I'm out and about I'll talk to people, or you know, I've always been really really bubbly and you know, easily approachable, but I lost that when I got bigger and I always felt like people saw me as this fat potato in the corner, whereas now I'm a lot more like no one is looking at my weight, no one cares… but yeah it comes from that confidence of feeling a bit better about myself" (Emma).*

Emma described her confidence as something she lost when she became obese and often perceived others as judging her for being larger. Through reducing her weight, she described

feeling better about herself and no longer felt judgement towards her body from others. It appears that as Emma's body became more acceptable in the eyes of herself and others, this has led her to rediscovering the confidence and approachability she once had, before being obese.

Interestingly, Claire described thinking she was a confident person before bariatric surgery:

> *"I always thought I was a very confident person … but looking back on it, I wasn't, so definitely getting more confidence now" (Claire)*

When Claire compared her previous perceptions of confidence with the confidence she felt after bariatric surgery, she determined she was not a confident person whilst she was obese, and that since undergoing bariatric surgery and losing her excess weight, her confidence has grown.

It is clear throughout the data that participants perceived gaining a newly found sense of confidence as a benefit of undergoing bariatric surgery. With newfound confidence, participants perceive themselves as having a more positive self-image, which in turn, appears to lead to the development of more beneficial outcomes for participants. The findings related to an increase in confidence are consistent with what is reported across previous literature. Alegria & Larsen's (2015) research indicated significant changes in self-confidence for individuals after bariatric surgery. Griauzde et al., (2018) also argue that individuals who undergo bariatric surgery experience positive psychosocial outcomes, such as increased confidence, that beneficially impact quality of life.

4.2.4 Positive Changes in Social Opportunities from Increased Confidence

The increase in confidence within the self that participants describe, appeared to have contributed to creating more social opportunities for participants.

Jane, for instance, discussed how her gained confidence has affected her sociability:

> *"The social confidence that I have now, like I'm just saying yes to everything now and I'm just ticking off things that I really want to do, um, and just not holding back… I don't say no to social events anymore. I wouldn't go to concerts, I wouldn't go to town, to you know, socialise with friends or anything like that… but um now I just say yes to everything" (Jane).*

Jane described that prior to bariatric surgery, she would often avoid social interactions due a lack of social confidence. Since undergoing bariatric surgery, Jane suggested she is now comfortable joining in with social interactions and accepting of more social opportunities, she attributes these changes to gaining more social confidence within herself. Jane also

mentions ‘ticking off things’ that she previously had always wanted to partake in, but felt she wasn’t able to because of her heavier weight.

Emma shared a similar narrative to Jane in terms of not partaking in social opportunities before bariatric surgery:

> *“When I got really fat, I wouldn’t leave the house because, again, I thought everyone would think I was that fat person in the corner, and now I’ve started putting myself out there again and meeting people, I’m more willing to go to things that I wouldn’t have gone to before, from that confidence” (Emma).*

Emma discussed how she would exclude herself from social interactions, based on the assumptions that she would have been judged by others for being overweight. Since undergoing bariatric surgery and losing weight, Emma described how she is more willing to meet new people and engage in social interactions that she previously may have never engaged with. She, like Jane, also attributes these changes have arisen from gaining confidence.

4.2.5 “Normality”

Reaching a sense of “normality” or being considered a ‘normal person’ in relation to weight and body size was commonly discussed throughout the narratives. These narratives demonstrated that most participants felt a sense of being ‘un-normal’ prior to bariatric surgery, when they were still considered as obese. It appears as participants lost their excess weight and became slimmer, ‘normality’ seemingly crept in, and was mostly viewed as being beneficial. Some participants shared their own experiences of what reaching normality meant for them, which are discussed below.

Several of the participants shared narratives relating to feeling a sense of normality by being able to shop and dress in ‘mainstream’ (a non-plus-sized) clothing stores:

> *“Being a normal person, not the odd one out, being able to go into normal dress shops and the ladies come up to you and say do you need a hand, whereas when you’re bigger they just ignore you” (Louise).*

> *“Being able to walk into a dress shop feel like not everyone is looking at me, or not feel I shouldn’t be allowed in that shop in their eyes, um being able to try things on and not buy things just because it fitted” (Anne).*

Louise and Anne both shared a similar narrative. They described how prior to bariatric surgery and losing weight, they often felt misplaced, ignored, and judged by others for being in a ‘normal clothing store’. Upon losing weight and seemingly becoming ‘more normal’,

Louise and Anne describe a sense of permission was granted to them. They were now able to shop within mainstream clothing stores without feeling as though they did not belong there, instead feeling accepted and welcomed because they fit the construction of a 'normal' body size.

Emma summarised what normality felt like to her:

> *"…To just do anything I want with no barriers, either physically or mentally, to feel like your considered normal and no one looks at you. If someone looked at me in the street a year ago, I'd be like it's because I'm fat, whereas now if they looked at me it would be like oh yeah, I'm walking past them, you know, it's an amazing feeling to just feel normal…" (Emma).*

Emma felt that being 'normal' was easier, it presented her with opportunities to do things she wanted to without the obstacles of her previous heavier weight stopping her. She, like others, described feeling judged by society for her weight prior to undergoing bariatric surgery, but now she has lost the weight, she no longer assumes others are looking and judging her based on her weight alone, because to them she now appears as 'normal'.

Previous research has shown how obesity is perceived within society, often brandished as being unattractive and undesirable (Alegria & Larsen, 2013; Faccio et al., 2016; Perdue & Neil, 2019). As participants lose their excess weight, they begin to develop a more 'acceptable' body type in terms of societal standards. Previous research suggests that slim or 'acceptable' would suggest being 'normal' (Thorsby, 2008). The findings appear to indicate that as acceptability within society increases, so does the idea of reaching 'normality' (Thorsby, 2008).

For participants within this project, bariatric surgery has presented them with several positive outcomes. A decrease in physical and mental health conditions has potentially increased the longevity and happiness of participants' lives (Chang et al., 2014; Groven et al., 2013). An increase in energy levels has allowed participants to resume their daily living and ensure more time is spent with family and friends (Chang et al., 2014). Finding or regaining confidence has presented participants with more positive outcomes (Alegria & Larsen, 2015), and reaching a status of 'normality' brings with it a sense of social and personal acceptance (Thorsby, 2008).

4.3 Theme 3: "It's Good, but...": Challenges after Bariatric Surgery

Undergoing bariatric surgery has been perceived to have several valuable and life changing benefits according to the participants. Whilst the benefits greatly stood out within the narratives, so did the challenges that participants encountered along their journey.

Bariatric surgery presents as a radical change in an individual's lifestyle that has often been sought after for a significant amount of time by individuals who have struggled with their weight. As there is predominantly a pre-surgery focus on the beneficial physical changes to the body (Faccio, Nardin & Cippoletta, 2016), individuals who decide to undergo bariatric surgery may underestimate the psychological challenges that can occur post operatively. According to Perdue et al. (2018) having an unawareness or being unprepared for the psychological challenges that bariatric surgery and rapid weight loss may present, could result in difficulties for individuals adapting to their 'new self' and identity.

As mentioned across the literature review chapter, challenges that may occur after bariatric surgery are largely reported within previous research in terms of physicality. Whilst some research does consider the psychological challenges that can occur after bariatric surgery (Alegria & Larsen, 2015; Chan, King & Vartanian, 2020; Faccio et al., 2016; Griauzde et al., 2018; Magdaleno, Chaim & Turato, 2008; Perdue & Neil, 2019) the research is often focused on physical complications leading to psychological distress and the benefits bariatric surgery has on pre-existing psychological disorders. Qualitive research undertaken by Alegria & Larsen (2015); Faccio et al., (2016); Perdue & Neil (2019), investigated the challenges experienced by individuals who have undergone bariatric surgery. Participants within their research discussed challenges such as difficulties with body image due to excess skin and struggling with self-perception and identity after rapid weight loss.

Similar to what was reported within previous research (Algeria & Larsen, 2015, Faccio et al., 2016; Perdue & Neil, 2019), participants within this project described the challenges they experienced as new, confusing, and often unexpected. Three subthemes appeared within the overarching theme of 'challenges after bariatric surgery', these were challenges with physical appearance relating to excess skin, the psychological challenges of dealing with food desires and struggles adapting to how the mind processed the changes made after surgery, as well as a mind-body disconnect.

4.3.1: Physical Appearance Challenges

Challenges arose for some participants in relation to excess skin after rapid weight loss.

> *"The excess skin is getting to me a little bit now… you worked so hard to get this body, to actually have to worry about all the excess skin… it's a double edged sword as well, it's like wow now I've got the confidence to go out and meet somebody and then it's like, oh, but in private, it's like, I feel like this Ommpa Loompa, just rolls and rolls of excess skin" (Louise).*

Louise voiced feelings of disappointment and dissatisfaction towards her excess skin. Although she suggested her weight loss had increased her confidence, the impact of the excess skin appeared to have some negative effect on Louise's overall confidence levels and self-esteem, which in turn, effected how Louise felt others would perceive her. It appeared Louise felt as though she would be considered less attractive within an intimate relationship, due to her excess skin becoming more visible.

Louise also described living with excess skin as a 'double edged sword'. One side of the sword represents the dedication she had pursued to establish her overall weight loss, as well as the life enhancing benefits experienced from undergoing bariatric surgery and losing weight. Comparatively, the other side of the sword demonstrates the ongoing struggle to reach a place of 'neutrality' toward a body that has endured many physical changes. The excess skin appeared to present as barrier toward accepting and adapting to her body after weight loss.

Two of the participants suggested they were not prepared for the amount of excess skin they were presented with after weight loss occurred:

> *"I wasn't prepared for the saggy skin, um, especially around my tummy" (Paige).*

> *"I've got the saggy skin... you don't realise how much excess skin you can have… (Kylie)*

One participant reported that had chosen to accept their excess skin as part of themselves:

> *"I've learned to actually embrace it. I was all for surgery you know the tummy tuck, the legs, the boobs… I realised you know actually... no, I don't have to have that, is that going to make me happy? So, the only thing I am still really keen on looking at is the boobs, because as woman, that's our biggest thing" (Kylie).*

Kylie described considering options for skin removal such as body contouring surgery before choosing to embrace the excess skin as part of herself and her journey. However, Kylie

indicates breast augmentation surgery would be a likely procedure she would still consider. She suggested the excess skin in her chest area made her feel 'less womanly'.

Excess skin, although dependent on the individual, can be a side effect of bariatric surgery (Staalesen, Fagevik & Elander, 2013). The onset of excess skin is usually due to the speed of weight loss after bariatric surgery. Excess skin is usually an expected part of the process of undergoing bariatric surgery and the resulting rapid weight loss (Kitzinger et al., 2012; Staalesen, Fagevik & Elander, 2013). Although excess skin is expected to occur, it was apparent some participants were not prepared for the amount of excess skin they were actually presented with.

The narratives demonstrate excess skin or skin redundancy can negatively affect the overall confidence of some individuals (Biorserud et al., 2018). The feeling of being 'less than' due to excess skin appeared to lead one participant to questioning the possibility of body contouring surgery to return a sense of femininity. Excess skin after weight loss has been linked to feelings of embarrassment, shame, and unattractiveness (Staalesen, Fagevik & Elander, 2013). Body contouring surgery for the removal of excess skin is a popular choice for some individuals who experience massive weight loss after bariatric surgery. Body contouring procedures have been shown to increase confidence and body image, as well as overall quality of life (Song et al., 2006)

Excess skin also appears to be a barrier for individuals adapting to their 'new' body after bariatric surgery (Biorserud et al., 2008; Alegria & Larsen, 2013). It is argued that the perceived image of having a 'smaller body' is not congruent with the actual lived experience of the participants. These findings are consistent with Alegria & Larsen's (2013) research which indicated that excess skin relates to body-dissatisfaction and may lead to an incongruent self-image in individuals who have undergone bariatric surgery. The findings demonstrate that individuals who undergo bariatric surgery are likely to experience some physical appearance challenges due to excess skin.

4.3.2: Psychological Challenges

The psychological challenges that were identified within the participant's narratives were focused on three main subthemes; participants thoughts and perceptions around food, navigating the psychological challenges that arose after bariatric surgery and a mind-body disconnection that appears to occur after rapid weight loss.

4.3.2.1: "They can fix your stomach, but they can't fix your brain"

Overindulgence in the 'wrong' foods is often associated with weight gain and obesity (World Health Organization, 2019). According to Hunger, Major, Blodorn & Miller (2015), obese

individuals are often judged as having a lack of self-control when it comes to how much and what type of food they are consuming. Bariatric surgery offers the opportunity to restrict the amount of food that can be consumed, whilst also giving participants the chance to regain control over their lives and adapt these 'unhelpful' and 'undesirable' eating habits. In turn, individuals who undergo bariatric surgery could develop an expectation around how their previous perceptions of food would also change as their stomach capacity was reduced (Kubik et al., 2013; Chan, King & Vartarian, 2020). However, perceptions of food did not change automatically after bariatric surgery and served as a challenge for some participants, for instance, Daniel stated:

> *"On the inside things have changed, but your thinking hasn't changed, and your brain still sees food as it used to see food…How I thought about food, that was a big change because even though I was looking smaller and my stomach was smaller, my brain still thought everything was normal" (Daniel).*

Daniel referred to his stomach as having a smaller capacity that restricted the amount of food it can carry, as well as his overall physical appearance as being smaller. Despite the physical changes to his body, he described his brain as not being able to recognise the differences. His 'brain' remained to desire the same quality and quantity of food that it did when he was larger, indicating that the psychological aspects of previous food perception is remanent. As Daniel terms it, his brain is stuck in a version of his previous self:

> *"How I explain it to people is that I've got the stomach of like, the skinny person, but still the brain of a fat person" (Daniel).*

Daniel's explanation of his stomach could suggest he views his stomach as having control over the way he now consumes food. The stomach is able to regulate how much food it needs to consume to feel satisfied due to its reduced capacity. Furthermore, the suggestion that his brain is still that of a 'fat person' would indicate the brain is unable to control its desires. The engrained food perceptions of overindulgence in quantities and qualities of food deemed unacceptable, remains. These narratives demonstrate the challenges of balancing a physically smaller stomach with an unchanged mindset toward food.

The challenge of balancing the psychological "wants" with the physical "needs" of food is also demonstrated by Jane:

> *"You kind of need to really understand how you got to that point to overcome the eating side of things, you know, they can fix your stomach, but they can't fix your brain" (Jane).*

Jane described the need for individuals considering bariatric surgery to have an understanding of how they reached the stage of obesity, by delving into their own relationship with food before they will be able to overcome the obstacle of food perception.

Interestingly, Jane suggests that 'they' (the surgeons who preform bariatric surgery) are responsible for 'fixing' the stomach. This suggestion implied that the stomach was broken when obesity was present, and that the stomach could not be fixed without some form of intervention. Although the stomach can be 'fixed' through intervention, Jane concludes that surgeons and weight loss interventions are not able to 'fix' the brain or negative perceptions of food in the same manner. This demonstrates that whilst bariatric surgery can be performed by an outside source and physically reduce stomach capacity, the psychological changes need to be identified and understood within the individual before the challenges can be overcome.

The above findings revealed that perceptions of food did not change initially after bariatric surgery for some participants. Previous research supports the idea that a change in perception of food is linked to individual psychopathology qualities, such as ability to regulate emotions, form new coping mechanisms outside of food, higher levels of perfectionism and execution of control, therefore resisting food specific cravings (Bryant et al., 2020).

Unchanged perceptions of food can lead to negative long term weight loss outcomes for individuals who have undergone bariatric surgery (Miller-Matero et al., 2018). These findings demonstrate the importance of initial and further education, as well as psychotherapy focusing specifically on eating habits, food perception and ways to manage these occurrences. These recommendations should be undertaken at a pre-operative stage as well as post-operative follow up to allow for the best possible outcome for individuals (The National Institute of Health Care Guidance, 2019; The Ministry of Health, 2017).

4.3.2.2: "The mental stuff is hard"

Participants described physically losing weight as 'easy' in comparison to the psychological challenges that arose, as suggested below:

> *"Physically losing the weight is the easiest part, it's the mental stuff that is the hardest" (Claire).*

Daniel also described a similar narrative:

> *"The actual physical side of things was absolutely fine, losing weight quickly and it was more so... um, more so the mental side of things, my brain catching up with how drastically my body was changing, so quickly" (Daniel)*

Daniel described the perspective of his brain and body as being two separate entities. His body, which has physically lost weight, altered his previous health conditions, and dramatically changed in the way it looks has adapted well after the surgery. However, Daniel described his brain as not being 'caught up' with the drastic physical changes his body has made. Psychologically, the brain has been left behind to adapt to the rapid changes on its own, while the physical body is able to carry on with the journey.

Similarly, Kyle described the psychological process of adapting to his new physical body as a work in progress:

> *"The mental thing is, is still probably gunna be a work in progress for a long time as well because... as I saw myself for one way for 32 years it uh, yeah, to change in a couple of months it uh, big process" (Kyle).*

Kyle acknowledged the psychological process of adapting to his new body as something that will occur over time. As his body had been constructed as obese or 'fat' for most of his life, the negative connotations and characteristics associated with being considered obese or fat have been ingrained within his identity over time (Alegria & Larsen, 2015; Faccio et al., 2016). For Kyle, this entrenched obese identity will take time and effort to deconstruct before he is psychologically able to adapt to the physical changes his new body has made and alter his self-perception.

The psychological challenges participants experienced also highlighted the sense of disconnection between the mind and body. Some participants appeared to retain an image of themselves that was inconsistent with what their physical appearance presented as to the outside world after they had lost weight. The narratives expressed by participants highlight the difficulties they underwent when trying to assimilate their new body into their perceived self-view. These findings are consistent with what Algeria & Larsen, (2015); Faccio et al., (2016); Perdue & Neil, (2019), reported on within their research on self-perception after bariatric surgery.

Despite participant's bodies physically 'making the changes', many commented on the difficulties of being able to visualise what their 'true' appearance looks like since losing weight. Despite positive feedback from others commenting on and reinforcing their appearance changes, participants struggled with accepting these remarks as true (Perdue & Neil, 2019). This may be due to the perception participants have of themselves on the 'inside', retaining an image of their previous self. The 'inside' perceptions do not match how others have perceived them on the 'outside'. A detachment between the 'outside' self, the self that others see, and 'inside' self, appeared to be a common occurrence throughout participant's narratives, for instance, Paige stated:

> *"I still look in the mirror and see the fat girl… and uh, it's hard to see this person you're looking at, and that everybody else sees" (Paige).*

Paige stated it is difficult for her to visualise how outside sources visualise her body. She still views herself as being obese, despite losing a large amount of weight. She describes herself as 'this person', as if the person everyone else can see on the outside is not the same person on the inside, highlighting a sense of detachment between 'outside' and 'inside' existing as two differing entities.

Another participant, Renee, had a similar experience:

> *"You know, I still think of myself as fat, even though I wear a size 14 which is kind of you know, pretty average, you know, I'm average, and it still freaks me out when people go oh god you look amazing and I go mmm no I don't, look at this, look at that, you know?" (Renee).*

Renee's psychological perception of herself did not match the physical perception of what others described her as. Despite cognitively knowing and accepting that physically, she is an 'average' body size, which have been reinforced by using markers such as clothing sizes, her perceptions of herself as being 'fat' are not congruent with what her body physically appears as. When others offer positive comment on Renee's appearance, she feels a sense of uneasiness as these comments do not match her perception of herself. She appeared to view herself as having flaws and being imperfect despite weight loss. The comments made by others towards the 'outside' self's appearance cannot be accepted by the inside self, as the remarks are not consistent with the 'inside' self's perception.

Hannah's comments also indicated towards a disconnect between the 'the old' self and 'new' self:

> *"I'm still trying to tap myself on the shoulder you know. That that's really me, and you know… so I think that's been a big, huge, obstacle because I still see the old me" (Hannah).*

Hannah described feeling as though she is unable to recognise herself since losing weight, she stated a perception of herself as 'the old me', indicating that a 'new me' may be emerging after undergoing bariatric surgery (Throsby, 2008). The 'old me' that Hannah describes, presents as an obstacle in the way of reaching the status of 'new me'. The perceptions she has of herself when she was considered obese have carried through after bariatric surgery. Hannah explained she reminds herself that there is a 'new me' emerging. This also highlights a disconnect between the perception she has of herself and her physical body.

Renee, and Anne, also described this sense of disconnect through an experience of physically seeing their own reflection, but being unable to psychologically identify the reflection as themselves:

> *"I remember walking across the road one day and thinking to myself, gosh I like that woman's top, and then I realised it was me, but I didn't recognise myself in the shop window, because it was a slim woman walking across the road, that part of it really messed with my head" (Renee).*

Renee was able to physically see a 'slim woman' in the window reflection but did not recognise this person as being her. Due to her self-perception and identity still being intertwined within obese characteristics, she did not identify herself as fitting the criteria of a 'slim woman'. This further indicates a detachment likely does exist between the perception of the self on the inside versus the self on the outside.

Anne described a similar experience:

> *"It took a really long time for me to accept that I wasn't obese anymore, and I can remember walking down a little shopping street where I lived and seeing my reflection in the butcher's window and it was the first time I looked and could really see myself as I really was then, it was really hard to believe it psychologically, but physically I saw it" (Anne).*

The shop window gave Anne an initial glimpse into what her body physically looked like, but as Anne described, psychologically, this was difficult for her to comprehend. She described a sense of disbelief that the person in the reflection could truly be her. Anne, who underwent bariatric surgery in excess of 20 years ago, stated that the process of being able to perceive the outside self as who she truly was took a long time to accept. This may indicate it is possible for other participants to eventually reach congruency between the mind and body.

The above narratives demonstrate that struggles centring on the body physically changing before the brain psychologically adapts to the rapid changes can occur. This leads to a disconnection between self-perception and the physically objective body that participants inhibit. This finding is supported by Faccio et al., (2016) whose research revealed that individuals who undergo bariatric surgery are likely to experience a period of adaption in where the mind has not yet caught up to the body's 'new appearance' or lifestyle. As indicated by Martin Ginis et al., (2012), perceived changes to the body are more significant than actual changes to the body.

Some participants described using markers, such as clothing sizes, as a means of tracking weight loss. This may be due to the participants psychologically being unable to recognise

the physical changes as actually occurring. Clothing sizes and scales can act as a physical demonstration that weight loss has occurred, making the physical changes somewhat easier to identify as realistic (Alegria & Larsen, 2013).

The above findings also highlighted the concept of identity after bariatric surgery. As participants lose weight, society's perceptions of them change, this in turn effects the identity of participants as they try to navigate perceptions of self, versus the outward perceptions others have of them.

4.3.2.3 "Who am I now?"

From the discussion above, it becomes apparent that challenges can arise through the detachment of outside self vs inside self after bariatric surgery. After living and identifying as an obese individual for many years, participants who undergo bariatric surgery and drastic weight loss, have the societal categorisation and stigmatisation associated with being 'obese' drastically removed in a short amount of time (Faccio et al., 2016; Alegria & Larsen, 2012; Thorsby, 2008). It is unsurprising that a disconnection occurs between the mind and body after such a drastic change, leading to a sense of confusion and distress for some participants as they navigate where they fit within the world.

Jane described how the mind and body disconnection affected her:

> *"It was a massive mind f**k, it is the biggest mind f**k ever, because you don't recognise yourself, you don't know who you are anymore, um, I suppose it's like you have this massive identity crisis… For me to have the physical transformation that I have had, and you know, the reaction to my physical transformation, um, it's been quite uncomfortable, um, it's an uncomfortable place to be in, and it's just you, you look at yourself in the mirror and you, you don't realise, that that's actually you."*

Jane stated she found it difficult to recognise herself after weight loss. This difficulty led to confusion in being able to determine who she truly was or identified as. Jane described these feelings as an 'identity crisis'. She was unable to recognise her 'new self' as the perceptions of her 'old self' were still a prominent figure within her identity (Alegria & Larsen, 2013).

Adjusting psychologically to the physical changes her body went through was challenging for Jane, she described not being able to recognise herself in the mirror due to the mind-body disconnection. Perdue & Neil's (2018) research also found participants struggled with recognising and accepting themselves as they objectively appeared. The reactions Jane received from others toward her physical changes were described as being uncomfortable. As Jane was struggling to recognise herself, the reactions she received toward her outward

appearance were difficult to accept because they did not match the inward perception or identity Jane associated to herself.

> *… my weight was actually a bit of a safety blanket for me as well, um, it was a bit of a protector, so you feel very vulnerable, um, you feel exposed and um, just you're no longer that big bubbly girl but who are you now? You know? Where do you fit now?" (Jane).*

Jane explained she felt a level of vulnerability once she lost weight. She felt her weight protected her from outside exposures. Her identity as a 'big bubbly girl' was established for a significant portion of her life. As weight loss occurred, the protection and comfort of identifying as 'the big bubbly girl' was removed as perceptions of Jane changed. The deconstruction of this identity was reinforced through comments from others regarding Jane's weight loss. Furthermore, although psychically being able to recognise she no longer 'fitted' within society's perception of obesity, she could not identify where she actually 'fitted in' within the world (Perdue & Neil, 2018).

Renee summarises similar sentiments in her comment:

> *"The you in your head is still the same 'you...' but on the outside, the 'you' that the world sees, is very very different" (Renee).*

The psychological challenges participants experienced are complex. Many participants discussed that their recovery after bariatric surgery presented significant psychological challenges. Physically losing the weight was considered 'easy' in comparison to the psychological struggles experienced by participants. Previous research indicates the disestablishment of identity is a common occurrence for individuals who undergo bariatric surgery (Perdue & Neil, 2019; Faccio et al., 2016; Alegria & Larsen, 2013; Thorsby, 2008).

According to Herman's Dialogical Self Theory (Herman & Kempen, 1993) identity is not static, it consistently evolves and is constructed through external and internal 'positions' that exist within dialogue. Faccio et al., (2016) utilise this theory to demonstrate how society's perspectives of obesity become ingrained within an individual's identity. When the individuals undergo bariatric surgery and lose weight, the external dialogue shifts as the outward appearance of these individuals becomes 'normal' in societal standards. However, the internal dialogue, or 'i-positions' of individuals who undergo bariatric surgery struggle to integrate the external perspectives into their internal 'positions' (Hermans, 2010). Therefore, the inability to incorporate the new dialogical 'positions' surrounding their body image effects their identity. Participants are still relating to an external and internal position of 'i-obese' when external dialogue would position them as 'normal' (Faccio et al., 2016).

These findings reinforce the idea that there is a long-term adjustment to the profound changes brought about through bariatric surgery. Although the body is physically operated on, the mind and integration of differing self-perception is difficult to navigate. Complications surrounding congruency of self-perception and identity reportedly can have detrimental effects on an individual's long-term recovery after bariatric surgery (Perdue et al., 2018). Pre- and post-operative psychotherapy and education is integral to support individuals through this process (Alegria & Larsen, 2013; Perdue & Neil, 2020; Perdue et al., 2018; Faccio et al., 2016).

4.4 Stigmatisation of Bariatric Surgery

As reported within the literature, the public perception of bariatric surgery is not always favourable despite the positive outcomes it can have. Bariatric surgery is often viewed as an 'easy alternative' to losing weight through other mechanisms, such as diet and exercise (Groven, 2014; Throsby, 2008; Vartanian & Fardouly, 2014). This stigmatisation can negatively impact on individuals who chose to undergo bariatric surgery (Hansen & Huey Dye, 2016; Rahiri et al., 2019; Thorsby, 2008; Vartanian & Fardouly, 2014). A large portion of participants within the study had experienced a form of stigmatisation associated with undergoing bariatric surgery as a means of weight loss intervention. The participants expressed feelings of disappointment and frustration towards those who felt they had 'cheated' or chosen an easy alternative by undergoing bariatric surgery.

4.4.1 "The Easy Way Out"

The majority of participants described feelings of stigmatisation towards their decision to undergo bariatric surgery:

> *"There is such a stigma about weight loss surgery, there's still such a negative stigma about it, and, I mean, what people need to understand, people who have surgery, it's not the easy way out, we completely reroute our intestines, we have to learn how to eat again, we have to completely rediscover out identities and we can put all the weight back on if we're not careful" (Jane).*

Jane identified that stigmatisation around bariatric surgery does exist within society. She indicates that this stigmatisation largely focuses on bariatric surgery being 'an easy way out'. Jane argues that bariatric surgery is not easy due to the complete lifestyle overhaul individuals devote themselves to. It is seen as a lifelong commitment toward undergoing bariatric surgery and maintaining the weight lost. Jane also highlights the complexity of physically undergoing a surgical procedure as a means of weight loss intervention and the psychological challenges that can arise from this process.

Claire also argued that bariatric surgery is not an 'easy way out':

> *"It's not a quick fix, and for people who say it's an easy way out, I would say it's the hardest way to lose weight, because there a lot of mental stuff that comes with it… I do get pissed off when people say oh you've had the easy way out or I've lost weight naturally, I don't give a s**t how you've lost weight, I wish I could have lost weight naturally, but I couldn't" (Claire).*
>
> *"They said put on a pair of shoes and go for a run, why do you need the surgery" (Claire)*
>
> *"There is such a stigma in society that weight loss surgery is the easy way out, is an easy option, um, I just think those people are really naïve, because they obviously have no knowledge about the surgery… I guess to the people out there who have classed us as cheats, not doing it the natural way, and the easy way out, they just need to be educated on it that it is really hard, it's not easy, it's really really hard, that's a massive thing" (Claire).*

Claire explained that bariatric surgery is not an easy alternative to weight loss due to the significant psychological struggles and changes those individuals who undergo the procedure must navigate. Claire expressed anger towards the stigmatisation of bariatric surgery being 'an easy way out'. She discussed being questioned about her choice to have the procedure, asking instead why she did not exercise to lose weight. This highlights the perception that bariatric surgery lacks 'willpower' over 'old fashion methods' such as exercise (Hansen & Huey Dye, 2016).

Claire also indicates frustration towards others who may have lost weight through 'natural' intervention, such as diet and exercise, expressing that she also wishes she could have lost weight through similar methods. This could indicate that although Claire does not regret undergoing bariatric surgery, the stigmatisation of bariatric surgery within society has some negative consequences on her personal decision to have undergone the procedure. Claire advocates that further education within the public is needed to alleviate the negative connotations surrounding bariatric surgery, this is also advocated for in previous research (Rahiri et al., 2019).

Daniel also highlights perceptions of others stigmatising his choice to undergo bariatric surgery as an easier alternative:

> *"If anyone asks how I lost the weight I just tell them, and if they don't like and they say that I took the easy way out, then I just simply say, until you've walked in my shoes, you don't know" (Daniel).*

Daniel explained he does not hide the choice to undergo bariatric surgery when people ask how he lost his weight, suggesting an honest openness toward his choice. He suggested that any outsider judgements towards his choice were not valid, as others cannot know the process of undergoing bariatric surgery unless they have experienced it themselves.

Kyle explained that family or friends who were unaware of his choice to undergo bariatric surgery often assumed there was 'something wrong' with the participant to have lost weight at such a rapid pace, such as an illness. Outsider assumptions led Kyle to feeling as though he had to justify his weight loss to others despite originally not wanting to inform many people of his choice to undergo the procedure:

> *"I did find because I was losing weight so rapidly, it gained some interest from other people sort of wondering if I was, if I was um, if I was on drugs, um sort of got all the questions under there… I ended up telling more people than I anticipated at the start, because I sort of had to give people a reason why, because people are sticky beaks" (Kyle).*

The reluctance to disclose their choices to have bariatric surgery to others is likely due to the stigmatisation associated with the procedure and the fear of being criticised for their decision if they were not successful in terms of adequate weight loss. As weight loss occurred and questions were asked, Kyle felt more confident in his own decision to inform others of the choice to undergo bariatric surgery. These findings are supported by previous research undertaken by Hasen & Huey Dye (2016) which argued individuals are more likely to conceal their surgical plans pre-operatively in an attempt to avoid stigmatisation, as well as fear of failure.

Participants also suggested that others would be more inclined to comment on their body size after weight loss had occurred:

> *"My friends gasp every time, and they make such a huge scene about it, and I actually wish they wouldn't… I just don't want them to see me as this person, yes I've lost weight, I've lost a lot of weight and um, I've done it through surgery and they all know, but I don't want them to make a fuss about it, I'm not big on making a fuss about me" (Paige).*

Paige explained how uncomfortable she felt when friends would gesture to her weight loss. She explains her friends are aware of her choice to undergo bariatric surgery, and infers they are accepting of this. However, in her comment Paige referred to herself as 'this person', indicating she may view herself as 'this person who lost weight due to bariatric surgery'. Paige appeared as though she did not want her weight loss to be recognised for

her choice to undergo bariatric surgery, likely due to the stigmatisation associated with the procedure.

Goffman (1969) suggests stigmatisation has been something individuals will try to conceal as a means to escape or 'exit' from. Obesity, because of its outward appearance and societal perceptions, is impossible to hide. An Individual's decision to undergo bariatric surgery is a well-considered process, however, it is argued that part of this decision is likely an attempt to 'escape' from the stigmatisation associated with obesity. Bariatric surgery, within the myriad of other offerings, also offers this chance of escape (Hansen & Huey Dyer, 2016). However, bariatric surgery also carries significant stigmatisation. The findings indicated participants experienced stigmatisation of bariatric surgery as a procedure, as well as toward their own choice of undergoing bariatric surgery. Outsider perspectives and language framed their decision as 'an easy way out' of obesity, 'cheating' the process of losing weight, or 'not doing it the natural way' through diet and exercise.

The above findings are consistent with previous literature focusing on the subject of stigmatisation and bariatric surgery (Hasen & Huey Dye, 2016; Rahiri et al., 2019; Thorsby, 2008; Trainer & Benjamin, 2016; Trainer, Brewis & Wutich, 2017; Vartanian & Fardouly, 2014). Obesity is stigmatised as a self-inflicted condition; therefore, the public perception is an individual struggling with their weight should be the one to take responsibility by developing a sense of 'willpower' enacted through diet and exercise to lose and maintain their weight (Hasen & Huey Dye, 2016).

With this in mind, society can view bariatric surgery as a way to 'cheat' this 'hard work' process by physically altering the stomach size, assuming no 'effort' is required by the individual receiving the procedure. However, the participants explain that bariatric surgery is significantly harder to manage than society perceives it as. Participants highlighted that, although the benefits of bariatric surgery are positive, the recovery process is difficult to navigate. The considerable psychological difficulties that can arise after bariatric surgery are challenging, as well as physical reactions of re-learning what sort of foods can be consumed post operatively to ensure adequate nutrients are received (Buchwald et al., 2004; Kubik et al., 2013). Louise reflects these findings in her comment:

> *"It's not an easy fix… don't think you're going to have the operation and all of your problems will be solved… you've still got to work at it" (Louise)*

Participant's collective explanation to the public is that bariatric surgery should be perceived as a 'tool':

> *"This is not like a quick fix, it's a tool to help you, to help you get going, um, and I personally don't think you can rely on the surgery only, I think you do have to be active in some form whether it be walking or just, something, because it is very easy to fall back into… like the old habits" (Daniel)*

> *"I think people need to understand that it is just a tool, it's not going to fix you, it's not going to fix your problems…" (Jane).*

This tool can only do so much, it requires an individual to operate it, requiring effort and continuation of adhering to the changes to keep the tool working effectively. The tool cannot work effectively without the individual continuing to operate it. Participants alluded that further education should be provided within society around bariatric surgery to diminish the overarching stigmatisation that the procedure is an 'easy way out' of losing weight and leaving behind obesity. This further education could also benefit others who are struggling with weight related issues and may not consider bariatric surgery as a viable choice due to the negative connotations associated with the procedure (Rahiri et al., 2019).

4.5 The On-Going Journey: The Importance of Support

The choice to undergo bariatric surgery is a lifelong commitment. The surgery offers many significant benefits and positive outcomes, whilst also presenting with its challenges. However, after the weight is lost and individuals obtain the benefits of their efforts, the process of maintaining weight loss continues to ensure the benefits from bariatric surgery remain.

Participants highlighted having a support network was an important part of undergoing bariatric surgery. Support can be accessed in many varying forms including medical professionals, significant others (family and friends) and peers who have undergone bariatric surgery themselves. Furthermore, support has been identified as an integral part of the on-going journey after bariatric surgery (Coulman et al., 2020). Four subthemes were identified within the participant's discussions, including weight regain, peer support, clinical support, and the continuation of the on-going journey after bariatric surgery.

4.5.1 Weight Regain and Support

Weight regain can occur after bariatric surgery for a complexity of reasons. However, an inadequate level of support has been identified as a significant contributor to weight regain (Chan, King & Vartanian, 2020; Coulman et al., 2020; Rahiri et al., 2020; Tolvanen et al.,

2021). Two participants discussed their feelings towards regain, expressing ideas of weight regain unexpectedly occurring, a fear of regaining weight and the societal discrimination they might face, as well as their determination to diminish the chances of regain.

Claire discussed her first-hand experience with regain:

> *"I knew regain was a thing… I came into this thing thinking I'll never put on weight, but when it started to happen, that was really hard, really hard to get my head around it… so be prepared… I found that a bit of a head screw when it started happening" (Claire).*

> *"I guess the doctors… well It wouldn't be a good sales pitch if they said you will put some weight back on" (Claire).*

Although Claire was aware of the concept of weight regain, it was not something she expected or was prepared for, this made the process of regaining weight difficult to comprehend and accept. This comment highlights that the education support provided to Claire was likely inadequate in preparing her for this. She makes suggestion towards doctors within the private healthcare sector and an unwillingness to approach regain as something that may occur, in fear of 'losing a sale' or a potential candidate for bariatric surgery.

> *"I feel like there is a lot more pressure on me to keep the weight off since I've had surgery. I know that if I ever put all that weight on, I don't know how I would handle it, I don't know how I would process that mentally, whether I would slip into a depression… I don't know how I would mentally process that"*

> *"There's a stigma about me, you know? Um, that if she puts all that weight back on then her surgery is failed" (Claire)*

Claire also discussed the societal pressure as someone who has undergone bariatric surgery to maintain her weight loss and successes she achieved. She indicates she would be considered a failure if she was to regain her weight, as well as expressing concerns she would not know how to psychologically cope with the pressures of regaining the weight she had lost. She expressed fear that she would become depressed if she was to regain a significant amount of weight. This further highlights the need for on-going psychological support after bariatric surgery.

> *"I guess the last thing I'd add is, not to become complacent, you think you're safe (.) but you're not… that first year honeymoon where you think you're 10 foot tall and bulletproof, it doesn't last, and you actually have to start practicing humility and humanity toward yourself" (Renee)*

"I thought it was a permanent thing… I thought the first year, that every year after would be like that, so it's actually been quite surprising to realise that…" (Renee)

Renee discussed her views of regain as something that you cannot be complacent about. She suggested she believed the results from bariatric surgery were a permanent fixture. Renee infers that reaching a point in weight loss where individuals may believe they are 'safe' is not true, suggesting she feels she may never be 'safe' from regaining weight, highlighting the on-going journey individuals who undergo bariatric surgery follow.

Weight regain is considered a negative outcome of bariatric surgery, associated with reduced quality of life (Tolvanen et al., 2021). The findings suggest some participants were inadequately prepared for what to expect if weight regain was to occur, it may also suggest that some participants believed their surgery was a 'permanent' fixture that was going to 'protect' them from weight regain. A lack of education and inadequate support has been linked by previous literature as a potential contributing factor to initially regaining weight, as well as the continuation of weight regain after it is identified (Tolvanen et al., 2021). Therefore, it is important to consider support and education as a mitigating factor to weight regain.

4.5.2 Peer Support

Having the support of family and friends was acknowledged by participants, although the main considerations made by participants in relation to support was finding and establishing a network of peers who had undergone the same experience of bariatric surgery. For instance, two participants, Kylie, and Renee, stated:

"Having the support and knowing what I'm going through is the same as everybody else is going through, the struggles that I've had… the support groups, everybody's got the same issues, whereas before it was just me, you know, nobody else is going through what I'm going through, so you know, make sure you go get all the support you can get" (Kylie).

"Find your tribe, find your support group that gets you, that you get" (Renee).

Kylie and Renee highlighted the importance of establishing the support of peers who have also undergone the process of bariatric surgery. "Finding your tribe", as Renee explains, refers to finding a collective of others who have undergone bariatric surgery and share a common understanding of the positives and negatives of the experience. By finding support within a group that shares similar experiences, Kylie suggested she felt a sense of not being alone in her own journey. The problems she was having throughout her journey were not just isolated to her own experience, implying she may have gained a sense of belonging by

finding a support network that shared a mutual understanding of the bariatric surgery process.

Another participant, Claire, also highlighted the importance of talking with people who have undergone bariatric surgery:

> *"Talk to people who have had the surgery, make sure it's someone you can ask the nitty gritty too, because it's really good to talk to someone who has been there, talk to people as much as you can who have had the surgery, professionals can only do and say so much, they haven't had the surgery themselves" (Claire).*

Claire shares a similar sentiment in that it is beneficial to find support from others who have undergone bariatric surgery, adding that 'professionals' are only able to contribute to support from their own medical perspective of bariatric surgery.

> *"it's really difficult when you're going through it and you don't have people that understand what you're going through, especially because this is such a unique thing, you might have friends and family who are supportive, but they don't understand, you know?" (Jane).*

Jane also highlighted the importance of having support from peers who have had similar experiences and share a mutual understanding of the challenges and positives that can arise. She explained that although significant others are able to offer support, they do not truly understand the experience of undergoing bariatric surgery. These findings are supported by previous literature and research conducted by Sharman et al., (2015) who identified the effectiveness peer support may have in the bariatric surgery journey. Support from others who have undergone bariatric surgery allows individuals to feel a sense of belonging within a community that understands the experiences (Atwood et al., 2017.) Peer support has also been efficient for individuals to openly discuss issues or struggles they may not feel comfortable discussing with a doctor (Sharman et al., 2019).

4.5.3 Importance of Clinical Support

Clinical support provided by medical professionals is considered to be significantly important for the on-going journey after bariatric surgery (Coulman et al., 2020). The majority of participants underwent privately funded surgery, with only two participants receiving publicly funded surgery. The findings indicated slight variations between the level of aftercare support provided to the privately funded versus publicly funded participants.

4.5.3.1 Privately Funded Support

The level of support provided to participants who privately funded their surgery was highlighted as adequate in preparing participants for the ensuing journey:

> *"I feel like I've had the best possible aftercare, um, to be able to put myself in a good space for maintenance" (Jane).*

> *"Make sure you've got a great support team, my aftercare is amazing" (Kylie).*

Many participants who underwent privately funded surgery mentioned a 'retreat' run by a New Zealand based bariatric surgery clinic. The retreat provided participants with on-going support and education whilst they navigate their bariatric surgery journey. Participants identified the helpfulness of attending the retreat and the benefits others could receive if they were to attend:

> *"I try to go to retreat every 18 months, which is such a kick in the pants" (Renee).*

> *"I went to retreat to understand why I did that (emotionally overate), it was really interesting" (Jane).*

> *"When I went through retreat, I realised that I am worth it, and I was worth the surgery… because you do all that head stuff at retreat" (Kylie).*

Jane shared her perspective on differing levels of aftercare and support:

> *"Many different surgeons have different levels of aftercare, you know, I've had friends who've gone to Mexico and yes they're happy that they've gone to Mexico and their surgery has been fine, but they have no aftercare, so what does that mean for them? They're not given any nutritional guidelines, some of them haven't lost as much weight…" (Jane).*

Jane highlighted the differences she had personally observed from the level of support she was provided versus peers who chose to have their operation abroad. She suggested because these peers had no support or input from medical professionals on their return to New Zealand, their weight loss outcomes were reduced.

4.5.3.2 Public Funding Support

In comparison to the privately funded support the above participant's were provided with, the descriptions shared about the level of support provided through the public system were different:

> *"So, the first few months, I was kind of just working off, off the standard leaflet they give to like, all the like patients, so yeah for the first 3 months there wasn't much input from the DHB" (Daniel).*

Daniel described minimal initial support from the public health system. He explained he worked from a leaflet that is provided to all patients. He later met with a nurse at 4 months post op. He reported his interaction with the public health system as minimal, although he could not determine if this was standard practice.

> *"Get mental help during the process, I'm only looking at getting that a year on, so I think it would have been better if I had started that during the process instead of waiting so long… it should be provided throughout the whole process, because the first year is the hardest and if you have that psychological support as well, it will help with the longer term changes" (Paige).*

Paige did not receive any psychological support as part of her aftercare. She indicted she felt this would have been beneficial for her to access within the first year of undergoing the procedure, she also identified that if she had initially received psychological input, and she felt the long-term outcomes and changes she was making would have been more positive.

Support, advice, and education from medical professionals is expected and recommended within the guidelines set out in the New Zealand Ministry of Health (2017) Clinical Guidelines for Weight Management in New Zealand. This support is integral for ensuring individuals who undergo bariatric surgery are reaching the best possible outcome from their surgery. Long-term support from medical professionals has been identified by participants as beneficial. Long-term support is beneficial in that it allows for the identification of potential struggles an individual may face in relation to their surgery. This in turn, could result in early intervention, providing steps to work toward resolution of the struggles, as well as mitigating any further potential challenges (Coulman et al., 2020).

Participants also perceived psychological support as being beneficial, with one participant indicating it would have been beneficial to receive this support within the first year of undergoing surgery. Similar to the participants within this study, previous research that explored the significance of support following bariatric surgery concludes that psychological support is often overlooked after bariatric surgery (Rahiri et al., 2020) and support within the first year of undergoing surgery is essential for individuals following such a major change in their life (Sharman et al., 2015).

The above findings also highlight a difference in the level of privately funded support versus publicly funded support. Participants with privately funded procedures described their level of

support as excellent, whereas the descriptions of the support provided within the public sector was minimal. Differences in regard to support within the public and private sector have been mentioned within previous research (Hilgendorf et al., 2020). As support has a significant role within the potential outcomes of bariatric surgery, this finding could indicate the outcomes of surgery may differentiate dependent on the way an individual accesses bariatric surgery.

Chapter 5: Conclusion

5.1 Overview and Conclusions

The aim of this study was to explore and assess the lived experiences of individuals following bariatric surgery. The study also aimed to explore the implications the procedure may have on the identity construction of individuals after bariatric surgery and rapid weight loss.

The first objective was to gain a greater understanding of the lived experiences of individuals who undergo bariatric surgery, this involved exploring the reasons and motivations that lead participants to considering the procedure, the perceived benefits of the surgery from a lived experience perspective, as well as investigate any issues that may have arisen for participants after undergoing bariatric surgery. To do this, Herman's (2011) Dialogical Self Theory provided me with the theory to understand how identity is constructed with society, and the implications this may have for participants, whilst George Herbert Mead's (1956) theory of 'Generalised other' contributed to my knowledge of how individuals may act based on 'social rules' existing within discourses shared within society. Goffman's (1969) theory of stigmatisation was also utilised to understand how individuals 'concealed' themselves to the outside world. A narrative analysis was conducted on the transcripts collected from participants through semi-structured interviews. The narrative analysis revealed five major themes within the data. These five themes covered the reasons why individuals choose to undergo bariatric surgery, the perceived benefits of undergoing bariatric surgery, the struggles experienced after bariatric surgery, stigmatisation experienced as an individual who has undergone bariatric surgery, and the significance of support throughout the bariatric surgery process. Within each theme, sub themes were identified that began to portray a story of participants' experiences.

The reasons why participants undergo bariatric surgery was identified as largely focusing on health and wellbeing reasons, with participants stressing the life-or-death nature of their circumstances. Previous research notes health reasons as one of the main considerations and indicators for accessing bariatric surgery (Altaf & Abbas, 2019). Family was a significant motivator for seeking bariatric surgery in the first place for most participants. This finding was consistent with previous research, which indicated that family is a meaningful motivator towards an individual's choice to undergo bariatric surgery (Sloan et al., 2020).

The benefits identified by participants included an overall improved physical and mental health, an increase in confidence and social opportunities, as well as an increase in energy levels. The perception of reaching 'normality' was also identified as a benefit of bariatric

surgery. Reaching normality or a sense of ‘social reintegration’ was identified by Magdaleno, Chaim & Turato (2008) as a positive gain from bariatric surgery, which is consistent with the findings of this study. The challenges identified by participants covered struggles with physical appearance in regard to excess skin and psychological challenges relating to eating behaviours, self-perception, and identity. Excess skin problems had been identified within previous research as an issue of concern among individuals who had undergone bariatric surgery (Biorserud et al., 2018). Psychological challenges are significantly reported within previous research, supporting all findings related to the identified psychological challenges within this study (Alegria & Larsen, 2013 Faccio et al., 2016; Perdue & Neil, 2019; Thorsby, 2008).

Stigmatisation of bariatric surgery was also discussed by participants; this highlighted the public perception that bariatric surgery is considered the ‘easy way out’ of obesity, the perception of bariatric surgery within society is skewed in relation to the strenuous effort individuals adhere to when making the choice to undergo bariatric surgery. The findings of individuals experiences in relation to stigmatisation of bariatric surgery is consistent with previous research, which indicated society may perceive individuals who undergo bariatric surgery as ‘lazy’ and ‘cheating’ their way to weight loss (Hansen & Huey Dye, 2016; Rahiri et al., 2019).

Lastly, the importance of support was identified. Support was accessed by participants in varying ways, including through medical professionals and peers. Support was identified as being a significant deterrent for weight regain, and the importance of the level of support provided by the public health sector versus the private health sector was also highlighted. The findings within this study were similar to findings previously reported within the literature that highlight the importance of support on the on-going bariatric surgery journey, especially in relation to ensuring best possible outcomes for individuals who undergo bariatric surgery (Chan, King & Vartanian, 2020; Coulman et al., 2020; Rahiri et al., 2020; Tolvanen et al., 2021)

The second objective of this study was to assess if any differences or implications in identity construction occurred for individuals after bariatric surgery and rapid weight loss. This study identified that bariatric surgery and rapid weight loss can have a significant impact on the construction of identity for the individual. This is due to challenges with self-perception and the mind psychologically not keeping up with physical changes the body makes. The participants identified that despite losing large amounts of weight, and being perceived within society as ‘normal’, many still viewed themselves as obese. These findings were also supported within previous literature focusing on identity and bariatric surgery (Alegria &

Larsen, 2013; Faccio et al., 2016; Magdaleno et al., 2008; Perdue & Neil, 2019; Perdue et al., 2018; Thorsby, 2008).

In conclusion, this research highlights the overall positive experience and benefits of bariatric surgery, whilst also identifying the challenges and stigma experienced by individuals, as well as the support necessary to help with managing these changes. The research also further contributes and expands on what is previously reported within literature on the effects of bariatric surgery and identity construction, highlighting the implications this may have on an individual's psychological health, as reported from a New Zealand/Aotearoa context. It also highlights the expansive journey those who undergo bariatric surgery embark on. The research tells a story from making the initial decision of undergoing bariatric surgery to the everlasting and continuous excursion individuals go on. In summary, bariatric surgery presents as a beneficial and positive experience for individuals. Regardless of any obstacles or barriers that may have occurred, participants were happy and content with their choice to undergo bariatric surgery.

5.2 Strengths of this Research

The qualitative nature of this research provided rich data that supplements the previous literature. The data produced lived experiences of bariatric surgery, which highlighted the areas of most importance within the bariatric surgery journey. As the researcher had also undergone bariatric surgery, this strengthened the shared understanding of the bariatric experience between participants and the researcher, therefore allowing for an environment where participants felt comfortable discussing their own personal lived experiences with the bariatric surgery journey.

5.3 Limitations of this Research

Due to limitations around recruitment of participants, the participants within this research mostly accessed their bariatric surgery through means of private funding. If more public funded participants were recruited, findings may have further highlighted the differing perspectives of the two methods of accessing the procedures. Furthermore, the research predominantly described the experiences of bariatric surgery from a female perspective, with 81% of the participants identifying as female.

5.4 Recommendations for Future Research

Firstly, a future qualitative study focusing on individuals who are several years post bariatric surgery could be beneficial to understand how identity is constructed for bariatric patients after a significant period of time has lapsed. This could also broaden the understanding of

post-operative support and the length of time it is beneficial for in terms of assimilating perspectives of the self and identity construction.

Secondly, a future qualitative study focusing on the differences of publicly funded surgery support services versus privately funded support is recommended. Ideally, both private and publicly funded procedures should offer individuals the same long-term outcomes. If access to support, or the provision of inadequate support is a barrier to achieving best possible outcomes, this should be further examined to ensure both options provide the best possible outcomes to individuals accessing bariatric surgery as a method of weight loss intervention.

Thirdly, further research within a New Zealand/Aotearoa context should be considered, with a focus on Māori experiences of bariatric surgery, to gain further knowledge and understandings of the Māori perspective of bariatric surgery.

5.5 References

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Appendix A: Recruitment Poster

Research Volunteers Needed!

This study aims to look at the experiences of individual's within NZ who have undergone weight loss surgery/bariatric surgery.

Looking for volunteers who are:

*At least 12 months post op

*18 years or older

*Have had a diagnosis of obesity at some stage in life (BMI 30>)

Participation involves an approximately hour-long, audio-recorded interview discussing your experiences. The interview is audio-recorded for researcher's use only. Interviews will be held at a mutually agreed upon time and location.

A $20 voucher will be offered as a show of appreciation for your time and participation.

If you are interested or want more info, please contact Sarah directly:

Email: Sarah.Pringle.2@uni.massey.ac.nz

Appendix B: Information Sheet for Participants

Bariatric surgery, also termed as weight loss surgery, is fast becoming a popular method of obesity intervention within New Zealand. Thus, it is important to understand individual experiences of weight loss surgery/bariatric surgery within New Zealand. This study aims to consider the personal and interesting experiences of individuals who have undergone weight loss surgery/bariatric surgery to gain insight into how an individual who has undergone bariatric surgery may navigate potential psychosocial and identity changes.

I am a post-graduate student at Massey University undertaking this research to fulfil the requirements for my master's degree in psychology. I am greatly interested in the experiences of individuals whom have undergone weight loss surgery.

I invite you to participate in this research if you,

- have previously had a diagnosis of obesity (30> BMI),
- have personally undergone weight loss surgery at least 12 months prior
- and are 18 years or older.

Participation involves an approximately one-hour, face to face interview. The interview will take place in a mutually agreed upon location, such as a library or university campus. Alternatively, interviews can take place over Skype. You will be asked questions and prompts about your experiences and insights of weight loss surgery. The interview will be audio-recorded for the researcher's use only.

The information that you give within the interviews will be handled with upmost confidentially. Your name will not be used in any report and will be replaced with a pseudonym. The audio-recordings of interviews will be stored securely. You will be given the opportunity to review and edit the transcribed interview prior to any data analysis. If you wish to receive a summary of the findings, this will be provided to you at the conclusion of the research.

If you choose to participate, you have the right to answer only questions you feel comfortable answering, terminate the interview and withdraw from the study at any time. If participation in the research brings up distress, you are encouraged to utilise psychological support through your bariatric team, GP or alternatively you may contact the counselling helpline listed below:

- Lifeline – 24 hour telephone counselling - 0800 543 354

If you would like any further information about this research project please contact myself, Sarah Pringle on [redacted] or Sarah.Pringle.2@uni.massey.ac.nz or my supervisors Dr. Keith Tuffin (K.Tuffin@massey.ac.nz) and Dr Elena Maydell (E.Maydell@massey.ac.nz)

Appendix C: Participant Consent Form

PARTICIPANT CONSENT AGREEMENT

I have read and I understand the Information Sheet attached as Appendix A. I have had the details of the study explained to me, any questions I had have been answered to my satisfaction, and I understand that I may ask further questions at any time. I have been given enough time to consider whether to participate in this study and I understand participation is voluntary and that I may withdraw from the study at any time.

1. I have read the information sheet and understand the aim and process of this research
2. I agree to the interview being audio-recorded.
3. I agree the interviewer may use the original interview transcript if I do not accept the offer to review and edit the transcript within 2 weeks.
4. I agree to participate in this study under the conditions set out in the Information Sheet.

Declaration by Participant:

I [print full name]_____ hereby consent to take part in this study.

Signature: _____ Date: _____

Appendix D: Interview Questions

Interview Guide/Prompts

1. Could you please tell me about the reasons and motivations behind why you decided to undergo weight loss surgery?

2. Tell me about the process of weight loss for you, how was this experience for you? **Prompt:** *How was the experience of losing weight so rapidly?*

3. Could you please tell me about any changes that may have occurred in the way you see yourself since weight loss surgery? **Prompt:** *How have these changes or lack of changes affected you? Do these changes differ to how you saw yourself before surgery, if yes, how?*

4. Could you tell me about any changes you expected to occur after weight loss surgery? **Prompt:** *Did they eventuate? How about any that did not eventuate?*

5. Have you experienced any difference in social interactions since weight loss? **Prompt:** *What about differences in relationships? what about your close family members? colleagues? friends? neighbours? anyone else*? *Could you please tell me about these experiences?*

6. How about any other changes you may have experienced since weight loss surgery?

7.What does it mean to you to be considered 'formerly obese'?

8. What does it mean to you to be considered a 'normal weight'?

9. Overall, what have been the positive things that have occurred after weight loss surgery? Have any challenges arisen since weight loss surgery? Would you mind telling me about your experience with these challenges? What advice would you provide for someone considering this process?

10. Is there anything else you would like to add?