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The Lived Experience of Black Women with Weight Loss and Counseling Post Bariatric Surgery

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Abstract

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MA, Walden University, 2019

BS, Chandler-Gilbert College, 2010

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Health Psychology

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Abstract

Studies have shown that bariatric surgery can assist obese individuals to both lose a significant amount of weight rapidly and improve or resolve health comorbidities associated with obesity. This weight loss, however, can be considerably less for the obese Black woman. While reasons for this difference appears multifactorial entailing dietary, genetics, and environmental factors, limited research concerning the lived experiences of obese or formerly obese Black women with weight loss and post bariatric counseling have been conducted. The primary objective of this interpretative phenomenological study was to increase the understanding of the lived experiences of obese or formerly obese Black women with weight loss and counseling following bariatric surgery. This involved conducting semi structured interviews on Zoom with 12 formerly obese Black female patients that had received bariatric surgery and completed at least one session of postoperative counseling. Using the biopsychosocial-cultural and health belief models, 12 themes and one subtheme emerged. The primary key findings from the 12 themes emphasized the need to provide more racial/diverse counselors to these individuals to overcome the hesitancy experienced by many Black women in seeking mental health counselors. The struggles Black women may experience following surgery such as social occasions involving food in addition to the negative feedback received from friends and family can result in increased reluctance to seek out counseling. Findings from this study may be used by counselors for positive social change to meet the needs of all their clients.

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Dedication

This dissertation is dedicated to my sister Deborah. Your untimely death was a reminder to me of how brief our life on this planet can be and the importance of stepping out in faith towards our dream. Your loving spirit has walked beside me throughout this journey, and I thank you.

Acknowledgments

I would like to thank my children for being my biggest supporters and cheerleaders. And special thanks are given to chair Dr. Greiner for standing by me and believing in me even when I had doubts and to Dr. Bigatti for all the helpful feedback given.

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Chapter 1: Introduction to the Study

Introduction

Although healthcare professionals estimate that obesity will affect more than 1.3 billion individuals globally by the year 2030, it is morbid or severe obesity that poses an increased health risk within the African American community especially for Black women (Okop et al., 2016). Estimated health costs associated with the diagnosis of obesity can reach over $200 billion annually (Kim & Bau, 2016). When the health of a person begins to deteriorate due to continued weight gain, bariatric surgery may be recommended by their healthcare provider (Kim & Bau, 2016). Procedures such as gastric bypass, adjustable band, and sleeve gastrectomy reduce the size of the stomach, restricting food intake and result in weight loss (Cleveland Clinic, 2015). Mounting research supports the significant weight loss, improvement of health comorbidities following bariatric surgery in addition to improved longevity and overall quality of life (American Society for Metabolic and Bariatric Surgery [ASMBS], 2019b; Torgan, 2013). While reports of significant weight loss following bariatric surgery exist, the amount of weight loss can be less among certain ethnic groups, specifically among obese Black women (Elli et al., 2016; Fitzgibbon et al., 2012; Kelly & Hoover, 2019). Reasons for this weight loss difference appear multifactorial with research ongoing concerning the genetics, cultural, and environmental factors to which this target population may be susceptible (Agyemang & Powell-Wiley, 2013). An additional factor that has shown potential benefits for the bariatric patient following surgery has been behavioral counseling (Bolton & Moore, 2015; Fitzgibbon et al., 2012; Sockalingam, et al., 2017).

The ability to lose and maintain weight loss after receiving bariatric surgery requires significant behavioral changes which may prove difficult for some individuals. Cognitive behavioral counseling is a form of psychological treatment that has been shown effective in a series of mental health problems that include depression, anxiety disorders, alcohol and drug use, marital problems, and eating disorders (American Psychological Association [APA], 2017). With behavioral counseling, efforts are made to change the thinking and behavioral patterns of the person through learning problem-solving skills to cope in difficult situations. In learning to handle difficult situations, it is believed the person gains a greater sense of confidence in their abilities (APA, 2017). Research reveals the implementing of behavioral counseling can potentially assist obese individuals to adopt and maintain positive behaviors post bariatric surgery (Beaulac & Sandre, 2017; Kubik et al., 2013; Sockalingam, Leung, et al., 2019; Voils et al., 2020). Despite the potential benefits postoperative counseling may offer, there is reluctance among Black women in seeking counseling. This may be due to fear in seeking help, stigma of mental illness within the African American community, and the need not to appear vulnerable to friends and family all while and maintaining the image of the "strong, Black woman." Research was needed for a better understanding of the lived experience of Black women with bariatric surgery and their perceptions of postoperative counseling following surgery (Ogden et al., 2015).

Background

Current research indicates obesity poses an increased health risk to Black women in comparison to other ethnic and gender groups. Studies estimate that 82.1% of Black

women are overweight or obese in contrast to 75.7% of Hispanic or 59.5% of White women. (African American Wellness Project [AAWP], 2018). Additionally, extreme or morbid obesity also continues to be higher among Black women with it being 17.8% versus 7.1% and 6.0% for White and Hispanic women [AAWP], 2018). Diseases associated with obesity including Type 2 diabetes, high blood pressure, and certain forms of cancer, with estimated health costs ranging over 200 billion dollars annually.

If the health of the person deteriorates due to weight gain, bariatric surgery may be recommended by their healthcare provider (Kim & Bau, 2016). Bariatric surgery reduces the capacity of the stomach which restricts the amount of food that the surgery patient can consume, resulting in rapid weight loss (Cleveland Clinic, 2015). Bariatric surgery currently is the most effective method to assist in rapid weight loss in this target population; however, obese Black women achieve significantly less weight loss in comparison than obese White women following surgery (Buchwald et al., 2004; Elli et al., 2016; Kelly & Hoover, 2019; Khorgami et al., 2015; Ng et al., 2015). Reasons for the weight loss differences appear multifactorial with research ongoing concerning the genetics, cultural, and the environmental factors to which this target population may be susceptible to (Agyemang & Powell-Wiley, 2013). A factor that has shown potential benefits for obese Black female bariatric patients following surgery is the implementation of behavioral counseling (Bolton & Moore, 2015; Fitzgibbon et al., 2012; Sockalingam, Cassin, et al., 2017).

The ability to lose and then maintain weight loss post bariatric surgery requires significant behavioral changes. Revising negative behaviors such as binge or emotional

eating or attitudes about physical activity could prove difficult for the obese person to achieve without assistance. Recent pilot studies reveal that the use of behavioral counseling can potentially assist these individuals to adopt and maintain positive health behaviors both post-bariatric surgery and even 1-year post-surgery (Kubik et al., 2013; Sockalingam, Cassin, et al., 2017; Sockalingam, Leung, et al., 2019; Voils et al., 2020). Despite the potential postoperative benefits counseling may offer, limited research is available concerning the benefits to female Black patients (Ogden et al., 2015).

The obese Black woman can encounter conflicting feelings concerning weight, weight loss and body image when they decide to seek bariatric surgery. While behavioral counseling has shown potential benefits following bariatric surgery, reluctance exists among Black women to seek mental health treatment (Cheng et al., 2013, Fripp & Carlson, 2015). This may be due to fear of stigma in seeking help, stigma within the African American community concerning mental illness, and the need not to appear vulnerable to friends and family all while maintaining the image of the "strong, Black woman" (Andrews et al., 2017; Cheng et al., 2013; Hays & Aranda, 2016; Nelson et al., 2016; Walton & Oyewuwo-Gassikia, 2017). Additionally, Black women can be more accepting of being overweight or even obese (Fettich & Chech, 2012). From rap songs to music videos, Black women can feel pressure to have shapely hips, large breasts, and a full backside (Capodilupo & Kim, 2014). This cultural norm of having a "little extra weight" being seen as desirable or healthy could potentially hinder weight loss post bariatric surgery (Parham-Payne, 2013; Sanderson et al., 2013).

Problem Statement

Extreme or morbid obesity exists when an individual possesses a body mass index (BMI) of 40 or higher or is 100 pounds or more above their ideal body weight. Sadly, Black women are being disproportionately burdened with this global health problem with an estimated 80% being either overweight or obese (Bauer et al., 2017; University of Rochester Medical Center, 2018). The health costs associated with the treatment of obesity-related diseases are estimated over 200 billion dollars annually (Harvard T.H. Chan, 2021). When weight gain has become excessive, bariatric surgery may be recommended by their healthcare provider. Through these procedures, the storage capacity of the stomach is reduced, limiting food intake and enabling the individual to feel full sooner which results in significant weight loss (Cleveland Clinic, 2015; Torgan, 2013). Ongoing studies reveal that African American patients have an overall higher postoperative BMI than other ethnic groups in addition to exhibiting a lower percentage of excess weight loss (%EWL) than White and Hispanic patients (Elli et al., 2016; Kelly & Hoover, 2019; Khorgami et al., 2015; Ng et al., 2015). Reasons for the weight loss differences appear multifactorial and include differences in uptake and benefits of behavioral counseling. Limited research exists regarding the lived experience of Black women with the counseling they receive following bariatric surgery (Bolton & Moore, 2015; Fitzgibbon et al., 2012; Sockalingam, Cassin et al., 2017).

Behavioral counseling, developed by healthcare professionals can potentially assist individuals who are overweight/obese in adopting and maintaining positive health behaviors (Kubik et al., 2013). Through use of post surgery behavioral counseling,

patients can gain understanding concerning behaviors that may have resulted in their obesity and to begin making changes that will lead to weight reduction (John Hopkins Medicine, n.d.). In a 6-month pilot study where telephone counseling sessions were conducted on bariatric surgery patients postoperatively, it was determined that patients' weight loss outcomes improved (Sockalingam, Cassin et al., 2017; Sockalingam, Leung et al., 2019).

Despite the potential benefits postoperative behavioral counseling offers, limited research is available concerning the benefits it may provide to Black female bariatric surgery patients (Ogden et al., 2015; United States Preventive Services Task Force [USPSTF], 2015). Reasons behind this limited research may be that postsurgical counseling is not always recommended by bariatric surgeons, and the reluctance among Black women to seek counseling (Fripp, & Carlson, 2015; Watson & Hunter, 2015). One study suggested that reluctance exists in discussing mental health issues within the African American community due to the shame and stigma associated with these conditions (Watson-Singleton et al., 2017). Black women may have conflicting feelings about losing weight (Jackson, et al., 2014). This reluctance may hinder individuals within this target population from seeking assistance concerning overweight/obesity issues, and this can result in less weight loss following bariatric surgery.

In summary, while research supports the use of bariatric surgery in cases of severe obesity, prior research also suggests that Black women may have conflicting weight loss objectives than what is normally observed in their Caucasian counterparts, and Black women may be reluctant to engage in post surgery counseling (Bauer et al., 2017;

Chithambo & Huey, 2013). Research was needed that could assist in help understanding how Black women experience bariatric surgery and postsurgical counseling for successful weight reduction and maintenance of healthy weight.

Purpose of the Study

The purpose of this research was to understand the lived experience of postoperative counseling in Black women who have had bariatric surgery. Even after undergoing bariatric surgery, the weight lost by the Black female is still significantly less than their Caucasian counterparts (Elli et al., 2016; Kelly & Hoover, 2019; Khorgami et al., 2015; Ng et al., 2015). The reasons for this weight loss difference remain unclear; however, prior research suggests Black women may have different weight loss objectives than what is normally observed in other ethnic groups which could potentially hinder the Black women's weight loss success. Further, the reluctance within the Black community to seek mental counseling, could be a hinderance in assisting with weight loss success due to the reluctance of Black women to engage in post surgery counseling. Research was needed for increased understanding of the lived experience of obese Black women with bariatric surgery and their perceptions of postoperative counseling following surgery.

Research Questions

RQ1: What is the lived experience of bariatric surgery for obese Black women?

RQ2: What is the lived experience of counseling post bariatric surgery for obese Black women?

RQ3: What is the lived experience involving the sociocultural influence encountered by obese Black women concerning counseling post bariatric surgery?

Theoretical Framework

The theoretical framework used for this research included the biopsychosocial-cultural and health belief models. The biopsychosocial-cultural approach is a multifaceted, comprehensive framework that assists in the understanding of human development, health, and functioning (Brice-Montas, 2016; Melchert, 2011). Initially formulated in 1977 by Engel, the framework considers the interaction of biological, psychological, and social-cultural factors that will be taken into consideration to understand health outcomes like obesity. The biopsychosocial-cultural model was used to explore the cultural meaning of weight loss in women who have gone through bariatric surgery. The health belief model (HBM) is a theoretical framework frequently used to explain the reason individuals choose to either change or maintain certain health behaviors (James et al., 2012). Constructs within the HBM include perceived susceptibility, perceived benefits, perceived barriers, perceived severity, and self-efficacy. Self-efficacy is the individual's level of confidence in their ability to obtain a desired goal and is a vital component in achieving weight loss post bariatric surgery (USPSTF, 2015). The HBM was used to guide the development of interview questions and the analysis plan to explore self-efficacy and the other key constructs.

Nature of the Study

This was an interpretative phenomenological study of the lived experience of the obese Black woman with bariatric surgery and post-operative counseling following

surgery. While obesity has reached epidemic levels in the past decade, it has affected African American women the hardest with an estimated 80% being either overweight or obese; which is in stark comparison to the 32% and 41% of White and Hispanic women respectively (Bauer et al., 2017; Dingfelder, 2013). For purposes of this research, I recruited 12 Black female participants who had completed bariatric surgery approximately 12 months earlier or longer and completed at least one session of postoperative counseling. Recruitment strategies included criterion, purposeful, and snowball sampling. Semi structured interviews allowed open dialogue between the researcher and the participant along with the ability to use prompt and open-ended questions (Pietkiewicz & Smith, 2014). I conducted semi structured interviews with each participant.

Assumptions

While I assumed the research topic of weight, body image and counseling might be sensitive for the participant, I hoped that through the use of semi structured interviewing, the participants would feel comfortable and at ease in expressing their thoughts and opinions without fear of exposure. I also assumed that participants would understand questions asked and, if not, would ask for clarification. Additionally, I assumed that the lived experiences shared by each participant would share some similarities however they would also be diverse in relation to views on weight loss, body image, and counseling post bariatric surgery. Finally, I assumed that the variation in each participant's experience and perspective would expand the depth of understanding while also revealing common themes.

Scope and Delimitations

Scope of the study included obese Black women who had received bariatric surgery in past 12 months or longer and must have complete at least one session of counseling post surgery. The age range of study participants was between 18-66 years of age that speak English. These women were recruited through a research study participant recruitment search engine.

Limitations

The sensitive subject material had the potential to be a limitation to the study as it could make potential participants hesitant to sign up for my study. Additionally, potential interviews may contain sensitive or taboo information concerning mental illness or weight which may hinder the response of study participants. Researcher bias is explored further in Chapter 3.

Significance

With this study, my objective was to address the gap in understanding the lived experience with bariatric surgery and postoperative counseling following surgery in formerly obese Black women. Black women face significant stress in several social and cultural areas, including their double minority status (race and gender), struggles in balancing work, family, and community, which may result in increased vulnerability to physical and mental health issues (Smith & Wermeling, 2007). In addition to the reality of this heightened experience of stress, obese Black women face two conflicting voices concerning weight loss: one stating dissatisfaction with her weight and appearance and another voicing self-acceptance of her body (Sanderson et al., 2013). This second voice,

Sanderson et al. (2013) suggested, may allow Black women to possess more self-protective factors than other ethnic groups, shielding them from developing low self-esteem and distorted body image. However, this second voice may hinder their weight loss success following bariatric surgery (Sanderson et al., 2013).

This study addressed potential factors that may hinder or impact weight loss in this target population post bariatric surgery, on which there has been limited research (see Fitzgibbon et al., 2012; Gullick et al., 2015). Additionally, through using semi structured interviews, this study presented the voices of Black women regarding their experience of bariatric surgery and behavioral counseling postoperatively.

Summary

The overweight/obese Black woman can encounter conflicting feelings concerning weight and body image when bariatric surgery is recommended by their healthcare provider. While behavioral counseling has shown potential benefits following bariatric surgery, reluctance among this target population exist in seeking mental health treatment. This reluctance may hinder this target population from seeking assistance and may result in less weight loss following bariatric surgery. Research was needed to increase the understanding of the lived experience of obese Black women with bariatric surgery and their perceptions of postoperative counseling following surgery.

Chapter 2 includes an in-depth review of the literature that addresses obesity, bariatric procedures, behavioral counseling, and resistance to counseling among Black women.

Chapter 2: Literature Review

Introduction

Bariatric surgery is currently the medical option offered to patients who are either morbidly obese (BMI 40 ≥ kg/m²), or super morbidly obese (BMI 50≥ kg/m²) (Onyewu et al., 2017; University of Rochester Medical Center, 2018). Through procedures such as laparoscopic Roux-en-Y gastric bypass and laparoscopic sleeve gastrectomy, the stomach's capacity is reduced, thus limiting intake, and resulting in significant weight loss (Torgan, 2013). According to current research, these procedures have successfully helped patients lose 60% to 70% of their excess body weight and have improved or even resolved many comorbidities associated with obesity (Onyewu et al., 2017). Although significant weight loss following bariatric surgery is encouraging, differences have been reported in the amount of weight lost by Black women in comparison to other ethnic groups (Elli et al., 2016; Gullick et al., 2015; Kelly & Hoover, 2019; Khorgami et al., 2015; Ng et al., 2015). Reasons for the weight loss differences appear multifactorial although research on the lived experiences of Black women who received counseling following bariatric surgery is limited (Fitzgibbon et al., 2012). This literature review provided a rationale for, and support for, this study.

Literature Search Strategy

The search for current, 2004-2021, peer-reviewed articles was conducted via Walden University's online library. These databases included Academic Search Complete, PsycARTICLES, PsycINFO, SAGE Premier, Thoreau, and MEDLINE. Google Scholar was also used to locate open access articles. The initial keywords used to

locate articles specific to this study were: *health belief model, biopsychosocial, interpretative phenomenological analysis, weight loss, mental health, bariatric surgery, weight loss surgery, African American/Black/colored women, obesity, obese, overweight, body image, body shape, stigma, behavioral intervention, weight gain, weight regain, phenomenology, counseling, mental illness, behavioral counseling,* and *behaviors.* Variations of these terms were used to ensure exhaustive search results.

Obesity

Of the leading global health problems among healthcare professionals in recent years, obesity has emerged on top (James, 2018; University of Rochester Medical Center, 2018). This complex disease involves the person possessing excessive amounts of body fat (Mayo Clinic, 2019). A screening tool used to assist in gauging whether a person is overweight or obese is BMI and when their weight is considered higher than what is healthy for their given height, the person would be diagnosed as overweight or obese (Centers for Disease Control and Prevention [CDC], 2017). Healthcare professionals frequently subdivide the diagnosis of obesity into several categories: Class 1: BMI of 30 to <35, Class 2: BMI of 35 to <40, & Class 3: BMI of 40 or higher. Individuals within the Class 3 category are sometimes diagnosed as “extreme” or “severe” obesity (CDC, 2017). Extreme or morbid obesity can prove fatal with both lifestyle implications as well as medical complications impacting the individual’s health, quality of life and potentially shortening of life expectancy (Ventura County Medical Center, 2017). It is estimated that at least 30 million Americans are diagnosed as either overweight or obese with approximately 7 million of these individuals considered extreme/morbidly obese

(Ventura County Medical Center, 2017). Morbid obesity extends beyond being just a mobility or cosmetic concern for the affected individual. There are several health conditions that are obesity/morbid obesity-related that can potentially cause physical, mental, and emotional problems for the person in addition to reducing their life expectancy (University of Rochester Medical Center, 2019). Some of these health conditions include heart disease, stroke, Type 2 diabetes, high blood pressure, certain forms of cancers, osteoarthritis of weight-bearing joints, gastroesophageal reflux disease (hiatal hernia and heartburn), sleep apnea/respiratory problems as well as the potential to impair fertility in both men and women, have been associated with obesity/morbid obesity (Mayo Clinic, 2019; University of Rochester Medical Center, 2019). Researchers have determined that medical expenses devoted to treating obesity-related illness in adults increased from 6.13% in 2001 to 7.91% in 2015 which is an increase of 29% with these estimated health costs associated with this diagnosis ranging over 200 billion dollars annually (Biener et al., 2018; Kim & Bau, 2016). In addition to these increased medical costs, studies highlight that obesity can both lower wages and probability of employment for the obese individual which can then affect the economic status of the person that could then potentially lower their self-esteem (Biener et al., 2018).

The obesity prevalence varies between genders as well as across ethnic groups. According to findings published by Aubrey (2015), more than 40% of middle-aged women in the United States are classified as obese while across all adult age groups, approximately 38% of women and 34% of men are considered obese. However, these figures are much higher within the Black community. The CDC Office of Vital Health

Statistics estimates that approximately 60% of Black men are overweight while 78% of Black women are considered obese (AAWP, 2018). It is of note that during the years of 2005-2014, the prevalence of obesity and extreme obesity increased significantly among women of color, affecting one in six non-Hispanic Black women (National Institute of Diabetes and Digestive and Kidney Diseases, 2017). Black women are 2.5 times more likely to be diagnosed as morbidly obese compared to White women and are at a greater risk for developing illnesses associated with this condition (Tennant, 2016). Black women in the United States exceed all races in mortality rates for heart disease, cancer, stroke, and diabetes, of which are exacerbated if the woman is morbidly obese (Sutherland, 2013). Additional health problems, such as sleep apnea, osteoarthritis, gallbladder disease, fatty liver, and pregnancy complications, frequently plague obese Black women (AAWP, 2018). In such cases, bariatric surgery may be recommended by the healthcare provider.

Bariatric Surgery

The quest to assist overweight/obese individuals with weight loss through surgery began in the early 1950s at the University of Minnesota (ASMBS, 2019c). The first surgical procedure was the jejunoileal bypass (JIB) which entailed a large portion of the small intestine being bypassed and placed aside within the abdomen (Vitacare Health, 2019). The breakdown and absorption of food and water is the primary responsibility of the small intestine and through JIB, a state of malabsorption is induced due to bypassing most of the intestines while at the same time, keeping the stomach intact (ASMBS, 2019c; Vitacare Health, 2019). The JIB procedure proved effective in causing significant

weight loss for the obese individual but unfortunately, many patients developed minor and major complications. Minor complications included diarrhea, night blindness (from vitamin A deficiency), protein-calorie malnutrition, and kidney stones (ASMBS, 2019c). Complications that proved more problematic were due to the potential toxic overgrowth of bacteria in the bypassed intestines that caused liver failure, severe arthritis, skin problems, and flu-like symptoms. These mounting complications caused many patients to seek reversal of the procedure and consequently JIB is no longer recommended by bariatric surgeons (ASMBS, 2019a). From the creation of this surgical procedure, it led to the development of other bariatric surgical procedures such as gastric bypass, biliopancreatic diversion and duodenal switch, gastroplasty, and gastric banding.

Bariatric surgery consists of various surgical procedures that result in rapid weight loss through restriction of the amount of food in the stomach can hold (ASMBS), 2019c). The most common bariatric surgery procedures are gastric bypass, adjustable band, and sleeve gastrectomy; however, gastric bypass is considered the "gold standard" of weight loss surgeries (ASMBS, 2019a). Due to the many uncomfortable and potentially harmful complications from the JIB that was first performed in 1954, bariatric surgeons worked to make improvements to the procedure (Vitacare Health, 2019). This was accomplished a few years later with the development of a mini gastric bypass in 1967 by Mason and Ito that involved a stapled stomach and a bypassed small intestine (McCue, 2012). As with the JIB, significant weight loss was obtained however, the procedure was again plagued with several harmful complications such as anastomotic leaks, anemia, and vitamin deficiencies. To counter the severe bile reflux associated with

the mini gastric bypass, further improvements were made in the procedure that involved diverting the bile from the stomach and esophagus which was called and now recognized as the Roux-en-Y loop (ASMBS, 2019b; Faria, 2016; McCue, 2012). Roux-en-Y gastric bypass (RYGBP) is a two-stage surgical procedure where in Stage 1, the surgeon divides the stomach into a large portion a smaller pouch of approximately 1 ounce (ASMBS, 2019c). This pouch is constructed through the division of the top portion of the stomach, followed by the first portion of the small portion intestine (the duodenum) being divided and the bottom end of the small intestine brought up and connected to the newly created stomach pouch (ASMBS, 2019a). In the final stage, the procedure is completed through connection of top portion of the divided small intestine to the small intestine farther down (the jejunum) in order that the stomach acids and digestive enzymes from the bypassed stomach will eventually mix with any food consumed (ASMBS, 2019a). Laparoscopic RYGBP was first developed and performed in 1994 to combat the risk of wound-related complications such as infections and incisional hernia associated with open RYGBP. The primary differences between the two procedures are the method of access and method of exposure and although the laparoscopic method is the preferred surgical method, due to the prior medical issues of some obese patients, they may not be candidates for the procedure (ASMBS, 2019a).

Biliopancreatic diversion (BPD) was designed to be a safer malabsorptive to the JIB and was first successfully implemented by Scopinaro in 1979 (Anderson et al., 2013; ASMBS, 2019a). Malabsorptive operations such as JIB, biliopancreatic diversion (BPD), and duodenal switch (DS) differs from RYGBP and gastric banding in that malabsorptive

operations work through both malabsorption and food restriction to help the obese individual lose weight while RYGBP and gastric banding work primarily through restriction (ASMBS, 2019a). With the BPD procedure, portions of the stomach (approximately 70%-80%) are removed in contrast to RYGBP where the stomach is only bypassed (Medline Plus, 2018a). The remaining stomach is then connected to the final segment of the small intestine, and this done in order to decrease the amount of acid produced by remaining stomach (ASMBS, 2019a). The BPD procedure is very effective in sustaining significant weight loss in the severely obese with studies reporting excess weight loss to be approximately 70%, depending on the patient's initial weight and with this weight loss persisting for some patients for 10 years or more (ASMBS, 2019c). Complications associated with this surgical procedure include ulcers, vomiting, foul-smelling bowel movements called steatorrhea, dumping syndrome, and micronutrient deficiencies (Anderson et al., 2013). Additionally, due to BPD being a malabsorption operation, the patient will require life-long medical follow-ups.

A DS combines both food restriction and malabsorption in the surgical procedure. With this operation, approximately 2/3 of the stomach is removed and a small tube is created (ASMBS, 2019a; Wake Forest Baptist Health, n.d.). During the malabsorptive portion of the surgery, a lengthy portion of the small intestine is rerouted with the creation of two pathways: a short and longer pathway along with one common channel. The shorter pathway is referred to as the alimentary limb, carries food from the stomach to the channel while the longer pathway is the biliopancreatic limb, carries bile from the liver to the common channel (Wake Forest Baptist Health, n.d.). The final segment is

referred to as the common channel, measures approximately 100cm in length and it is here where food mixes with the digestive juices from the biliopancreatic limb before they dump into the large intestine (Wake Forest Baptist Health, n.d.). This reduction in the absorption time that the body has from the calories of food consumed is where the source of rapid weight loss for the client. As with the BPD procedure, weight loss is significant and long-term with studies reporting over 70% of excess weight lost and with maintenance of this weight up to 25 years (Faria, 2017). Both the BPD and DS procedures are the most complex bariatric surgeries and have the highest rate of nutritional complications due to the malabsorptive nature and generally only used in the superobese patient BMI > 50kg/m² (Anderson et al., 2013). Complications are like those associated to BPD although ulcers and the dumping syndrome are less frequent (ASMBS, 2019b).

Gastroplasty is a restrictive operation that assist in weight loss but does not interfere with the normal digestive process (Medline Plus, 2018b). The surgical procedure was developed in the early 1970's as a safer alternative to both RYGBP and JIB (ASMBS, 2019c). Gastroplasty was the first bariatric surgery that was exclusively restrictive in that it entails stapling the stomach into a smaller pouch that leaves a small opening for food to pass from the upper pouch to the lower portion (ASMBS, 2019c). While this surgical is appropriate for obese individuals with BMI of 30 or more, research has revealed that long-term weight loss was poor and resulted in several modifications (ASMBS, 2019b). Endoscopic sleeve gastroplasty is the revised version of the surgical procedure where the stomach is reduced using an endoscopic suturing device (Mayo

Clinic, 2019a). With an endoscopic procedure, the surgeon places a tube-like instrument into the body for the purpose of viewing a specific organ such as the stomach (American Cancer Society, 2019). Although significant weight loss is possible with this procedure, studies have shown the potential for rapid weight regain and for this reason the operation is performed less frequently (ASMBS, 2019b).

Gastric banding and laparoscopic adjustable gastric banding are both strictly restrictive procedures where the surgeon places a silicone band around the upper portion of the stomach (Medline Plus, 2019b). This procedure was developed by Wilkinson and this band insertion creates a small stomach pouch to hold food and restricts the amount of food consumed and enables the individual to feel full sooner (Medline Plus, 2019b). In 1986, the laparoscopic gastric banding was developed where a silicone band lined with an inflatable balloon, is inserted in the upper portion of the stomach and the balloon is then connected to a small reservoir is placed under the skin of the abdomen (ASMBS, 2019a). The balloon can be inflated which increases or decreased the diameter of the band depending upon the amount of weight the patient desires to lose. These surgical procedures do not involve intestinal bypass and results in the reduction of nutritional and mineral deficiencies that are associated with other bariatric surgeries (ASMBS, 2019a). Gastric banding has a reduced mortality risk and has a low rate of life-threatening complications. The weight loss with this procedure is lower in comparison to either gastric bypass or malabsorptive operations and varies between 28% and 65% in addition to a reduced impact of obesity-related co-morbidities (ASMBS, 2019b). This procedure

requires strict patient compliance along with frequent medical follow-ups for band adjustment for optimal weight loss results to be achieved (ASMBS, 2019c).

Bariatric surgeries are surgical procedures that were developed to assist obese or extremely obese individuals obtain rapid weight loss through food restriction, malabsorption, or a combination of both processes. These surgeries reduce the stomach's capacity, limiting the amount of food consumed while rerouting of the stomach to re-sectioned intestines, limits absorption time of any food eaten resulting in significant weight loss (Cleveland Clinic, 2015). For the obese patient seeking bariatric surgery, the average excess bodyweight lost could range between 65% to 80% however 70% is considered the average (Buchwald et al., 2004; Faria, 2017). In addition to this weight loss, there are the additional benefits of improved cardiovascular health, long-term remission for Type 2 diabetes, elimination of obstructive sleep apnea as well as alleviation of other medical conditions (Kizy et al., 2017). While reports of significant weight loss and the reduction or elimination of obesity-related comorbidities have been encouraging, the use of bariatric surgery continues to be lower among racial minorities specifically African Americans (Gould et al., 2019).

Even with the Affordable Care Act's (ACA) Medicaid expansion enabling more eligible obese, low-income African Americans to qualify for bariatric surgery, the racial disparity persists (Gould et al., 2019). Despite both the rising rate of obesity within the African American community and research indicating that bariatric surgery has become the primary treatment method for weight reduction, fewer Blacks are undergoing this surgery in comparison to Whites (Morton, 2016). Researchers also determined that men

were less likely to consider bariatric surgery than women with Black men seeking the procedure less often than Black women. In comparing bariatric use among African American males and females, studies indicate that Black men represent only 2.2%, while Black women represent 14.4% (Hoffman, 2020). Reasons for this limited usage among Black men can vary from lack of health insurance coverage, mistrust of physicians, or the result of greater body image satisfaction (Fuchs et al., 2015; Hoffman, 2020). Findings determine that Black men score higher on body image surveys (3.9/5 versus 3.24/5), when compared to Black women (Fuchs et al., 2015).

Additional reasons for the reduced use within this target population varies and through use of the theoretical frameworks of HBM and the biopsychosocial-cultural approach, potential explanations can be obtained.

Theoretical Framework

Biopsychosocial-Cultural Approach

The biopsychosocial-cultural model is a more holistic view of health that was introduced in 1977 by American Psychiatrist Engel (Lakhan, 2006). The biopsychosocial-cultural approach accounts for how the interaction of biological, psychological, and social-cultural factors for the purpose of understanding health outcomes such as obesity (Brice-Montas, 2016; Nguyen, 2016). The biopsychosocial-cultural approach is appropriate framework for the study since while the factors of culture and social can be independent of each other, they both however interact with physical and biological factors to create the complete picture of the phenomenon being observed (Brice-Montas, 2016). The biopsychosocial-cultural model examines how thoughts, emotions, and

behaviors in combination with social-cultural components, interact within a person in context of a disease or illness (Nguyen, 2016). Prior to the obese individual receiving clearance for bariatric surgery, a preoperative psychosocial evaluation is conducted (Sogg et al., 2016). One important biology component of this evaluation is a comprehensive medical history specifically; their prior attempts at weight loss (Sogg et al., 2016). The psychosocial component includes history of eating disorders symptoms or behaviors, history of anxiety disorders, posttraumatic stress disorder (PTSD) or depression, and finally, the quality and extent of social support that are available to them (Sogg et al., 2016). The biopsychosocial-cultural model was used to explore the cultural meaning of weight loss in obese Black women who have gone through bariatric surgery (Ngoubene-Atioky & Williamson-Taylor, 2019).

Health Belief Model

One of the most widely recognized conceptual frameworks used to assist individuals create healthy behaviors through focusing on positive behavioral change is the health belief model (HBM). The HBM was originally developed in the 1950s by social psychologists Hochbaum, Rosenstock, and Kegels who were employed at the U.S. Public Health Services (Penn State, 2014). The model was initially created due to the failure of the free tuberculosis (TB) health screening program that the U.S. Public Health Services provided, and the model stipulates that health-related behavior depends on the perception a person has in four critical areas (Penn State, 2014; Romano & Scott, 2014). These critical areas consist of severity of a potential illness, how susceptible they are to the potential illness, benefits they may gain from taking preventive action, and what

barriers stand in the way of the person acting (Romano & Scott, 2014). This earlier model was used in predicting simple health behaviors such as one-time immunizations however, in order to predict long-term health concerns, an extended model was needed (Wilson et al., 2017).

A revised model was introduced in 1988 that included the construct of self-efficacy; a behavioral determinant that reflects the extent a person feels they are capable of successfully engaging in a recommended health behavior (Wilson et al., 2017). The design of the HBM is frequently used to assist in the explanation and prediction of health behaviors that focuses on the motivation or willingness of the person to undertake or maintain a certain health behavior (James et al., 2012; Romano & Scott, 2014). When a person perceives a threat from disease, they measure their susceptibility, severity, and what perceived benefits from preventive actions exceed barriers then the person is likely to preventive action (Deshpande et al., 2009). Due to research that indicates Black women are more accepting of larger body sizes than White women, they may not see the potential benefits to weight loss or perceive a potential threat from being overweight (see Gustat et al., 2017). Along with this greater body size acceptance, cultural norms within the African American community prefer larger body frames which can further hinder the efforts of obese Black women to make health behavior changes.

Constructs within the HBM which are: perceived susceptibility, perceived benefits, perceived barriers, perceived severity, and self-efficacy, it is self-efficacy that is a critical predictor in weight loss success following bariatric surgery (USPSTF, 2015). Self-efficacy has been reported to influence hospital readmissions in addition to weight

regain after surgery (see Jaensson et al., 2019). To make health changes such as eating smaller portions, reducing intake of high-calorie foods, and incorporating physical activity requires strong self-efficacy and if the person is lacking in the belief, they can make these changes, their probability of success is reduced. The HBM will be used to guide the development of interview questions and the analysis plan to explore self-efficacy and the other key constructs.

Weight Loss Differences Between African American and Caucasian Women

Reports estimate that obesity currently affects 93 million US adults with the epidemic striking disproportionately within the Black community (Gould et al., 2019; Sheka et al., n.d.). Higher prevalence of obesity-related diseases such as Type 2 diabetes and cardiovascular disease have been reported among Blacks in contrast to Whites (Sheka et al., n.d.). Despite both the rising rate of obesity within the African American community and research that bariatric surgery has become the primary treatment method for weight reduction, fewer Blacks are undergoing this surgery in comparison to Whites (Anasooya et al., 2016; Mainous et al., 2013). Current research highlights patients who seek bariatric surgery frequently are middle-aged White females. Although studies submit lower referral rates as one of the barriers inhibiting African Americans from using bariatric surgery, further research has discovered that the Black patients, particularly obese Black female patients, lose less weight than the White female patient post-bariatric surgery (Gould et al., 2019). Results from these findings suggest that for weight loss to be successful for overweight/obese Black women, different approaches from those of other

populations must be developed and used by health care professionals (see Banerjee et al., 2018).

Bariatric surgeries such as gastric bypass or sleeve gastrectomy potentially can produce significant long-term weight loss of approximately 60% to 80% excess bodyweight which can translate to if the obese individual is 200 pounds overweight for example, potentially losing 160 pounds excess bodyweight with this number possibly being higher (ASMBS, 2019a). Despite the rapid weight loss that the surgery can provide, differences in the amount lost between ethnic groups, specifically between African American and Caucasian women has been observed. In longitudinal studies conducted by researchers on bariatric patients across racial groups, findings have shown that Whites had a greater percent excess weight loss (%EWL) than Blacks 6 months after weight loss surgery and consistently 12- 36 months after surgery (Admiraal et al., 2012; Anderson et al., 2006; Elli et al., 2016; Khorgami et al., 2015; Ng et al., 2015). Multiple factors can contribute to the weight difference experienced by Black women post-operatively form bariatric surgery. These contributing factors can range from genetics, dietary to psychological.

Studies have revealed obesity rates for Blacks are higher in comparison to Whites, with the trend being very high among African American women (Klimentidis et al., 2016). Data from the Centers for Disease Control and Prevention [CDC] and the National Center for Health Statistics reports the “proportions of overweight/obese African-American women to Caucasian women are 82.2% and 60.9% respectively”. It is estimated that during the period of 2011- 2014, Black girls were 50% more likely than

non-Hispanic White girls to be overweight with 60% of Black women being obese in contrast to non-Hispanic in 2015 (Minority Health, 2017). Medical research reveals that Black women can have a greater tendency towards obesity due to a mutation of the ankyrin-B gene (Lorenzo & Bennett, 2017). Ankyrin-B is a protein that is present in all bodily tissue and functions as an anchor through linking vital proteins to the interior of the cell's membrane (Bradfoot-Duke, 2017). Per ongoing research, individuals that possess variants in the ankyrin-B gene (AnkB) it can cause fat accumulation within the cell with the result being greater susceptibility to becoming overweight or obese (Lorenzo & Bennett, 2017). Researchers estimate that 8.4% of African Americans possess this variant in comparison to 1.3% of Caucasians (Bradfoot-Duke, 2017).

While psychological and mental health issues can affect any population or ethnic group, it is within the African American community where mental health concerns such as depression can hit the hardest. It is estimated per the Health and Human Services Office of Minority Health that Blacks are 20% more likely to experience some form of mental health problem than the general population (Anxiety and Depression Association of America [ADAA], 2018). Health professionals further reveal that Black women have higher incidences of experiencing major depression while also being twice as likely not to seek help in comparison to White women (see Richards, 2019). Individuals that experience depression can develop mood swings, increased or decreased appetite, feelings of worthlessness, and the inability to concentrate fully. Additionally, depression and has been shown to affect the consumption of energy dense food in African American women. Recent studies that examined the correlation between depressive symptoms and

the consumption of energy dense foods, highlighted that, African American women that experienced depression associated it with their eating behavior; specifically with their consumption of both high fat and sugared foods (Pickett & McCoy, 2018). These effects can all be contributing factors as to whether achieving and maintaining weight loss post bariatric surgery will be successful in obese Black women (Richards, 2019). Prior to receiving bariatric surgery, potential patients must undergo a series of evaluations that are both physical and psychological.

Pre-operative Evaluation

The achieving and maintenance of weight loss after bariatric surgery requires significant behavioral changes and for this reason, it is important to determine all psychosocial and behavioral factors the potential surgical patient possess (see Gallé et al., 2017). To increase the success rate for the individual seeking bariatric surgery, a comprehensive evaluation is needed. This is a multidisciplinary assessment that involve the surgeon, dietician, endocrinologist, and psychologist; evaluating and educating the potential candidate (Schlottmann et al., 2018). Prior to performing bariatric surgery, many insurance companies require a pre-operative counseling be conducted that entails a psychological assessment/evaluation to determine mental readiness before authorizing the procedure (Collins & Bentz, 2009; Medical University of South Carolina, MUSC, n.d.).In recent years, the implementation of presurgical psycho-social evaluation of potential weight-loss candidates has been adopted by both most third-party payors and 80% of U.S. based bariatric surgery programs (Sogg et al., 2016). During the psychological evaluation, the clinician works to identify risk factors that can affect the individual's

surgical outcome and weight loss goal (Schlottmann et al., 2018). The evaluation assesses risk factors that can include weight history, history of eating behaviors/disorders, current and past mental health treatment, and finally, patient knowledge and motivation for weight loss.

When seeking bariatric surgery, the individual is required to make lifestyle as well as behavioral changes such as consuming frequent smaller meals, avoiding foods that can limit weight loss or contribute to digestion problems and increase their physical activity (McGrice & Don Paul, 2015; McVay & Friedman, 2012). For many obese individuals, these are dramatic changes with some struggling to make these recommendations. Nonadherence, which is the refusal to stay with a prescribed treatment or behavioral changes is not uncommon and can result in weight regain in the years following surgery (Magro et al., 2008; Voils et al., 2020). Researchers have found that 81% of former bariatric patients surveyed were still attempting weight loss; even 4 years after receiving surgery (McGrice & Don Paul, 2015). In the effort to assist these individuals make the needed lifestyle changes, behavioral counseling may be an option.

Counseling for Weight Loss

Behavioral Counseling

The use of bariatric surgery over the last decades has been shown to be an effective method to treat extreme obesity (Paul et al., 2015). It is estimated that approximately 70% of bariatric patients will obtain successful outcomes from the surgery which include losing 50% of excess body weight in addition to resolution of comorbid health issues (Himes et al., 2015; Paul et al., 2015). With this success however,

approximately 20-30% of bariatric patients experience either failure to lose excess weight following surgery or to regain weight over time. There can be varying psychosocial reasons for the failure of the patient to lose the weight or for weight regain. Obese individuals may have developed specific eating behaviors (emotional or "mindless eating", night eating, binge eating, uncontrolled or frequent eating of high calories foods) or other psychological factors (depression, anxiety, PTSD, alcohol dependence) that have been associated with poor weight loss, weight maintenance following surgery and adherence to surgery guidelines (Collins & Bentz, 2009; Himes et al., 2015; Hjelmesæth et al., 2019; Voils et al., 2020). Additionally, current studies reveal that the lack of social support experienced by many bariatric surgery patients can also be a contributing factor to their weight regain following surgery. The use of behavioral interventions is essential to ensure long-term maintenance of weight loss for the patient postoperative as well as the prevention of weight regain (see Beaulac & Sandre, 2017).

Behavioral counseling, developed by healthcare professionals, can potentially assist individuals who are overweight/obese in adopting and maintaining positive health behaviors (see Kubik et al., 2013). Additional benefits of behavioral counseling would be the opportunity for the post-surgical patient to address issues with body image, assistance with potential family and relationship problems and ongoing support following surgery (Gradcischi et al., 2020). The behavioral approach emphasizes teaching the skills of self-management, with the expectation the person will be responsible to transfer what they learn out into their everyday life and to modify any dysfunctional eating habits or behaviors (McVay & Friedman, 2012; Paul et al., 2015). Through use of post-surgery

behavioral counseling, patients can gain understanding concerning behaviors that may have resulted in their obesity and begin making changes with the potential outcome being weight reduction (John Hopkins Medicine, n.d.; Himes et al., 2015). Current research reveals that post-operative counseling can be effective in assisting patients increase weight loss after bariatric surgery.

Post-operative Counseling

In the evaluating of potential bariatric patients, studies suggest that this evaluation should not be limited to just the pre-operational period, but that follow-up should also be included (Pearl et al., 2017). Research has revealed that post-operative counseling can improve several outcomes for the bariatric patient. For example, in a recent six-month pilot study where telephone counseling was conducted on bariatric patients post-operatively, it was determined that patients' weight loss outcomes improved (Sockalingam, Cassin et al, 2017; Voils et al., 2020). Additionally, research has shown that post-operative counseling can help with weight regain. Researchers working with eight groups of post-operative bariatric patients who had experienced weight regain since weight loss surgery, used Cognitive-Behavioral counseling techniques during an 8-week period (Bolton & Moore, 2015). Findings revealed an increase in weight loss among 79% of these patients (Bolton & Moore, 2015). Patients also expressed an overall feeling of success in being able to overcome any obstacles to staying on track to lose weight (Bolton & Moore, 2015). These preliminary studies reveal that mental health practitioners can be a vital asset post-operatively for patients that display with new or continuing psychosocial-behavioral habits that may hinder weight loss (see Pearl et al.,

2017). Despite the potential benefits post-operative behavioral counseling offers, limited research is available concerning the benefits to Black bariatric surgery patients, particularly Black female patients (United States Preventive Services Task Force [USPSTF], 2015).

Reasons for Resistance to Counseling in Black Female Patients

Limited Research on Benefits of Counseling to Black Female Bariatric Patients

While research continues concerning the effects of behavioral counseling following bariatric surgery, the benefits or even the participation of obese female Black patients have been limited. In a 2015 published research concerning the impact of a psychological support program pre and post bariatric surgery, of the 162 patients only two were Black and female (Ogden et al., 2015). There may be several reasons for this limited research. These reasons may involve the reluctance among Black women to seek counseling, mental illness being a continuing taboo subject in many African American communities, and conflicting feelings about losing weight due body image.

Reluctance in Seeking Counseling

Although positive results can be achieved through counseling, it continues to be underutilized by minority groups, specifically Black women (Ward & Heidrich, 2009). Black women frequently hold the negative view towards seeking psychological services and this may be due to fear of stigma in seeking help, mistrust, limited understanding of mental illness or feelings of cultural insensitivity (Cheng et al., 2013; Fripp, & Carlson, 2015). Research indicates that Black women are reluctant to acknowledge mental health issues and if mental health services are offered, prefer religious coping services (Ward et

al., 2013). Finally, the cultural belief within the African American community concerning sharing personal information outside of the family being prohibited can result in Black women avoiding counseling (see Thompson et al., 2004). This belief that keeping personal information within the family only, highlights how Black women have been taught to be less psychologically open with individuals who provide formal support; resulting in limited contact with mental health professionals who they view as strangers (see Watson & Hunter, 2015). Additionally, Black women may be reluctant to seek counseling due to her not wanting to appear vulnerable to friends, family and to maintain the image of the "strong, Black woman".

Strong, Black Woman/Superwoman Role

Counseling requires that a person allow themselves to be open with their counselor in order to work through their emotions or behaviors. Showing weakness or vulnerability can be difficult for many people however for Black women this can be especially challenging. The history of Black women is one of slavery, colonialism, forced migration, and their enslavement in the United States has had a lasting effect on their lives (Nelson et al., 2016). Through the decades, stereotypes ranging from the selfless "mammy" to the lazy, dependent "welfare queen" have been created within U.S. culture and they continue to affect the perceptions of Black women (Andrews et al., 2017).As a means to counter these stereotypes, Black women may have embraced strength to protect themselves and their families additionally this could also involve socializing their daughters to remain strong within a society that will frequently devalue them and their culture (see Nelson et al., 2016). In addition to this racial socialization, research has

shown that Black mothers place higher expectations, increased responsibilities, and additional demands on their daughters in comparison to sons. These added demands and expectations from an early age emphasis as well as encourage the Black women to suppress their emotional pain and to resist showing signs of vulnerability (Abrams, Maxwell et al., 2014; Abrams, Hill et al., 2019; Okeke, 2013; Watson & Hunter, 2015; Woods-Giscombé, 2010). The inability to express emotional pain can lead to the Black woman developing psychological distress such as anxiety and depression. Research has shown that African Americans have more severe, persistent, and disabling episodes of depression in comparison of non-Hispanic Whites (Hays & Aranda, 2016; Steinberg et al., 2014). However due to the cultural stigma within the African American community concerning mental illness and the seeking of treatment, family member and friends can potentially pose a barrier to improved mental health outcomes for Black women.

Mental Illness Stigma

In recent years, research has provided evidence indicating that depression as the leading cause of mental illness in the United States with an estimated over 15 million Americans suffering annually (Walton & Oyewuwo-Gassikia, 2017). Although Black women have lower lifetime prevalence rates of depression (13.1%) in comparison to White women (19.5%), studies determined that when Black women are diagnosed, their episodes are more severe, persistent, and disabling (Hays & Aranda, 2016; Steinberg et al., 2014). The plight faced by Black women is heightened due to the fact of their low underutilization of counseling services. While several factors can contribute to this low utilization rate, the primary one for many Black women are the cultural stigma and

negative attitudes received from families and friend concerning mental health treatment (Hays & Aranda, 2016). Historically, African Americans have relied on the family, church, and friends for support in handling psychological problems. For many Black women however, this can pose a problem due their overwhelming need to exhibit strength, self-reliance and to hide vulnerability unfortunately, these actions can intensify symptoms of anxiety and depression (Watson & Hunter, 2015). In the effort to lessen these symptoms, Black women may develop unhealthy coping behaviors such as comfort or binge eating (BED). Studies revealed that maladaptive eating behaviors and binge eating was most prevalent among African American women (Flowers et al., 2012; Sutherland, M. E., 2013; Talleyrand et al., 2017; Taylor et al., 2007). Moreover, among Black women diagnosed with severe obesity (BMI ≥40), incidents of binge eating were found to be higher than 30% (Goode et al., 2017). For many of these women, food and eating may be viewed to regulate emotions, to maintain their "mask" of strength, as well as a strategy for coping from various traumas they may have experienced. The unfortunate result from this method of coping can be obesity. While current estimates state that approximately 80% of Black women are either obese or overweight, they face challenges with weight and body image (Goode et al., 2017).

Body Image

Despite the heightened health risk associated with obesity for Black women, their weight continues to be higher in comparison to White women in addition to Black women having the tendency to be more accepting of being overweight (Chithambo & Huey, 2013; Fettich & Chech, 2012). Although bariatric surgery can assist Black women

can feel conflicted concerning their weight due to cultural food choice and desire to have "big booty or bigger thighs" which would make them more desirable to African American men (Befort et al., 2008; Moore et al., 2017). Black women can also experience conflict between their cultural heritage and the mainstream ideal for thinness that is portrayed in the media (see Awad et al., 2015). From rap songs to music videos, many Black women feel pressured to have or maintain shapely hips, large breasts, and a full backside (Capodilupo & Kim, 2014; Jackson et al. 2014). This conflict may hinder Black women from seeking assisting concerning overweight/obesity, and this can result in less weight loss following bariatric surgery and this was the purpose of the research.

Summary

From an extensive review of research literature, it indicates that bariatric surgery is a proven, effective treatment of extreme obesity however, weight loss differences exist between obese Black women and White women following the procedure (Elli et al., 2016; Khorgami et al., 2015; Ng et al., 2015). The obese Black women can encounter conflicting feelings concerning weight and body image when receiving bariatric surgery. The stress of balancing work, family, and community while maintaining a mask of strength can take a toll on the Black woman, resulting in increased vulnerability to physical and mental health problems (see Smith & Wermeling, 2007). Additionally, the obese Black women can experience conflicting voices when faced with losing weight: one stating dissatisfaction with her weight and appearance, and another voicing self-acceptance of her body (Sanderson et al., 2013). These conflicting voices can impact weight loss behaviors for this target population following bariatric surgery.

From exhaustive review of the research literature, it suggests that postoperative behavioral counseling can potentially benefit bariatric surgery in their weight loss, weight maintenance and the prevention of weight regain. Despite these potential benefits gained through behavioral counseling, reluctance exists among Black women in seeking counseling services. This reluctance may stem from the stigma within the African American community concerning mental illness, the desire not to appear vulnerable to friends and family or to maintain the image of the "strong, Black woman", have been indicated through the review. From this research, my objective was to address the gap in understanding the lived experience with bariatric surgery and postoperative counseling following surgery in obese Black women.

Chapter 3: Research Method

Introduction

The purpose of this research was to understand the lived experience of postoperative counseling in Black women who have had bariatric surgery. Even after undergoing bariatric surgery, the weight lost by the Black female is still significantly less than their White counterparts (Elli et al., 2016; Khorgami et al., 2015; Ng et al., 2015). The reasons for this weight loss difference remain unclear; however, prior research suggests Black women may have different weight loss objectives than what is normally observed in other ethnic groups which could potentially hinder the Black women's weight loss success. Further, the reluctance within the Black community to seek mental counseling could be a hinderance in assisting with weight loss success due to the reluctance of Black women to engage in post surgery counseling. Research was needed for increased understanding of the lived experience of obese Black women with bariatric surgery and their perceptions of postoperative counseling following surgery.

For my study, I selected qualitative research design and used interpretative phenomenological analysis (IPA) in order to understand the lived experiences of obese Black women with counseling and weight loss following bariatric surgery. This approach provided me with the optimal opportunity to observe and interview potential research participants for the purpose of understanding and exploring the "innermost deliberation" concerning their lived experiences (Alase, 2017; Sutton & Austin, 2015). The IPA approach allowed for flexibility in the exploration of the phenomenon of postsurgical counseling and weight loss for obese Black women which enabled me to address the

current gap in the understanding of their lived experiences. With this research I hope to build on similar research concerning counseling, post bariatric surgery in obese Black women.

In this chapter, I present the research design used, my role as researcher, the chosen methodology of the research, identification of the data collection instrument, issues of trustworthiness and ethical procedures used for the study.

Research Design and Rationale

Research Questions

RQ1: What is the lived experience of bariatric surgery for obese Black women?

RQ2: What is the lived experience of counseling post- bariatric surgery for obese Black women?

RQ3: What is the lived experience involving the sociocultural influence encountered by obese Black women concerning counseling post-bariatric surgery?

Qualitative Methods

Of the three primary research methods, I used a qualitative method because the study's purpose was to explore and understand the meaning that individuals or a group of individuals may attribute to a particular social or human problem (see Creswell & Creswell, 2018). From the several approaches within qualitative research, I used the IPA. The rationale for this approach was that as the researcher, I would be describing the lived experiences of obese Black women concerning the phenomenon of counseling and weight loss following bariatric surgery (see Alase, 2017, Creswell & Creswell, 2018; Smith & Osborn, 2007; Pietkiewicz & Smith, 2014). This was accomplished with one-

on-one, semi structured interviews. Interviews were conducted with Black female participants that have completed bariatric surgery approximately 12 months earlier, identified through staff from local bariatric surgery centers. Information obtained from these interviews can assist in the understanding of how to support Black women following bariatric surgery.

The primary concern in IPA is to give full appreciation to each participant's account of their lived experience and geared towards the participant for the purpose that they can fully express themselves concerning their lived experiences in a manner that will be free from distortion (Alase, 2017). The selection of potential participants for an IPA study should reflect the homogeneity that exists among the participants, the sample size of the study should be between two and 25 (Alase, 2017; Creswell & Creswell, 2018; Peat et al., 2019; Pietkiewicz & Smith, 2014). Finally, IPA data was gathered from using purposeful sampling strategy to create a homogeneous set of participants (see Alase, 2017; Peat et al. 2019; Smith & Osborn, 2007).

Role of Researcher

The role of the researcher in the presented study entailed the collection, analysis, integration, and presentation of the lived experience stated by each of the participants. As the researcher, I have no supervisory or professional relationship with any of the study participants. Each study participant was recruited from a research participant search engine that provided me with a list of potential participants that have agreed to participate in study. I engaged each study participants in discussion through use of semi structured interviews; however, I had no power over the participants during these interviews. All of

this was accomplished in a manner both objective and free of researcher bias. The challenge facing the phenomenological researcher is, according to Zografou (2012), remaining "both open and faithful to the thing observed while investigating a phenomenon with which, by definition," they are involved (p.#87). I was tasked to put any past beliefs and ideas concerning the phenomenon on hold and recount the image, its details, as well as noting effects on their perception and senses (see Zografou, 2012). This holding back or suspending of beliefs, assumptions, or prejudgments by the researcher is called bracketing and is one method to manage researcher bias (Peterson, 2019). In addition to bracketing, there are several other methods that I used to manage bias. These methods included keeping a research journal or log regularly debriefing with someone not involved in the study and reflexivity (see Creswell & Creswell, 2018; Peterson, 2019). Due to the study being qualitative, as the researcher I brought self-reflection on how my personal background, culture, and past experiences which could potentially shape the interpretation of responses of study participants (see Creswell & Creswell, 2018). As a former personal trainer and nutritionist, I have assisted individuals with fitness and weight issues which allowed me to provide past experiences concerning bariatric surgery and weight loss.

Methodology

Participants

The typical number of participants, per Smith et al. (2009), was to be between four and 10 in an (IPA. Justification for the sampling size was that the primary goal of IPA was to obtain a "detailed description of the individual's lived experience" (Smith et

al., 2009, p.51). I recruited 12 Black female patients who had received gastric bypass surgery within the past 12 months or longer and have attended at least one postoperative counseling following surgery. Black female patients were aged between 18-66 and speak English. Potential participants were initially identified through a research study participant recruitment search engine. Once institutional review board (IRB) approval was obtained (#12-23-20-0281941), a profile was created that detailed the purpose of the research, requirements needed to participate in the study and a questionnaire that contains questions that could identify potential study participants. Snowball sampling was also used to recruit potential participants who fit the study criteria. After a list of potential participants was obtained, I made initial contact with each of the individuals to introduce myself, further explain the purpose of the research, and to determine if the individual was still interested in participating in the study. If the participant continued to express interest, the potential participant was emailed a copy of the interview questions and the consent form. After reviewing the information and the potential participant continued to express interest, the participant stated their consent through emailing the researcher the words "I Consent." Upon receiving consent from the participant, it was then determined the availability of each participant, both day and time to schedule online one-on-one interviews via Zoom.

Instrumentation

In using qualitative research design, I conducted one-on-one interviews with research participants online via Zoom that were semi structured and involved open-ended

questions (see Creswell & Creswell, 2018). I developed a potential interview questions instrument that was used with each study participant (Appendix A).

Procedures for Recruitment, Participation, and Data Collection

Potential participants were initially identified through a research study participant recruitment search engine. After receiving IRB approval (#12-23-20-0281941), a profile was created that detailed the purpose of the research, requirements needed to participate in the study and a questionnaire that contains questions that could identify potential study participants. Potential study participants were obese or formerly Black female who had received gastric bypass surgery within the past 12 months or longer and have attended at least one postoperative counseling following surgery. After a list of potential participants was obtained, I made initial contact with each of the individuals to introduce myself, further explain the purpose of the research and to determine if the individual was still interested in participating in the study. If the participant continued to express interest, the potential participant was emailed a copy of the interview questions and the consent form. After reviewing the information and if the potential participant continued to express interest, the participant stated their consent through emailing the researcher the words "I Consent." Upon receiving consent from the participant, it was then determined the availability of each participant, both day and time to schedule online one-on-one interviews via Zoom. The primary data collection method was semi structured interviews that were 1 hour in duration. Interviews were conducted face-to-face via Zoom with interviews being audio recorded after receiving permission from the study participant through emailing the words "I Consent" after receiving a copy of the consent form from

the researcher. Copy of the emailed consent from each participant was saved on researcher's computer. I recruited 12 participants for the study.

Data Analysis Plan

In using phenomenological research, I described the lived experiences of obese Black women concerning the phenomenon of postoperative counseling following bariatric surgery, I accomplished this through conducting one -on-one interviews. Each interview was face-to-face with the participant via Zoom with each interview audio recorded and saved on my computer and transcribed after receiving permission from study participant. It was vital during these semi structured interviews that epoché was practiced consistently. Epoché is the methodical practice in which I suspend or bracket any preconceived beliefs on the phenomenon that I'm observing (Englander, 2016). Through use of epoché, I was able to study the intentionality, instead of the causality of the phenomenon. Interviews were transcribed, transcripts read several times and, in reviewing transcribed interview notes, I used thematic coding/analysis to identify key words, quotes, and metaphors spoken by participants that could be grouped into common themes (see Creswell & Creswell, 2018; Maguire & Delahunt, 2017). Use of thematic coding assisted me in identifying patterns or themes within the qualitative data with the purpose of using these themes to address the research (see Maguire & Delahunt, 2017). Through implementation of manual coding in the research, it assisted in the development of an intimacy greater than what I could achieve through other analysis methods (see Pringle et al., 2011). A separate observation and interview protocol sheet was developed for each study participant, as recommended by Creswell and Creswell (2018). I used an

observation protocol sheet as a record of any observations I perceived, which included both descriptive and reflexive notes Although each interview was audio-recorded, I also took handwritten notes in the event my audio-equipment malfunctioned.

Issues of Trustworthiness

To ensure trustworthiness in my qualitative research it was important that these components were present confirmability, credibility, dependability, and transferability (Connelly, 2016). Member checks, audit trails, peer debriefing, and triangulation were the methods utilized throughout the study to ensure trustworthiness. In addition to this, bracketing and reflexivity strategies were employed throughout the duration of the study in order to minimize researcher bias.

Credibility

The strategies that were used to establish credibility for the study was reflexivity, bracketing and member checks. Reflexivity is the awareness that I bring as a unique individual in addition to the set of values and professional identity that can affect the research process (Dodgson, 2019). Due to the qualitative nature of the proposed research, I presented reflections on how my role in the study, personal background, culture, and past experiences could potentially shape interpretation of responses from study participants (Creswell & Creswell, 2018). Reflexivity involved me continually being aware of the research's effect on my collecting, analyzing, and presenting of the data. The most widely used strategy to maintain reflexivity was a reflexive journal/diary. This is a journal I used to note anything that I feel may influence me or impact the interpretation of the data.

Bracketing is the act of suspending judgment about the natural world in order to focus on the analysis of the experience (Chan et al., 2013). Bracketing requires that as the researcher, I must make a deliberate effort to put aside any preconceived beliefs I may have about the phenomenon that I researched. Through utilizing of a reflexive journal, I was able note and monitor anything that could potentially influence me or impact the interpretation of the data.

Member checking involves taking the final transcribed interview notes back to the research participants in order to determine whether the specific descriptions or themes discussed within the interview are accurate (Creswell & Creswell, 2018). I emailed each research participant a transcript of their completed Zoom interview for their review and to provide revisions if needed. I also scheduled follow-up meetings with each study participant for their review of the final report and to offer additional feedback or corrections.

Transferability

Transferability can be defined as the "fittingness" of the research to be applied or transferred beyond that of the project (Jeanfreau & Jack, 2010). Concerns such as whether the results of my study would be applicable to similar situations or individuals, were addressed through using thick description. Thick description is a research technique where I provided rich, in-depth, detailed descriptions and interpretations of a situation as a method to attain external validity (see Creswell & Creswell, 2018). Through providing detailed description of the studied phenomenon, it would then be evaluated as to whether any conclusions drawn are transferable. This entailed describing the location where the

interviews will be conducted, date, time and other aspects of data collection process that assisted in providing a richer and fuller understanding of the research setting.

Dependability

In order to establish the dependability of the research I established an audit trail, which is a coherent chain of evidence that will lead from the initial documentation to the final report (Smith et al., 2009). The audit trail was a thorough collection of documentation concerning all aspects of the research which included the initial notes on the research questions, the research proposal, copy of the interview schedule, audio recordings of each Zoom interview conducted, annotated transcripts, tables of themes, draft reports, and the final report (Forero et al., 2018).

Confirmability

Confirmability is the degree the results of my research can be confirmed or corroborated by other researchers. The strategy I used to achieve confirmability was reflexivity from using a reflexive journal. This was a journal I kept during my entire research process in order to reflect on all events in the field and personal reflections in relation to the study (Creswell & Creswell, 2018).

Ethical Procedures

My research involved 12 obese or formerly obese Black females that were initially identified through a research study participant search engine that had received gastric bypass in the past 12 months or longer and have attended at least 1 session of post-operative counseling following surgery. Due to the reasons that the study involved human participants discussing potentially sensitive subject matter, it was necessary to

gain Institutional Review Board (IRB) approval prior to data collection. Upon receiving IRB approval (#12-23-20-0281941), the research study participant search engine was activated with a profile created for potential participants to contact. The potential participant was emailed a copy of the interview questions and the consent form. After reviewing the information and if the potential participant continued to express interest, the participant stated their consent through emailing the researcher the words "I Consent." Upon receiving consent from the participant, a determination of the availability of each participant, both day and time in order to schedule online one-on-one interviews via Zoom was made. Primary data collection was semi structured, one-on-one interviews, 1 hour in duration. The interviews were face-to-face, conducted via Zoom with each interview being audio-recorded only in order retain the privacy of each participant. Interviews were recorded on my computer after receiving consent from the participant through emailing the researcher the words "I Consent" after reviewing the consent form. All Zoom interviews initiated were conducted and stored on my computer and all transcribed interview notes are stored in a locked file cabinet that only I have access to. Research data will remain stored in secured, locked file cabinet for a period of at least 5 years after final publication.

Summary

Qualitative research design using IPA was selected for the purpose of understanding the lived experiences of obese Black women with counseling and weight loss following bariatric surgery. The IPA approach allowed for flexibility in the exploration of the phenomenon of post-surgical counseling and weight loss for obese

Black women and enabled me to address the current gap in the understanding of their lived experiences. This was accomplished through using semi structured, one-on-one interviews with Black female participants that have received bariatric surgery approximately 12 months ago or longer. I recruited 12 Black female patients who received bariatric surgery within the past 12 months or longer and have attended at least 1 postoperative counseling session following surgery. Potential participants were initially identified through research study participant recruitment search engine. The potential participant was emailed a copy of the interview questions and the consent form. After reviewing the information and if the potential participant continued to express interest, the participant stated their consent through emailing the researcher the words "I Consent." Upon receiving consent from the participant, a determination of the availability of each participant, both day and time in order to schedule online one-on-one interviews via Zoom was made. Primary data collection was semi structured, one-on-one interviews, 1 hour in duration. The interviews were face-to-face, conducted via Zoom with each interview being audio-recorded and recorded on researcher's computer upon receiving consent from the participant through emailing the researcher the words "I Consent" after reviewing the consent form. Interviews were transcribed and in reviewing transcribed notes, I identified key word, quotes, and metaphors that were grouped into common themes. To ensure trustworthiness in the proposed study, I used the methods of audit trails, member checks, peer debriefing, thick description, and triangulation. In addition to this, bracketing and reflexivity strategies were employed throughout the duration of the study in order to minimize researcher bias. Due to the reason my research involved

human participants discussing potentially sensitive subject matter, it was necessary to gain Institutional Review Board (IRB) approval prior to data collection.

Chapter 4 will address the results based on the findings from the completed study.

Chapter 4: Results

Introduction

The purpose of this research was to understand the lived experience of postoperative counseling and weight loss in obese or formerly obese Black women who have had bariatric surgery. Even after undergoing bariatric surgery, the weight lost by the Black female is still significantly less than their White counterparts (Elli et al., 2016; Khorgami et al., 2015; Ng et al., 2015). The reasons for this weight loss difference remain unclear; however, prior research suggests Black women may have different weight loss objectives than what is normally observed in other ethnic groups, which could potentially hinder the Black women's weight loss success. Further, the reluctance within the Black community to seek mental counseling could be a hinderance in assisting with weight loss success due to the reluctance of Black women to engage in post surgery counseling. Research was needed for increased understanding of the lived experience of obese Black women with bariatric surgery and their perceptions of postoperative counseling following surgery.

In this chapter, I present the findings obtained from the detailed methods and procedures described in Chapter 3. Three research questions were presented for analysis in this proposed study: RQ1: What is the lived experience of bariatric surgery for obese Black women? RQ2: What is the lived experience of counseling post-bariatric surgery for obese Black women? RQ3: What is the lived experience involving the sociocultural influence encountered by obese Black women concerning counseling post-bariatric surgery? Additionally, I provided information on the setting of the interviews,

demographics of the participants, data collection and data analysis procedures, and the results of the research.

Setting

I designed this IPA study to understand the lived experience of postoperative counseling in the obese or formerly obese Black women who have had bariatric surgery. Data obtained for this study was through semi structured interviews conducted on Zoom. Participants had to meet each of the following requirements: a female (a) who identifies as Black, (b) between the ages of 18-66 years of age, (c) received bariatric surgery in the past 12 months or longer, and (d) had completed at least one session of counseling post bariatric surgery. Potential participants were initially identified through a research study participant recruitment search engine. After receiving IRB approval (#12-23-20-0281941), a profile was created that details the purpose of the research, requirements needed to participate in the study, and a questionnaire that contains questions that could identify potential study participants. After participant had expressed interest in the study and answered the two prerequisite questions, I then made contact.

At this stage of the research, details of the study are explained to the participant and consent given to the researcher through the participant emailing the words “I Consent” to me. During the preliminary contact with each participant, they were reminded that they could withdraw from the study at any time. Prior to their scheduled interview, each participant was given a copy of the interview questions that would be asked for their review (see Appendix A).

Twelve interviews were completed in total. According to Hennink and Kaiser (2019), a core principle in qualitative research is saturation, a tool used to determine when adequate data has been obtained to develop a strong and valid understanding of the study's phenomenon. To achieve saturation, an appropriate sample size must be engaged that would successfully and satisfactory answers each research question and no new information emerges from the data (Hennink & Kaiser, 2019). In the present study, saturation was achieved after 12 interviews due to lack of new themes developing and redundancy in participants' responses.

Each Zoom interviews was conducted at a time that was convenient for the participant. Each interview lasted 45 minutes to 1 hour. All interviews were audio recorded only and additional notes were taken by me to improve accuracy of data. Each participant received a transcription of their interview for the purpose of review and revisions if necessary. Data were collected from January 2, 2021, to February 28, 2021.

Demographics

The participant population for the research included 12 women who identified as Black, obese, or formerly obese who received bariatric surgery within the past 12 months or longer, between 18-66 years of age, completed at least one session of counseling post bariatric surgery, and spoke English. Each interview was conducted on Zoom, scheduled for a time that was convenient for the participant and audio recorded only to preserve the privacy of the participant.

Table 1

Demographics Characteristics and Surgery History of Research Participants

Participant #	Age Range	Year of Surgery	Experienced Regain after surgery?	How much weight gained?
1	33	2016	Yes	30lbs
2	43	2018	Yes	40lbs
3	47	2019	No	0
4	53	2017	Yes	50lbs
5	58	2019	No	0
6	54	2014	Yes	20lbs
7	48	2013	Yes	20lbs
8	34	2019	No	0
9	38	2019	No	0
10	48	2013	Yes	8-10lbs
11	45	2018	Yes	20lbs
12	32	2020	No	0

As shown in Table 1, the age of each research participants ranged between 30-60 years old, with the youngest participant being 32 and the oldest being 58. Each research participants received their bariatric surgery between the years of 2013 to 2020. Seven of the twelve participants experienced weight regain following their bariatric surgery with the weight regain being between 8lbs-50lbs.

Data Collection

The purpose of this phenomenological study was to explore and understand the lived experience of postoperative counseling and weight loss for obese and formerly obese Black women following bariatric surgery. Information was obtained through interviews conducted one-on-one on Zoom. Through a research study participant recruitment search engine, I obtained a total of 12 participants. An IRB-approved interview questionnaire was the primary tool used to collect data. To ensure the privacy of each participant and the accuracy of all data collected, the Zoom interviews were audio recorded not video recorded. I took additional notes for each interview. Prior to scheduling each in each interview, I obtained informed consent from each participant through emailing "I consent" to me. Each potential participant was reminded by the researcher that they could withdraw from the study at any time.

All Zoom interviews were conducted and stored on my computer and all transcribed interview notes are stored in a locked file cabinet that only I have access to. Research data will remain stored in secured, locked file cabinet for a period of at least 5 years after final publication. I collected data over a period of 8 weeks, averaging at least two interviews a week. Length of interview ranged from 45 minutes to 1 hour. At

completion of each interview, participants received a copy of transcribed interview notes for their review. Participants were willing to be contacted again for the purpose of verifying data and making corrections or revisions to information if needed. After interviewing 12 participants, I achieved data saturation.

Data Analysis

Twelve Black female participants were interviewed using the IRB-approved interview questionnaire that I developed. Through the questionnaire I gained an in-depth understanding of their lived experience and thought process concerning bariatric surgery, weight loss and counseling. Additionally, the questionnaire assisted in me in answering the research questions: RQ1: What is the lived experience of bariatric surgery for obese Black women? RQ2: What is the lived experience of counseling post bariatric surgery for obese Black women? RQ3: What is the lived experience involving the sociocultural influence encountered by obese Black women concerning counseling post bariatric surgery?

After completing all Zoom interviews, the transcribed interview notes and notes from my reflexive journal and Zoom recordings were reviewed. I examined the answers from each participant to the same questions to detect similarities and differences. From this examination, I was able to identify words and phrases that provide recurrent and emerging themes. This data analysis process is referred to as manual coding and through this tool I allowed the voice of each participant to take prominence (see Manning, 2017, & Saldaña, 2020). Member checking was maintained throughout the study. Each participant was provided with a transcribed copy of their interview for their review and to

revisions if needed. In providing transcribed notes to each study participant, it allowed me to understand the meaning and context behind any specific words or phrases used by the participant (see Manning, 2017, & Saldaña, 2020).

From the results of the completed data analysis, the following themes were developed: (a) Many of the participants sought bariatric surgery due to ongoing health issues; (b) Many of the participants sought bariatric surgery due to the negative comments they received from friends, family members, and strangers; (c) While most family members were supportive of the participant's decision to receive bariatric surgery, their friends were less supportive; (d) Many of the participants believed that it is different for an obese Black female than for other ethnic females; (e) Many of the participants experienced weight regain following bariatric surgery; (f) Many of the participants had limited experience or exposure to counseling prior to surgery; (g) Many of the participants questioned the need to receive counseling post surgery; (h) Many of the participants wanted the option of having a Black counselor for their counseling post surgery; (i) Family members and friends questioned the need for the participant to seek counseling; (j) Participants were reluctant to discuss their problems with a stranger; (k) Social occasions with family and friends involving food and eating can be stressful for the participant; and (l) Many participants expressed reluctance in seeking counseling due to not wanting to appear "weak" or needing help. In addition, one subtheme appeared from the data analysis which was that many of the participants felt negatively discriminated against by health care providers due to their weight.

Evidence of Trustworthiness

Credibility

The strategies used in the research to establish credibility included reflexivity, bracketing, and member checking. With each interview sufficient time was spent to obtain the required information needed to answer the research questions and I used reflexive journal/diary as a tool to maintain reflexivity. Reflexivity is the awareness that I bring as a unique individual in addition to the set of values and professional identity that can affect the research process (Dodgson, 2019). The reflexive journal enabled me to make note of anything I felt influenced me or impacted the interpretation of the data.

Member checking involved sending a transcribed copy of the interview notes to each study participant to determine whether specific descriptions or themes discussed during the interview are accurate (Creswell & Creswell, 2018). Upon sending each study participant their transcribed notes, a follow-up meeting was offered to each participant for the purpose of the participant providing revisions or additional feedback.

Bracketing is the act of suspending judgment about the natural world to focus on the analysis of the experience (Chan et al., 2013). Bracketing required that, as the researcher, I made a deliberate effort to put aside any preconceived beliefs I had about the phenomenon that I researched (see Chan et al., 2013). Through use of a reflexive journal, I was able to note and monitor anything that could potentially influence me or impact the interpretation of the data (see Chan et al., 2013).

Transferability

The data collected from the study can be applied or transferred beyond that of the project which is the definition of transferability (Jeanfreau & Jack, 2010). The results of my study can be applicable to similar situations or individuals of which was obtained by thick description. Thick description is a research technique where I provided rich, in-depth, detailed descriptions and interpretations of each interview conducted as a method to attain external validity (see Creswell & Creswell, 2018). The participants shared their lived experiences concerning weight loss and counseling post bariatric surgery and exact quotes from each participant assisted in ensuring transferability.

Dependability

During each interview I spent sufficient time with each participant to establish the dependability of the research. I also used the same interview questionnaire and same sequence of questions asked for each participant which further established dependability. Finally, I developed an audit trail that include the initial notes on the research questions, the research proposal, copy of the interview schedule, audio recordings of each Zoom interview conducted, annotated transcripts, tables of themes, draft reports, and the final report (see Forero et al., 2018; & Smith et al, 2009).

Confirmability

The strategy I used to achieve confirmability was reflexivity with the reflexive journal. This was a journal I kept during my entire research process to reflect on all events in the field and personal reflections in relation to the study (see Anney, 2014; & Creswell & Creswell, 2018).

Results

During the data analysis process, I reviewed, manually transcribed, coded, and analyzed 12 Zoom interviews. My objectives during this process were to prioritize and honor the voice of each participant and to identify key words or short phrases spoken by the study participants that would assist in addressing the presented research questions (see Manning, 2017; & Saldaña, 2020). Through use of manual coding, I was able to identify 12 underlying themes and one subtheme that addressed the three research questions. Examination of data and multiple reviews conducted in order to ensure each research question was answered sufficiently. Mutual responses made by participants were grouped together according to themes. The results from the data analysis are presented in the form of 12 themes which are presented in this section. The 12 themes and subtheme are as follows:

- Many of the participants sought bariatric surgery due to ongoing health issues
- Many of the participants sought bariatric surgery due to the negative comments received by friends, family members and strangers
- Many of the participants felt negatively discriminated against by health care providers due to their weight (subtheme)
- While most family members were supportive of the participant's decision to receive bariatric surgery, the participant's friends were less supportive
- Many participants believed that it is different for an obese Black female than for other ethnic females

- Many of the participants experienced weight regain following bariatric surgery
- Many of the participants had limited experience or exposure to counseling prior to surgery
- Participants questioned the need of counseling following surgery
- Many of the participants wanted the option of a Black counselor
- Family members and friends questioned the need for the participant to go to counseling
- Participants were reluctant to discuss their problems with a stranger
- Social occasions involving food and eating can be stressful for the participant following surgery
- Reluctance to appear "weak" or to admit needing help was expressed by the participants

From the completed data analysis, it was evident that the results of the Zoom interviews were consistent with the research cited. Overall, the obese or formerly obese Black woman expressed that they had limited exposure or experience with counseling prior to bariatric surgery and questioned the need to seek counseling post bariatric surgery. Further, the reluctance expressed on the part of the obese or formerly obese Black woman to appear weak or needing help may have hindered them from seeking counseling. Finally, most of the participants expressed their desire to have a Black counselor as an option.

RQ1: What is the lived experience of bariatric surgery for obese Black women?

The study participants related a variety of real-life experiences that lead to their decision to receive bariatric surgery. These lived experiences ranged from physical/health issues to emotional and sociocultural concerns.

Theme 1: Many of the participants sought bariatric surgery due to ongoing health issues

Many of the participants cited health problems which included difficulties with becoming pregnant due to their weight, health concerns following pregnancy, heart/heart valve issues, and their inability to keep up with their children that lead them to seek bariatric surgery.

From the collected data, P1, P2, P3, P4, P6, and P12 related the struggles they encountered in their attempts to become pregnant, or the health concerns experienced following pregnancy that resulted in their decision to receive bariatric surgery. P1 shared that after getting married she was eager to start a family however, "I developed PCOS syndrome due to my weight which made it difficult to conceive. By having the surgery, I hoped it would help me be able to have children" P2 related that health concerns during their pregnancy led to their bariatric surgery stating, "I had several health concerns when I become pregnant such as bad morning sickness and I decided to receive the surgery due to the hard time I had." P3 and P6 discussed some of the struggles they encountered following their pregnancy. P3 related "I didn't lose the weight I gained during my pregnancy, and it started being a problem" while P6 explained "I began gaining weight at 35 after having my last child and then my health issues began." P3, P6, P10, and P12

shared how developing heart and heart related problems was their reason for receiving bariatric surgery. P3 related "I had a heart attack during my pregnancy and another attack when I was 40" while P6 stated "after having my last child I was diagnosed with heart failure and needed to lose weight." P12 shared the health conflicts they faced due to their weight in stating "it always felt uncomfortable moving around when I was heavier, and my heart would beat faster after moving." P10 related "I began to experience health problems (chest pains) and my doctor recommended that I lose weight." Finally, P2 and P4 related that it was the inability to keep with their children that led to seeking bariatric surgery through statements such as "I would become out of breath playing with my child" and "it was hard to keep up with my daughter." Add summary and synthesis to fully conclude the section.

Theme 2: Many of the participants sought bariatric surgery due to negative comments received by friends, family members and strangers

Many of the participants discussed the negative comments they received from friends, family members and complete strangers that caused them emotional distress and helped then make the decision to receive bariatric surgery.

For example, P2 related a particularly hurtful experience when they were child with a family member. Upon returning from a dance class, her stepmother commented that she looked like an "elephant with a tutu." Recounting another embarrassing situation with family, P8 stated "at one social occasion with family, I broke a chair due to my weight which caused me to stop attending social events." P9 and P11 reflected on the criticism they underwent before receiving bariatric surgery stating, "in high school, I

experienced a lot of criticism about my weight'' and "all the criticism I received from people started to bother me." In addition to negative comments made by family, P3 and P8 recalled hurtful statements made by friends that included "I had a friend make a comment about the fat around my stomach which hurt my feelings." From collected data, P5, P7, P8, and P10 reflected on how the negative comments made by strangers affected their decision to receive bariatric surgery. P5 remarked, "people would avoid me when I was sitting on the bus or laughing at me when they thought I couldn't see or hear them." P7 recounted an embarrassing vacation situation in Jamaica concerning their weight in which "I wanted to go horseback riding on the beach however, one of the coordinators looked at me and then recommended it would be better for her to go four-wheeling instead." In another travel situation, P8 noted "I was feeling embarrassed when traveling and I began using an extender when traveling on a plane." P10 related a humiliating work event that impacted her work status stating, "I broke a chair due to my weight when I was working as a home health nurse also, because I'm a nurse and have to educate my clients on nutrition, I felt like a hypocrite."

Theme 3: While most family members were supportive of the participant's decision to receive bariatric surgery, the participant's friends were less supportive

The study participants recalled that when they informed others of their decision to seek bariatric surgery, it was family members that were more supportive in comparison to their friends. The participants recount how both their support and lack of support impacted their decision to receive bariatric surgery.

From the analyzed data, P2 and P3 related "my family was very supportive of my decision with my mother being with me the day of my surgery" and "while my father had some concerns, other family members were very supportive." P5, P7, and P12 relates that the reactions from family members being positive with P5 stating "family members thought surgery was a good idea due to the reason they were aware of how hard she had tried to lose weight on other diets with little success." P7 and P12 comment that "many of my family members were positive however some were cautious" and "family were very supportive." In addition to being supportive, P11 reflected that family members weren't judgmental stating "family was very supportive, and they didn't judge me." While family expressed their support, many of the participants received limited support from their friends. P1 recalled "I only had 1 or 2 friends that supported my decision" while P6 stated "I didn't let any of my friends know about my surgery because I knew they wouldn't approve." P9 and P10 remarked that friends provided either negative comments to their decision to seek bariatric surgery or felt intimidated by their decision to receive bariatric surgery. P9 recounted that some of her friends "thought that seeking bariatric surgery was a 'lost cause' for her" while P10 commented that some of their friends were intimidated by the participant receiving bariatric surgery with some feeling that "they were losing an eating buddy."

Theme 4: Many of the participants experienced weight regain following bariatric surgery

Bariatric surgery has been shown to be an effective method in assisting an obese or morbidly obese individual lose a significant amount of weight safely and quickly.

According to current research, bariatric surgery can successfully help patients lose up to 60 to 70% of their excess bodyweight (Onyewu et al., 2017). While significant weight loss can be achieved through bariatric surgery, the patient could potentially experience weight regain over time.

From the collected data it was found that P1, P2, P4, P6, P7, P10, and P11 had experienced weight regain over time after obtaining bariatric surgery with family and friends having mixed reactions to their weight gain. P1 stated they experienced a 30lb weight regain over time following surgery however the reactions of their family and friends to the weight regain was "they felt she looked better with the additional weight." Both P2 and P4 regained up to 50lbs over time after bariatric surgery. P2 commented that "I had a 40lb weight gain which was due to bored eating during Covid-19 and the weight gain surprised my family members especially my stepmother." P4 relates that after weight regain "family members would whisper behind my back or talked about proper nutrition with me." Although P11 only had a 20lb weight gain, they recount that their friends weren't very supportive and "made comments that they knew that the surgery wouldn't last for her." P6, P7, and P10 stated they experienced weight regain during the pandemic which resulted in family and friends not being aware of their weight regain due to social distancing. P6 and P7 report "I began to have weight gain around March of last year with the offset of Covid-19" and "family and friends haven's seen or said anything to me yet about the weight." Finally, P7 relates "the majority of the weight regain occurred during the pandemic, none of my family have seen the weight regain and friends have not made any comments on my weight gain."

RQ2: What is the lived experience of counseling post-bariatric surgery for obese Black women?

Theme 5: Many of the participants had limited experience or exposure to counseling prior to surgery

Behavioral counseling involves assisting an individual make changes in their thinking and behavioral patterns through learning problem-solving skills in order to cope with difficult situations (APA, 2019). With counseling, the obese individual can develop coping skills that will enable them to overcome unhealthy eating behaviors such as emotional or binge eating. Despite the benefits counseling can provide, many of the study participants had limited experience or exposure to counseling prior to receiving bariatric surgery.

In reviewing the collected data, it was determined that 7 out of the 12 study participants related that they had no prior experience with counseling. P1 stated "only counseling I have experienced was the pre-surgery counseling required by the insurance company" while P8 commented "I didn't have prior experience with counseling. It had crossed my mind before, but I never considered it." P5, P9, P10, P11, and P12 all noted that "they had no prior experience with counseling."

Theme 6: Participants questioned the need of counseling following surgery

Although the participants were resolved in their commitment to obtain bariatric surgery, many of the study participants disputed the need to seek counseling. All the study participants interviewed were aware of the pre-surgery counseling requirement needed before receiving bariatric surgery however, questioned the need for counseling

following the surgery. The reasons for their reluctance can range from the lack of relatability of the counselor, feeling uncomfortable with both counseling and the counselor, not finding counseling to be helpful or the lack of interest in seeking counseling.

From the conducted interviews, P4 revealed to me that initially she had no interest in seeking post-bariatric counseling. When questioned on her hesitation, P4 explained, "I didn't want to attend counseling until I had lost more weight." Both P7 and P11 questioned the need for counseling with P7 relating "I didn't find the support that counseling was supposed to provide, helpful." P9 recounted the unease and uncomfortable feelings they felt with counseling remarking, "I had mixed feelings about counseling, wasn't comfortable with talking about her weight and eating habits with someone she didn't know." P11 stated that "I had no experience or interest in seeking counseling while P10 reflects:

> In the beginning I was open to and went to the initial session of counseling however, I found it to be not helpful, being in counseling with individuals that didn't look like me, I was uncomfortable, and it doesn't motivate me to share my experiences with food or eating.

Theme 7: Many of the participants wanted the option of a Black counselor

Individuals seek counseling due to a perceived issue or problem that they desire to resolve. Through the collaborative efforts between the counselor and client, problems can be discussed, goals identified, and potential solutions developed. For this collaborative effort to be effective, a level of trust and relatability must be present between the

counselor and client. For many of the study participants, the option of having a Black counselor was either not offered or was unavailable to them.

P8 stated that although she had been open to the idea to counseling, they didn't like the assigned therapist and adds:

> I wasn't given a choice in the selection of my therapist, and I wished that the therapist had been Black because I feel that they could have related better to the struggles that I was going through with my eating.

The option of having a Black counselor was the request made by several of the participants. P2 and P5 recounted their willingness to seek out counseling and the fact they were able to locate a Black counselor to work with. P2 explained that they were in favor of counseling however, "I sought to find my own counselor who was Black and was able to locate a Black counselor after 2 ½ months." P5 relates, "I was glad to try counseling and didn't experience any barriers to attending due to the reason it was a Black counselor that I was able to work with and I felt comfortable with." Additionally, P12 remarked. "I wasn't receptive to going to a counselor however, if the counselor recommended had been Black, I might have been more open to talking to them." Relatability was the primary concern cited by P7, P9, and P10. P7 stated they didn't find counseling helpful and that "some issues that were discussed were not relatability to me" while P9 added, "wasn't comfortable with talking about her weight, eating habits or feelings with someone she didn't know or could relate to be a barrier for her engaging in counseling." P10 concluded with "being in counseling with a group of individuals and

with a counselor that doesn't look like me didn't motivate me to share my experiences with food and eating."

Theme 8: Family members and friends questioned the need for the participant to go to counseling

Making the decision to receive bariatric surgery and then to seek out counseling following the surgery can be very stressful for the individual. Having the support and encouragement from friends and family members on their decision to seek counseling could prove beneficial and help to weigh in on the individual's decision to remain in counseling. Through analysis of the data, several of the study participants recalled how family members and friends questioned the need for the individuals to go to counseling.

P12 remarked that both family and friends provided limited support to them concerning counseling and stated, "I didn't talk to either my family or friends about going to counseling due to the negative reactions I would experience from them." P1, P4, and P8 related that while their friends were supportive of their decision to receive counseling, they experienced negative support from family members. P1 recounted how family members thought that all they needed was their faith to overcome their weight struggles stating, "family questioned what was the point in going to counseling while other family members stated that all I needed to do was pray about the problem." P4 explained "while friends were supportive and less judging, the majority of my family members weren't interested in counseling and were not transparent in their opinions of counseling." P8 expressed that their friends were happy over them seeking counseling however, "family didn't view counseling as a positive thing, and they were curious as to

why she felt counseling was needed." Most of the study participants however, reported that it was their friends that offered the most comments and limited support on their decision to seek counseling. P2 reflected that not only did their friends have negative reactions to her seeking counseling but also inquired as to "why didn't I just go on You Tube for the information" while P9 commented, "my friends didn't have a lot of experience with someone going to counseling so they didn't offer much support." P6, P10, and P11 stated they didn't speak to their friends about seeking counseling with P6 stating "I didn't feel the need to talk to friends about seeking counseling" and P10 relating "some of my friends questioned both my decision to receive surgery as well as the need to seek counseling." Concluding, P11 added "talking to my friends about counseling was hard because friends didn't have a lot of experience with counseling, and they didn't know what to say to me."

Theme 9: Participants were reluctant to discuss their problems with a stranger

Personal issues such as weight loss struggles and eating behaviors can be sensitive topics and difficult for many individuals to discuss with others. The process of counseling entails a person being willing and comfortable to address these personal issues in order that they can identify and work on realistic goals. For the study participants, discussing these sensitive topics was a struggle for them with the primary reason being not wanting to talk about their problems with a stranger.

P12 commented that "I didn't think I needed to talk to someone I didn't know about my eating behavior." P10 related how "being in counseling with someone I didn't know or look like me doesn't motivate me to share my experiences with food or eating."

P9 expressed similar thoughts with "I wasn't comfortable with talking about her weight and eating habits with someone she didn't know." Finally, P8 stated, "I didn't feel I could share the struggles I was going through with my eating with a stranger."

RQ3: What is the lived experience involving the sociocultural influence encountered by obese Black women concerning counseling post-bariatric surgery?

Theme 10: Social occasions involving food and eating can be stressful for the participant following surgery

The sociocultural approach looks at how the experiences, influences, and culture of the person helps to shape why they act the way they do. From the collected data, the social and cultural factors for the individual can weigh strongly in their decision for both receiving bariatric surgery and seeking counseling after surgery. The study participants discussed how social occasions with family and friends that involved food and eating can be very stressful for them.

When questioned about her level of self-assurance about social occasions with family and friends where food is involved, P8 commented

> That's a tough one, on a scale of 1-10, it was a 6, this is because in the Black community, a social occasion usually involves food, so in the beginning it was hard and I chose not to attend because I didn't want the 'flack' that I would get from my family.

Many of the study participants experienced scrutiny concerning their eating behavior on social occasions from family members and friends. Participants reported family and friends monitoring their portion sizes and making negative comments. P1

stated “after receiving the surgery both my family and friends watched closely the portions I ate” while P2 related, “I received comments stating how I chewed my food for a long time.” P5, P6, P9, and P10 recounted some of the negative comments about their portion size and eating they received from friends and family members during social occasions following surgery with P5 stating “my sisters would watch me eating when they thought I wasn’t looking, and it got to the point I didn’t want to eat with them because I was embarrassed.” P6 remarked “I wasn’t comfortable at social occasions because they would make comments about how much I ate or commented about how little I ate” while P9 reported “I thought people were judging me and commenting on what I was eating which affected my already low self-esteem.” P10 and P11 expressed their lack of self-assurance concerning social occasions that involved food with P11 reflecting “I was eating cautiously when I was around people in order to avoid judgement” with P10 adding:

> Not self-assured at all. I didn’t share that I had the surgery with everyone, and people would question why I wasn’t eating the way I used to eat, I just wanted to be normal around them and it took me some time (years) to accept the new reality of my life.

Theme 11: Many of the participants believed that it is different for an obese Black female than for other ethnic females

Being overweight or obese today can be the source of stigma and discrimination. This level of stigma could be heightened if the individual feels that their ethnicity could be an additional discriminating factor. From analyzing the collected data, many of the

study participants believed that it is different for an obese Black female than for other ethnic females.

From a cultural viewpoint, P7 and P8 commented that being obese for a Black female is different. P8 states that it is different for an obese Black female and that "there is the tendency to be more comfortable with our weight within our family and community, I felt that I was embraced more by my family and friends when I was heavier." P7 expressed "culturally it's different being obese for Black females, weight can be an expression of health and wealth. Our weight can be supported by family and our culture and weight gain is interpreted differently in the Black culture." For P2, P5, and P10, they report that they experienced stigma within the professional field. P2 reflected that "being obese for a Black female is different, we're judged differently in several areas: cultural, professional being two areas. Finding plus size clothes that are professional can be difficult." P5 adds "when going on job interviews, the obese Black female can be overlooked more so than other ethnic groups" while P10 stated "being in the health field and being obese, it can be discriminating, and you could potentially lose credibility within the profession." P1 commented on the stigma they experienced at the doctor's office stating, "it can be frustrating going to the doctor and have them look at me and assume my health problems are due to my weight." P3 felt that the stigma experienced was "more related to stereotypes (Black women having bigger butts, rap songs rapping about their body shape)." P9 concluded "I feel that people are always staring, making comments or judging an obese Black woman.".

Theme 12: Reluctance to Appear "Weak" or to Admit Needing Help

When a person seeks out counseling, they have come to a point in their lives where they are aware a problem exists and realize they need help in overcoming the problem. For many of the Black females in the study, there is a reluctance in appearing "weak" or to admitting they need help was frequently expressed.

P6 commented that while she "didn't experience any barriers to seek counseling however, it can be difficult for a Black woman to admit they need help." P9 shared their feelings concerning their reluctance in seeking counseling stating "I wasn't comfortable with talking about her weight, eating habits or with someone she didn't know, and it was the biggest barrier to seeking counseling." Finally, P12 stated "I was hesitant and didn't think I needed help through talking to someone about my eating behavior.".

Subtheme: Many of the Participants Felt Negatively Discriminated Against by Health Care Professionals Due to Their Weight

In addition to the perceived stigma and discrimination the obese Black woman may experience, the study participants relate their encounters with health care professionals that have been both frustrating and discriminating.

P1 reflected that "just going to the doctor can be frustrating due to their assumption that any health problem I have stems from my weight. Without attempting to find out what medical concerns I have they immediately recommend I lose weight." P2 concurs with this by stating "I had several bad experiences with healthcare providers due to my weight. There is always the assumption among health providers that any health problem I have can be solved by me losing weight." For an obese Black female working

in the health care profession, they risk lack of credibility with P10 commenting "being in the health field and being obese, it can be discriminating, and I could potentially lose credibility within the profession."

Summary

The study participants were obese or formerly obese Black females that received bariatric surgery within the past 12 months or longer and had at least one sessions of counseling post-bariatric surgery. I met with each of the participant for a one-on-one interview via Zoom for the purpose of understanding the lived experience of postoperative counseling in Black women who have had bariatric surgery. The participants provided a variety of perceptions about their lived experiences with bariatric surgery, struggles with family members and friends during social occasions and concerns they had with postoperative counseling.

For many of the participants ongoing health concerns and desire to have children was cited as their reason for seeking bariatric surgery followed closely by the negative comments they received by friends, family members and strangers. Participants added that social occasions that involved food could be very stressful for the participants due to being watched by family and friends when eating or the negative comments they received. The study participants admitted to having limited exposure or experience with counseling that caused them to question the need for counseling post-bariatric surgery. Participants reported that both family and friends questioned the need to seek counseling. Finally, many of the participants wanted the option having a Black counselor for the purpose of relatability and comfort.

In conclusion, the research findings posit that while counseling could prove beneficial for the Black woman following bariatric surgery, due to their limited exposure with counseling it has caused many to question the need to seek it out. Further, it was found that many of the participants wanted the option of having a Black counselor for the reason of relatability and comfort. Many of the study participants expressed the struggles they encountered with social occasions with family and friends that involved food and eating, which is common in the Black community, and it was felt that by having a Black counselor the participant could be better prepared for these occasions. Also, through the offering of a Black counselor to the participant, their comfort level would be increased, allowing them to open and share their feelings about weight, eating habits, and feelings.

In Chapter 5 the following will be discussed: interpretation of the findings, limitations of the findings, recommendations for future research, implications for positive social change and conclusions.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this IPA study was to understand the lived experience of postoperative counseling in Black women who had received bariatric surgery. Through conducting of one-on-one interviews on Zoom of 12 obese or formerly obese Black women that received bariatric surgery, my primary goal was to gain a deeper insight of their perceptions of bariatric surgery, weight loss, and counseling following surgery. This chapter includes a discussion of major findings as related to the literature on bariatric surgery, Black women, weight loss, their reluctance in seeking counseling, and what implications may be useful for mental health professionals and health care providers.

Current research has proven that bariatric surgery is the most effective method to assist the obese or morbidly obese lose up to 60% to 80% of excess body weight in addition to the improvement or resolution of many comorbidities associated with obesity (Onyewu et al., 2017). While these results are encouraging, studies have revealed that the amount of weight loss by Black women in comparison to other ethnic groups is significantly less (Elli et al., 2016; Gullick et al., 2015; Kelly & Hoover, 2019; Khorgami et al., 2015; Ng et al., 2015). Reasons for the weight loss differences appear multifactorial however, research on the lived experiences of Black women who received counseling following bariatric surgery is limited (Fitzgibbon et al., 2012).

This chapter contains discussion and future research possibilities that can assist in answering the research questions:

RQ1: What is the lived experience of bariatric surgery for obese Black women?

RQ2: What is the lived experience of counseling post- bariatric surgery for obese Black women?

RQ3: What is the lived experience involving the sociocultural influence encountered by obese Black women concerning counseling post-bariatric surgery?

While many studies have explored the genetics, dietary, and psychological factors that could potentially contribute to the weight loss difference experienced by Black women following bariatric surgery, little research has been conducted that addresses the lived experiences of Black women with postoperative counseling. In the previous chapter, the main findings were summarized into 12 themes and one subtheme:

- Many of the participants sought bariatric surgery due to ongoing health issues
- Many of the participants sought bariatric surgery due to the negative comments received by friends, family members and strangers
- Many of the participants felt negatively discriminated against by health care providers due to their weight (subtheme)
- While most family members were supportive of the participant's decision to receive bariatric surgery, the participant's friends were less supportive
- Many participants believed that it is different for an obese Black female than for other ethnic females
- Many of the participants experienced weight regain following bariatric surgery
- Many of the participants had limited experience or exposure to counseling prior to surgery

- Participants questioned the need of counseling following surgery
- Many of the participants wanted the option of a Black counselor
- Family members and friends questioned the need for the participant to go to counseling
- Participants were reluctant to discuss their problems with a stranger
- Social occasions involving food and eating can be stressful for the participant following surgery
- Reluctance to appear "weak" or to admit needing help was expressed by the participants

In this chapter, I interpreted the findings from the Zoom interviews and provided more detailed information on the major themes that helped to answer the overall research question: What is the lived experience of Black women with weight loss and counseling post bariatric surgery?

Interpretation of the Findings

For this research, I employed an IPA for the purpose of deriving the themes for the study. The primary purpose of this research study was to gain a deeper understanding of the lived experience of obese or formerly obese Black women with weight loss and counseling following bariatric surgery. From this research, I observed 12 themes and one subtheme that encompassed factors of the social, emotional, cultural, and physical perspectives that may help to influence both future research and approaches that will promote and engage Black women in counseling following bariatric surgery. Each theme is described in detail in the following sections.

Themes

Many of the Participants Sought Bariatric Surgery due to Ongoing Health Issues

Of the leading global health concerns among many health care professionals in recent years, obesity has emerged on top (James, 2018; University of Rochester Medical Center, 2018). It is estimated that at least 30 million Americans have been diagnosed as either overweight or obese with approximately 7million of these individuals considered extreme/morbidly obese (Ventura County Medical Center, 2017). Research has demonstrated that obesity adversely affects women of color significantly more than in other ethnic females. Studies reveal that Black women are 2.5 times more likely to be diagnosed as morbidly obese compared to White women and are at a greater risk for developing illnesses associated with this condition (Tennant, 2016). Among these health problems include heart disease, stroke, Type 2 diabetes, high blood pressure, certain forms of cancers, sleep apnea/respiratory problems as well as the potential to impair infertility in both men and women (Mayo Clinic, 2019; University of Rochester Medical Center, 2019).

From the Zoom interviews conducted, several study participants related the struggles they encountered with conception along with problems during and after pregnancy. One study participant shared their development of PCOS and the difficulty with conceiving. PCOS is a health problem that affects between 5% and 10% of women between 15 and 44 of childbearing years (Office on Women's Health [OASH], 2019). The risk of developing PCOS is higher if the woman is obese, of which the study participant had been diagnosed (OASH, 2019). Another health problem associated with

obesity is heart disease and several of the research participants reported developing heart or heart valve issues due to their obesity. Participants shared either having a heart attack during their pregnancy, experiencing chest pains, or feeling uncomfortable moving quickly or climbing stairs causing their heart to beat faster.

Many of the Participants Sought Bariatric Surgery due to Negative Comments Received by Friends, Family Members, and Strangers

In addition to the health issues associated with obesity Black women could experience, the emotional toll they encounter from the negative comments received from family, friends, and strangers can cause further stress. These negative comments concerning their weight can begin in childhood. One study participant related a particularly hurtful comment made by their stepmother following the participant's return from a dance class as a child. The participant recounted that the statement of the stepmother that she looked like a "elephant with tutu", was both hurtful and something she still remembers even into adulthood. Family members were not the only individuals that could inflict negative comments. Several of the participants reflected that some of their friends also made negative statements to them. Participants related the criticisms they received both in high school and as an adult began to bother them while one participant recalled how one friend made frequent comments about the fat around their stomach which hurt their feelings.

Comments made by total strangers concerning their weight were the most humiliating for the participants. Accounts of strangers avoiding sitting next to them, laughing, or talking about the participant when they think the participant is unable to hear

them was reported. Traveling for the participants was a source of embarrassment with one participant recounting how humiliating it was to ask for belt extender when traveling on a plane. While vacationing in Jamaica, a participant reflected on how wanting to go horseback riding was not option for them due to a visual assessment made by their vacation coordinator of their weight and then the suggestion being made by the coordinator that may be four-wheeling would be a better choice for her.

Finally, negative statements made in the workplace could further motivate the participant to seek out bariatric surgery. Two of the participants interviewed recounted situations where they broke chairs due to their weight: one at a social occasion and another while working as a home nurse that caused them a great deal of embarrassment. Due to breaking a chair at a social occasion, the first participant stated that this resulted in them declining future invitations. The second participant related they broke a chair due to their weight at a home visit and as a home health nurse, she was not only embarrassed, but felt like a hypocrite due to being in the health care profession as well as it being her job to recommend healthier food choices for weight loss to her clients. Frequently obese individuals that experience weight bias and stigmatization will internalize the negative-based stereotypes and anti-fat attitudes they encounter (Schvey & White, 2015). Due to this internalization, research indicates an association between self-esteem, depression, and body dissatisfaction among obese individuals (Schvey & White, 2015). Research indicates that obesity not only can worsens economic outcomes such as health care costs, but it can also affect the earning potential of the individual in addition to future employment opportunities (Biener et al., 2018). Additionally, psychosocial work factors

within the workplace involving job demands, job control, social interactions, job future, and career issues, may affect the health and well-being of the obese individual which may result in lower self-esteem (Yarborough et al., 2018).

While Most Family Members Were Supportive of the Participant's Decision to Receive Bariatric Surgery, the Participants' Friends Were Less Supportive

Making the decision to seek out bariatric surgery could be difficult, and it would be important to have the support of both family and friends. The support received from friends and family can vary following surgery. Some surgical patients reported the support they received being not only insufficient, but at times being stigmatizing or even discouraging (Schvey & White, 2015; Tolvanen et al., 2021). Being overweight or obese in addition to the weight stigma encountered by these individuals can have far reaching effects. Current studies demonstrate that repeated, chronic weight stigma can cross all areas of the obese individual's life, and this can involve health care, employment, and even interpersonal or romantic relationships (Schvey & White, 2015). In completing the zoom interviews, it was revealed that while family members were supportive of the participant's decision to seek bariatric surgery, friends were less supportive of their decision. Participants commented that family had been positive, encouraging, and did not feel judged by them. Although many of the participants received positive support from family members, the support from friends was limited. Strains that may have existed in relationships with friends prior to receiving bariatric surgery could potentially increase following surgery (Gradcischi et al., 2020). From the interviews conducted, some of the participants remarked they were selective in who they told about receiving the surgery

and only receiving limited support from a few friends. Participants reported that many of their friends felt intimidated by their surgery decision, believed that the surgery was a "lost cause" or that they were losing an eating buddy. The results of the limited or negative support received by the participants could involve poor adherence to post-surgery guidelines as well as potentially being a contributing factor to possible weight regain following surgery (Voils et al., 2020).

Many of the Participants Experienced Weight Regain Following Bariatric Surgery

Research has shown that bariatric surgery is an effective method to assist the obese individual lose a significant amount of weight quickly and safely. Individuals who have undergone bariatric surgery are reported to lose 60% to 70% of their excess body weight (Onyewu et al., 2017). While it has been shown that individuals can use a significant amount of weight quickly through bariatric surgery over time, weight regain is possible (El Ansari & Elhag, 2021). From the Zoom interviews conducted, seven of the twelve participants experienced weight regain of between 8lbs and 50lbs. Sadly, this weight regain is not uncommon for individuals who underwent bariatric surgery with an estimated 20-25% of patients struggling with weight regain following surgery (El Ansari & Elhag, 2021). For many of the study participants, the weight gain was the result of mindless or bored eating during the pandemic. Reactions from family and friends to their weight gain following surgery varied from comments that they knew the surgery would fail to the statement they felt the participant looked better with the extra weight.

Many of the Participants had Limited Experience or Exposure to Counseling Prior to Surgery

In the past decade, bariatric surgery has been proven an effective method to treat extreme obesity with approximately 70% of patients losing 50% of excess body weight (Himes et al., 2015; Paul et al., 2015). With this success rate however, the downside to the surgery is that approximately 20-30% of patients can experience failure to lose the desired excess body weight or to begin re-gaining weight over time (Himes et al., 2015; Paul et al., 2015). The various psychosocial reasons can range from the development of certain eating behaviors such as mindless, night or binge eating or psychological factors that include depression, anxiety, PTSD, and alcohol dependence (Collins & Bentz, 2009; Himes et al., 2015; Hjelmesæth et al., 2019; Voils et al., 2020). To ensure long-term success and maintenance of weight loss post-bariatric surgery, behavioral interventions such as counseling would be essential (Beaulac & Sandre, 2017).

Benefits of behavioral counseling can involve assisting the patient in adopting positive health behaviors, addressing issues of body image, and helping with potential family and relationship problems (Gradcischi et al., 2020; Kubik et al., 2013). Despite the potential benefits counseling can offer, many of the study participants possessed limited exposure to counseling prior to receiving bariatric surgery. From the collected data, seven of the 12 participants related their limited experience with counseling. One of participants recounted that their only prior experience with counseling was the presurgery counseling required by their insurance company while another participant stated that counseling had crossed their mind however, never explored it.

Participants Questioned the Need of Counseling Following Surgery

After making the decision to obtain bariatric surgery, the participants were resolved in their commitment to move forward with the procedure. However, their level of commitment in seeking out counseling following surgery was low with many of the participants questioning the need for further counseling. The participants were aware that a presurgery counseling session was a requirement prior to approval for the surgery by insurance; however, the need for additional counseling was met with reluctance. The possible reasons for this reluctance could be the relatability of the counselor, level of comfort with both counseling and the counselor, and discovering that counseling was not helpful to them.

While positive results can be achieved through counseling, the service is underutilized within the Black community with only an estimated one-in-three African Americans who need mental health care receiving it (American Psychiatric Association, 2017). Black women frequently hold a negative view towards seeking psychological services and this may be due to fear of the stigma they may face in seeking help, mistrust, limited understanding of mental illness, or feelings of cultural insensitivity (American Psychiatric Association, 2017; Cheng et al., 2013; Fripp & Carlson, 2015). In conducted interviews, participants stated their lack of comfort in seeking counseling due to the counselor not looking like them which didn't motivate them to share personal issues such as weight and eating habits.

Many of the Participants Wanted the Option of a Black Counselor

When a person seeks out counseling, it is to assist them with a perceived issue or problem that they want to resolve (Gradcischi et al., 2020). This will involve a collaborative effort between the counselor and client with the purpose of identifying goals and developing potential solutions. However, for this collaboration to be effective, a level of trust and relatability must be present between the counselor and client. From the collected data, many of the participants the option of having a Black counselor was either not offered to them or was not available.

There are several barriers that Black women may encounter in seeking mental health care. Two main barriers involve the lack of providers from diverse racial/ethnic backgrounds of which was observed in the analyzed data (American Psychiatric Association, 2017). Two of the participants recounted how they were able to locate and use a Black counselor for their sessions and the ease they felt in discussing their weight and eating habits. For participants that did not have the option of using a Black counselor, they related how uncomfortable they felt in sharing concerns about their weight, eating behaviors as well as their feelings with someone they did not know or could relate to.

Family Members and Friends Questioned the Need for the Participant to go to Counseling

The decision to undergo bariatric surgery and then to seek counseling following surgery can be very stressful for the individual. During this time, it would be important to have the support and encouragement from friends and family members. Unfortunately, many of the participants recounted how they received limited support from both family

members and friends. The limited support received by the participants from their family and friends could stem from stigma, mistrust, and limited understanding of mental illness (American Psychiatric Association, 2017; Cheng et al., 2013; Fripp & Carlson, 2015). Additionally, the cultural belief within the Black community of not sharing personal information outside of the family can result in limited contact of both the Black woman and their friends and family with mental health professionals (Thompson et al., 2004; Watson & Hunter, 2015). For several of the participants, family members not only questioned the need for counseling but also encouraged them to rely on their religion for help. Participants stated that family members thought that all they needed was their faith to overcome their weight struggles with research indicating Black women preferring religious coping services over using mental health services (Ward et al., 2013). Participants commented that their friends provided most negative comments and the least support in comparison to their family members. Many of the participants provided examples such as one friend asking why they did not just use You Tube for counseling to only informing one to two friends know about their counseling decision.

Participants Were Reluctant to Discuss their Problems with a Stranger

Weight, weight loss struggles, and eating habits can be sensitive topics and difficult for the individual to talk about with others. In the counseling process, the individual being counseled must be willing, open, and comfortable to address these sensitive topics and work on clear, realistic goals. For the study participants, discussing these sensitive subjects was a struggle for them with the primary reason being their inability to speak to a stranger about their problems. Revealing vulnerability can be

problematic and especially for the Black woman. Black women have projected through the years, the image of strength for the purpose of protection and to counter any negative stereotypes concerning them (Andrews et al., 2017; Nelson et al., 2016). For the Black woman to drop this image of strength and to disclose their vulnerabilities requires a familiarity that many of the participants related they did not feel towards their counselor. Several of the participants stated their dislike of sharing their struggles with their counselor or being in counseling with someone that they didn't know or could relate to.

Social Occasions Involving Food and Eating can be Stressful for the Participant Following Surgery

In using the sociocultural approach, the experiences, influences, and culture of the person are considered in shaping why a person acts the way they do. From the conducted interviews, the social and cultural factors can weigh heavily on the person in deciding on both the bariatric surgery and post-operative counseling. The study participants related how social occasions with family and friends that involved food and eating can be very stressful for them. Being with family and friends at social occasions can be an enjoyable event. However, for a Black woman following bariatric surgery, social occasions where food and eating are involved, it can be a time of great stress and anxiety (Griauzde et al., 2018). Within the Black culture, a social occasion involving food and eating could range from the weekly Sunday dinners after church, family reunions with grandma's homemade desserts to weekend brunches with girlfriends. Participants related their distress in certain relationships following weight loss which was attributed to changes in social activities; many that previously revolved around eating (Griauzde et al., 2018). For many of the

participants interviewed, they related how they would experience scrutiny from both family members and friends. Black women have suffered decades of stereotyping ranging from the selfless "mammy" to the lazy, dependent "welfare queen." (Andrews et al., 2017; Nelson et al., 2016). To counter these stereotypes, Black women frequently embrace an image of strength to protect themselves which can begin at an early age. Additionally, research demonstrates that Black women place higher expectations, increased responsibilities, and additional demands on their daughters in comparison to their sons (Nelson et al., 2016). The Black female participants reported being monitored while they ate, comments about their portion sizes and questioning the reason they were chewing so slowly. Participants stated these occasions affected their self-assurance due to the negative comments, constant monitoring, and feelings of judgment. Due to the need for many Black women to exhibit strength, self-reliance and hide vulnerability, these social occasions could potentially intensify symptoms of anxiety and depression for the Black woman (Watson & Hunter, 2015).

Many of the Participants Believed that it is Different for an Obese Black Female than for Other Ethnic Females

Being overweight or obese today can prove fatal involving medical complications along with lifestyle implications (Ventura County Medical Center, 2017). These lifestyle implications can include stigma and discrimination which can be heightened if the individual feels that their ethnicity could be an additional factor. From the analyzed data, there was a belief by many of the study participants that it is different for an obese Black female than for other ethnic females.

From a cultural viewpoint, Black women can experience conflict between their heritage that celebrates a "big booty or bigger thighs" to the society's ideal of thinness that is portrayed in the media (Awad et al., 2015; Befort et al., 2008; Moore et al., 2017). Several of the participants stated that there is a tendency for Black women to be more comfortable with their weight as well as being accepted within their family and community. From rap songs to music videos shown on TV, many Black women feel the pressure to both have and maintain shapely hips, large breasts, and a full backside (Capodilupo & Kim, 2014; Jackson et al., 2014). Participants also expressed that culturally, weight can be an expression of health and wealth with their weight being supported by family.

From professional standpoint, the study participants felt that being obese for a Black woman can be different. Several of the participants felt unfairly judged when going to job interviews or finding professional plus-size clothing. Participants further stated that obese Black women can be overlooked when going on job interviews more so than in other ethnic groups or can lose credibility in their field due to their weight (see Biener et al., 2018). Two of the participants stated that due to being in the health care profession, they felt discriminated against based on their weight and a loss of credibility among their colleagues.

Reluctance to Appear "Weak" or to Admit Needing Help was Expressed by the Participants

Counseling requires that a person be willing to open themselves up and reveal their innermost thoughts and feelings. This will involve the person being willing to admit

needing help or appearing weak to others. Showing weakness or the admission of needing help can be difficult for many individuals however, this can be especially challenging for Black women. Through the decades, Black women have endured stereotypes that range from selfless "mammy" to the lazy, dependent "welfare queen" and these stereotypes continue to affect the perceptions of Black women (Andrews et al., 2017; Nelson et al., 2016). To counter these stereotypes, Black women frequently embrace the image of strength and being a "strong, Black woman" as a way of protecting themselves and their families (see Nelson et al., 2016). One of the participants commented that about how difficult it was to admit needing help and research reveals that higher expectations and demands can be placed on Black daughters in comparison to sons (Nelson et al., 2016). Having these increased responsibilities and demands placed on the Black woman at an early age can encourage them to suppress their emotional pain as well as to resist showing signs of vulnerability (Abrams, Hill et al., 2019, Abrams, Maxwell et al., 2014; Okeke, 2013; Watson & Hunter, 2015; Woods-Giscombé, 2010). From the study, participants shared their reluctance in seeking counseling and how uncomfortable they were talking about their weight and eating habits.

Subtheme: Many of the Participants Felt Negatively Discriminated Against by Health Care Providers due to Their Weight

In an emerging theme obtained from the analyzed data, the study participants recounted the stigma and discrimination they experienced when meeting with their health care providers. In addition to the perceived stigma and discrimination that Black women may experience daily, this stigmatization can be increased if the individual is either

overweight or obese. There can exist within the medical community a perceived stereotype of the obese individual being lazy, sloppy, or non-compliant and this perception and attitude can have a negative effect on the obese patient (see Sabin et al., 2012). Participants expressed their frustrations with the assumptions made by health care providers that their weight is the cause of all their medical issues. The participants further state that the standard response from their health care provider that they just need to lose weight to solve their health problems is condescending to them and may result in mistrust of doctors developing for many of the participants. Mistrust within the Black community of the health care profession is common; stemming from the lack of respect felt and conveyed by health care workers, poor communication, and interaction between health care providers and patients with the result being the Black female patient feeling their symptoms or problems are minimized or discredited (Cuevas et al., 2016). For the participants who were employed in the health care profession, they felt their weight affected their professional credibility. Two of the study participants remarked that there were times they felt like hypocrites because how could they educate their clients on nutrition and portion control when they were overweight.

Limitations of the Study

IPA is the research method utilized for this study assisted me to explore the lived experiences of the research participants while allowing them to describe these experiences in their own words without any distortions and or/prosecutions (Alase, 2017). Through utilizing IPA, I was able as the qualitative researcher to obtain a deeper understanding of the lived experiences of the obese or formerly obese Black women with

bariatric surgery, weight loss, and counseling post-bariatric surgery. Additionally, with the use of semi structured interviews, I was able to investigate how the Black women in the study felt about and interpreted the life-altering experience of having bariatric surgery. Finally, through the IPA approach, I was able to obtain the perceptions of the obese or formerly obese Black woman concerning receiving bariatric surgery and the feedback they received both positive and negative from family members and friends relating to their surgery and seeking counseling following surgery.

While the IPA research method was believed to be the most appropriate research design for the study, several limitations emerged from the study. Although the number of participants was sufficient for an IPA study, a larger group of participants could potentially provide both a greater depth and richer diversity of the thoughts and experiences of the participants. All the interviews were conducted via Zoom due to ongoing Covid-19 social distancing restrictions. The lack of actual face-to-face contact with the study participants could potentially limit the non-verbal communication between the researcher and participant. Finally, due to maintaining multiple roles as the sole researcher, interviewer, data analyzer, and transcriber for all the Zoom interviews, this could potentially increase the possibility of researcher bias influencing the research findings.

Recommendations

All interviews were conducted on the computer via Zoom due to the recent Covid-19 restrictions. This may have resulted in the inability of detecting some of the non-verbal communication that can transpire between the researcher and the participant.

Future recommendations that would serve the obese Black woman, the counseling profession, the health care profession, and the public through concentrating on studies that will attain three objectives. One, expanding the research findings by incorporating larger population sizes, this can ensure greater depth and diversity within the group. Two, through adding questions that address relevant topics such as sexuality, religion, communication, and body image this could create opportunities to educate and increase the awareness of counselors concerning topics that are of importance to the Black woman. Three, continued investigations of the lived experiences of obese Black women, their strategies for coping with stress, dealing with negative pressure from others concerning their weight loss surgery decision as well as their determination of whether counseling was necessary. In order to obtain these objectives, a different research design may be required.

A mixed method research design may be needed for the purpose of exploring further the lived experiences of obese or formerly obese Black women concerning weight loss and counseling post-bariatric surgery. Using both appropriate qualitative and quantitative research approaches, a greater depth of understanding could be achieved. In utilizing a mixed method approach, the researcher can use a questionnaire initially to obtain certain data followed by one-on-one interviews that utilized open-ended questions which can then explore specific topics.

Implications

The research findings of the study may have a significant impact on the areas of research and social change. While research is ongoing concerning the genetics, cultural,

and environmental factors that may result in the obese Black woman achieving significantly less weight lost following bariatric surgery, limited research has been conducted on the lived experiences of obese Black with counseling following surgery. This study contributes to the ongoing body of the research relating to Black women who seek bariatric surgery and engage in mental health services.

The results from this study can directly impact psychologists, mental health professionals, health care professionals and obese Black women who are contemplating bariatric surgery and postoperative counseling. The lived experience of seeking and engaging in bariatric surgery and postoperative counseling along with the negative feedback they received from friends and family members could be the prompt needed for change for not only Black women but for women of other ethnicities in similar situations as well. Psychologists and mental health professionals can gain additional understanding and knowledge from the lived experiences of obese Black women who stated hesitation in seeking counseling following weight loss surgery. This study can provide insight and guidance on how to assist these obese Black overcome their hesitancy and other barriers they may have in seeking mental health services. The lived experiences of the study participants could potentially assist in changes in the mental health system through the providing of more racial diverse counselors, better cultural awareness and guidance on culturally sensitive engagement of the Black woman through clear, respectful communication.

This study may affect social change by providing data from the obese or formerly obese Black women concerning their experiences with weight loss surgery and their

thoughts on engaging in counseling following surgery. This study explored the reluctance expressed by obese Black women in seeking out counseling following their receiving bariatric surgery which parallels the reluctance stated by many Black women in appearing vulnerable to others. The results from this study may provide insight that could lead to better collaboration and reflection between psychologists, mental health professionals, and health care professionals which could then generate better, clearer, and culturally sensitive communication. This improved communication could then create an increase in the utilization of mental health services for both Black women and women of other ethnic groups.

Conclusion

Current research has shown that while bariatric surgery can effectively assist the obese individual lose a significant amount of weight rapidly, this weight loss can be less for the obese Black woman. While other factors continue to be explored it is however the issue of utilizing postoperative counseling that has received limited research. This study contributes to the increased understanding of the reluctance of Black women in seeking help through counseling due to not wanting to appear vulnerable to friends and family members. Additionally, this study highlighted the stigma and discrimination obese Black women can encounter when meeting health care professionals concerning ongoing health issues. Improved communications that are respectful and culturally sensitive could greatly boost how receptive the Black woman would be towards counseling. The contributions of this study will bring attention to the need for ongoing social and cultural understanding of the Black woman as potential clients seeking mental health services.

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Appendix A: Interview Questions

Potential Interview Questions

Preoperative Questions

Share one of your most significant experiences with your weight that lead to your decision to have bariatric surgery?

As an obese Black female, please share some of your experiences with being overweight.

Please share with me the history of when you began to gain weight.

Do you think being obese is different for Black females? How?

Why did you consider bariatric surgery?

Tell me about the barriers you experienced that could have prevented you from receiving bariatric surgery?

What were family member's reactions to your bariatric surgery decision?

How did friends react to your decision to have bariatric surgery?

Post surgery

Tell me about some of the unexpected outcomes that you experienced from the surgery?

When did you follow-up with the provider after the surgery?

How positive did you feel about changing your eating behaviors post-surgery?

How self-assured were you around friends and family members on social occasions where food was involved?

How comfortable were you around friends and family members when eating meals?

How successful were you during the transition stages with portion control and hydration after surgery?

What are your thoughts about your current weight after receiving surgery?

How do you feel about managing your bodyweight after surgery?

Have you experienced any weight re-gain since having your surgery?

What was your reaction with the first weight re-gain?

What was happening during that time that you feel may have caused the weight re-gain?

What were family member's reactions to the weight re-gain?

What were friends' reactions to the weight re-gain?

When stressed, sad, or anxious, what are your experiences with coping?

What new coping strategies did you develop following bariatric surgery? Please expand on your experiences with these strategies

Counseling

Share what your initial feelings were when counseling was suggested by your provider?

What was your experience with counseling prior to surgery?

Describe your current support system

As a Black female, what barriers if any, have you experienced to attending post-surgical counseling?

What were family's reactions that you experienced when told you were going to counseling?

What were friends' reactions that you experienced when told you were going to counseling?

How did their reactions affect participation in counseling?

Tell me about your experiences with counseling after surgery. How did you benefit from it?

How difficult was it to talk about seeking counseling with family members?

How difficult was it to talk about seeking counseling with friends?