2022

Experiences With Addiction Transfer Among Weight Loss Surgery Recipients

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Walden University
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Abstract

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by

Latoya Smalls

MS, Capella University 2010

BS, University of Phoenix 2008

Proposal Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counselor Education and Supervision

Walden University

December 2022

Abstract

Obesity remains a significant problem linked to psychological, behavioral, metabolic, and environmental factors. Some individuals who struggle with obesity turn to weight loss surgery. Studies exploring the long-term effects of weight loss surgery and its connection with transfer addiction have reached conflicting findings. This phenomenological study was conducted according to procedures developed by Husserl and Giorgi. Data were collected for this qualitative study through semistructured interviews with 10 bariatric weight loss surgery recipients. Data were analyzed using the five stages of Giorgi's descriptive phenomenological method process of data analysis. Analysis of the data led to five themes and eight subthemes. The five themes were (a) the mental effects of weight loss surgery, (b) altered relationship with food, (c) from overeating to overindulging in another addictive behavior, (d) faster rates of alcohol intoxication, and (e) counseling should be a prerequisite for surgery. The eight subthemes were (a) coping with emotions surrounding food presurgery, (b) psychological connections to food, (c) challenging to cope with emotions after weight loss surgery, (d) challenges coping with weight regain after weight loss surgery, (e) challenges with social engagement after weight loss surgery, (f) counseling needed after weight loss surgery, (g) benefited from attending a weight loss surgery support group, and (h) counseling was not a requirement for surgery. The results of this study have potential implications for positive social change by providing quality data to augment existing data to assist counseling professionals with educating potential weight loss candidates about the side effects of bariatric weight loss surgery and its potential impact on psychological health.

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Dedication

This dedication is for my grandparents, who have loved and supported me through every journey and obstacle and are cheering me on from heaven. To my children, who have also made sacrifices while I have pursued higher education. I would also like to thank my husband, who has supported me throughout the journey. Chewie I love you, thank you for sticking by my side until you were called home, we will always love you. I love you all.

Acknowledgments

I want to thank everyone who participated in this study for allowing themselves to be completely transparent, sharing details about their experiences with weight loss surgery, and contributing to existing research about it. Thank you to all the faculty members that played an instrumental role in my time as a Walden student and my dissertation completion, I want to personally thank Dr. Corinne Bridges, who has agreed to be my chair on this project from the start; she has worked tirelessly providing substantial feedback and encouragement, allowing this process to be an authentic learning experience, her personable and relatable nature was significant. She is a true asset and will be a memorable part of this journey, a true mentor. I want to thank Dr. Ted Remley, who has also worked with me on this project from the start. Dr. Remley provided a perspective like no other; I was truly saddened when he left the faculty team. Dr. Geneva Gray, who newly joined as a chair, has also provided valuable insight and direction. Thank you for agreeing to become a mentor as well. I would like to also thank my advisor Jacqueline Cook-Jones for providing the support I needed and knowing the right thing to say to get me over the hurdle.

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Chapter 1: Introduction to the Study

Introduction

Obesity, a significant problem, and global phenomenon, has been linked to psychological, behavioral, metabolic, and environmental factors (McFadden, 2010). However, each of the possible explanations for obesity is surrounded by controversy, and stigma plagues those who are obese. Individuals who struggle with obesity are stigmatized and face social isolation exacerbating feelings of loneliness and rejection (Hajek et al., 2021). Obesity has had a significant negative impact on individuals who are overweight. Weight loss surgery provides patients with the opportunity to lose a substantial amount of excess weight in a short period. Ortiz-Gomez et al. (2020) credited bariatric surgery for producing rapid weight loss. Traditional dieting plans have fallen short of offering short-term solutions to obesity. Pirmohamed (2018) argued that one-fits-all dieting plans do not work and suggested that individuals benefit more from individualized nutritional plans that combat obesity.

Weight loss, however, is not a catchall solution for some individuals. Individuals no longer able to overindulge in food following weight loss surgery might seek comfort by engaging in other addictive behaviors, including overuse of substances such as alcohol or drugs. People who experience obesity may have a dysfunctional relationship with food that after weight loss can develop into *addiction transfer*. According to McFadden (2010), addiction transfer, also known as *transfer addiction*, occurs when an individual substitutes one addictive behavior for another. Weight loss surgery recipients may engage in addictive behaviors such as gambling, sex, and compulsive shopping.

A phenomenological study is best suited for a study of addiction transfer in weight loss surgery patients as it could reveal common themes in the lives of individuals who have undergone weight loss surgery. In this qualitative descriptive phenomenological study, I aimed to gain awareness of the impact of weight loss surgery and the experiences of individuals who developed addiction transfer after their surgery. The goal of the study was to explore the lived experiences of individuals who have undergone weight loss surgery and later developed addiction transfer.

In this chapter, I include the problem statement, purpose of the study, research questions, and the conceptual and theoretical frameworks of my study. I include the nature of the study, definitions, assumptions, delimitations, and limitations. I conclude this chapter with the potential impact the study could have on social change, such as providing necessary counseling for individuals with underlying and untreated mental health.

Background

The subject of weight loss surgery and its aftermath has been well researched. Bak and Darling (2016) conducted a study focused on addiction transfer following weight loss surgery. The purpose of the study was to develop a screening tool (PROMIS Questionnaire) that could be used by health care providers to help identify potential postsurgery addictive behaviors. Liebl et al. (2016) conducted a study that concentrated on postbariatric surgical patients who had experienced weight loss occurring within the initial 12–24 months post weight loss surgery. Moore and Cooper (2016) explored the lived experiences of 20 male postbariatric weight loss recipients over 6 months, focusing

specifically on their intimate relationships. Opolski et al. (2015) reviewed 75 peer-reviewed qualitative, quantitative, and mixed-methods research articles in adult human studies focused on bariatric candidates who experienced (a) binge eating, (b) night eating, (c) emotional eating, (d) addictive behaviors, and (e) presurgical expectations of postsurgical eating. Yoder et al. (2018) provided an overview of patients who develop the onset of an alcohol use disorder post bariatric weight loss surgery. While studies of postbariatric surgery addiction have been conducted, none have focused on the lived experiences of those who have experienced addictions following bariatric surgery.

Weight loss surgery according to Alvarez et al. (2010), Wolfe and Eckel (2016), and Groven and Engelsrud (2016), specifically gastric bypass surgery is one of the most successful forms of surgery to assist patients with managing morbid obesity. Some studies have been conducted that have helped counseling professionals understand how bariatric surgery patients cope after the surgery. For example, Lier et al. (2016) focused on the lived experiences of postoperative bariatric weight loss surgery recipients 5 years post surgery in a qualitative research study. Lier et al. concluded that patients who undergo gastric bypass surgery experience significant changes in their lives regarding body image, social engagement, and self-esteem.

Weight loss surgery was researched by Spadola et al. (2015), the authors provided an overview of the experiences of postoperative weight loss surgery recipients who engaged in alcohol and drug use post surgery. The authors suggested that bariatric weight loss recipients are at high risk of developing a substance abuse problem. Spadola et al. (2018) conducted a qualitative research study focused on racially/ethnically diverse youth

postoperative weight loss surgery to highlight the heightened risk of developing an alcohol use disorder in that population.

The support patients receive can determine and influence bariatric surgery outcomes. Sharman et al. (2017) convened seven semistructured focus groups of postbariatric surgery patients consisting of 26 females and 15 males, ranging in age from 24–72. The authors found that bariatric surgery treatment providers should inform their patients of the potential outcomes and significant life changes following the first year postoperative. Sharman et al. encouraged providers of bariatric surgery to refer their patients for ongoing long-term support using a multidisciplinary approach.

Interventions before and after surgery are essential to secure healthy coping strategies. Taekker and Bodil (2018) conducted a qualitative case study focusing on the life of a morbidly obese 26-year-old woman diagnosed with a binge eating disorder postoperative weight loss surgery. The authors concluded that eating disorders must be addressed when conducting presurgical assessments to determine appropriateness for weight loss surgery. Bodyweight should not be the only barometer to measure bariatric surgery success outcomes (Taekker & Bodil, 2018).

Problem Statement

Obesity in the United States has increased substantially within the past 40 years, constituting a morbid obesity health crisis (Waters & Graf, 2016). According to Waters and Graf (2016) A total of 100.3 million people were reported to be obese in the United States in 2016. Many patients have untreated psychological stressors that could contribute to overeating, resulting in obesity (Bak et al., 2016). As reported by Bak et al., those who

have undergone weight loss surgery frequently replace overeating with other maladaptive coping mechanisms that develop into addiction transfer. Bariatric weight loss surgery has become the most effective form of weight loss treatment for patients diagnosed with life-threatening obesity who have attempted various other methods of weight loss (Coulman et al., 2017). Bariatric weight loss surgery is performed to restrict the amount of food the stomach can absorb, ultimately causing weight loss.

Gastric surgery procedures performed can consist of gastric bypass, an adjustable gastric band, or a gastric sleeve, as reported by Rogers (2020), Elrefai et al. (2017), and Madsbad and Holst (2019). Research conducted by Coulman et al. (2017) focused on investigating and analyzing patients' perspectives of bariatric weight loss surgery and its outcome. The authors focused on uncovering the impact weight loss surgery has on the ability of recipients to engage in a sense of normalcy in their daily living, psychological health, sexual performance, and body image. Many recipients do not have the ability to maintain weight loss, manage food cravings, improve physical health, and establish healthy relationships with food (Coulman et al., 2017). Moreover, although weight loss surgery can be beneficial in the lives and health of obese patients, many strive to establish control over weight management, which often contributes to ambivalence as well as exacerbated symptoms of depression and lack of psychological health (Coulman et al., 2017). Castaneda et al. (2019) suggested that patients who have undergone weight loss surgery are twice as likely to attempt suicide after having weight loss surgery. Castaneda et al. (2019) also suggested that the number of patients reporting depressive symptoms decreased significantly; however, their symptoms of depression may worsen within 24

months post-surgery. Montesi et al. (2016) have suggested that prolonged long-term treatment and support post bariatric surgery is highly urged to assist patients with establishing and sustaining healthy weight management, positive self-image, and healthy eating habits.

The social impact of weight loss surgery reported by bariatric weight loss patients identified a change in self-perception as a common theme, as discussed by Griauzde et al. (2018). Patients reported not noticing themselves when looking in the mirror, reporting discordance between what they looked like presurgery and their actual perceived image postsurgery (Griauzde et al., 2018). Weight loss surgery recipients noted losing the weight; however, their brain retained the same overweight image of themselves. Recipients also noted losing a sense of identity, frightened by the image seen in the mirror. According to Griauzde et al., there are countless reports of patients describing their lack of satisfaction with their body image post-surgery regardless of compliments received. Patients acknowledged using food to cope with emotional discord, although food was no longer a solution for coping with distress.

According to Liu and Irvin (2020), the number of overweight and obese individuals has increased dramatically over the past 30 years. Liu and Irvin (2020) also reported that nonsurgical treatment and procedures are not beneficial for most patients to maintain weight loss long-term. The authors recognized bariatric weight loss surgery as the leading and most effective method for significant and sustainable weight loss for patients living with morbid obesity but suggested that bariatric surgery is linked to physiological as well as psychological improvements related to severe obesity. Through

participant interviews, Groven (2014) identified two themes related to the determination of patients to maintain weight loss: (a) the ability of patients to push through the struggle and exercise regularly, and (b) the acceptance by patients that gastric bypass surgery is not a quick fix to weight loss. Although there can be many benefits from the surgery, Groven (2014) identified some side effects connected with the procedure, such as malnutrition, digestive and intestinal complications, as well as psychological distress.

Existing professional literature and research suggest a substantial need for mental health specialists and medical experts to become more aware of the potential side effects of weight loss surgery (Sarwer & Dilks, 2011). Side effects can have a drastic impact on the overall psychological well-being of recipients (Sarwer & Dilks, 2011). According to Sarwer and Dilks (2011), addiction transfer is highly prevalent in post-bariatric weight loss surgery recipients. For patients who have undergone weight loss surgery, Sarwer and Dilks (2011) have suggested that addiction transfer might be developed to cope with underlying psychological stressors for which food once provided a distraction.

The success outcomes of counseling for postoperative bariatric weight loss patients was researched by Risanto and Caltabiano (2019). The authors highlighted the importance of additional research on the significance of counseling for patients who have undergone weight loss surgery. The authors also indicated that minimal attention has been placed on the topic. Research has shown that counseling can have a significant impact on a patient's ability to maintain weight loss and psychological health (Ristanto & Caltabiano, 2019). Patients who attended between one and four counseling sessions demonstrated a much higher level of mental stability (Ristanto & Caltabiano, 2019).

Patients who did not receive counseling demonstrated the lowest scores for both mental and physical well-being (Ristanto & Caltabiano, 2019). The authors expressed the importance of more attention being directed to bariatric patients' mental health needs post-surgery. Based on Ristanto and Caltabiano's (2019) findings, this phenomenological research study could further highlight the lived experiences of patients who have undergone weight loss surgery.

Postbariatric weight loss recipients can no longer find comfort in overeating. Using food as a way of distraction and to fill an emotional void becomes impossible following weight loss surgery (Griauzde et al., 2018). When food is no longer available to provide comfort, individuals often find a way to cope with internal or external stressors by engaging in other behaviors, such as substance abuse, shopping addiction, sex addiction, or gambling addiction. Therefore, more awareness of the issue is needed for advocacy and to suggest the value of pre- and postoperative counseling. The results of this study will increase understanding of the potential risk of transfer addiction for bariatric patients who struggle with underlying self-identified mental health conditions that have gone undiagnosed and untreated.

Purpose

The purpose of this qualitative phenomenological study was to describe the lived experiences of individuals who have undergone bariatric weight loss surgery and might have experienced addiction transfer after the surgery. Specifically, I employed a descriptive phenomenological approach to capture the lived experiences of 10 bariatric weight loss surgery recipients. The rich descriptions of their experiences can increase

awareness of the problem and may assist in decreasing the effects of addiction transfer for postoperative weight loss surgery patients.

Research Question

What are the lived experiences of postoperative weight loss surgery recipients who might have experienced postsurgical addiction transfer?

Theoretical Framework

Edmund Husserl was a German mathematician who founded descriptive phenomenology (Yuksel & Yidirim, 2015). According to Yuksel and Yidirim (2015), Husserl argued that there is a connection between what is perceived and what is reality based. Perception is based on the experiences of the person who is perceiving. Husserl believed that experiences are created by consciousness (Yuksel & Yidirim, 2015). Thoughts are derived from what people perceive (Yuksel & Yidirim, 2015). The authors suggested that Husserl believed that an event or situation creates lived experiences. Husserl referred to epoché, a Greek word that describes refraining from placing judgment about the phenomena in question. Descriptive phenomenological studies abstain from deriving an external theory, which allows a researcher to remain bias free to describe the lived experiences based on participants' perspectives (Giorgi, 2009). According to Giorgi, phenomenological research attempts to seek out reality from participants' viewpoints, outlines their unique experiences, and summarizes their thoughts. This method is in-depth and accurately describes the phenomenon in question (Giorgi, 2009).

As a novice researcher incorporating a phenomenological framework, I will bracket any previous knowledge based on experiences working with the population under

study. I will remain unbiased to appreciate the experiences of the participants. Phenomenological research methods exemplify the participants' lived experiences, which makes this theoretical framework most appropriate for my study.

Nature of Study

The nature of this study is descriptive phenomenology. Giorgi (2009) based his descriptive phenomenological design on work performed by philosophers including Edmund Husserl and on the knowledge, Giorgi obtained through his work as a psychophysicist. Giorgi, a pioneer in humanistic psychology, used phenomenological methods in research to carefully study and focus on participants impacted by psychological stressors. Giorgi (2009) described the descriptive phenomenological method as focusing on the lived experiences of participants by focusing on their perspectives of the experience. Descriptive phenomenology allows a researcher to incorporate the participants' voices without separating their views during data analysis.

Descriptive phenomenology identifies phenomena by focusing on the lived experiences of others in their natural environments (Matua & Van, 2015). A phenomenon describes an experience or occurrence to understand the topic at hand better according to Muta and Van (2015). The authors also suggested that phenomenology thoroughly describes a phenomenon and its characteristics, mainly through in-depth interviews with the participants in the study. The phenomenon is from the perspectives of the individuals who took part in the research study; therefore, I captured the feelings and perceptions of the individuals as the experiences and or events occurred. Descriptive phenomenology

focuses on social science issues (Matua & Van, 2015). This method has gained considerable notoriety and has become redeveloped over the years.

Descriptive phenomenology captures the uniqueness of individuals' experiences as each participant has adapted to their reality, which is unique and different from others (Shelton & Bridges, 2019). In this study, I sought to capture the participants' points of view as well as developed an explanation for the conclusions discovered. For my study, I conducted in-depth one-on-one interviews with participants. This data collection method is personable and casual, encouraging authentic responses and interactions with participants. Due to the COVID-19 pandemic and due to participants' locations, I conducted interviews by video or telephone.

Definitions

The following words and phrases are used in this study and thus I am providing definitions for them.

Addiction: A treatable disease that involves complex brain interactions and entails engaging in compulsive behaviors in hopes of achieving stimulation or reward (Alcaro et al., 2021).

Addiction transfer and *transfer addiction*: Transfer to a substitute addiction, swapping out one addiction for another (Lewis, 2021) and can occur when one has undergone weight loss surgery and can no longer overindulge in food (Muller et al., 2018). Addiction transfer emerges from an attempt to abstain from one behavior or substance of choice; once the initial behavior discontinues, an individual replaces the behavior with another addiction to avoid urges and cravings (Muller et al., 2018).

Binge Eating: Waltmann et al. (2021) defined binge eating as the rapid overconsumption of large amounts of food in a sitting.

Cross addiction: A maladaptive relationship with food and or other substances (McFadden, 2010). Cross addiction can lie beneath the surface and can go undetected when the initial addiction is identified. Cross addiction can also be referred to as *substitute addiction*. Cross addiction takes place when one addiction replaces another addictive behavior. Across disciplines and research, *addiction transfer* and *cross addiction* are used interchangeably. For this study, I refer to *addiction transfer*.

Emotional dysregulation: The inability to regulate emotions and maladaptive stress response (Yalvac et al., 2021), can also be described as rapid mood swings, mood lability.

Emotional eating: The digestion of an exorbitant amount of food often followed by negative emotions (Altheimer et al., 2021).

Morbid obesity: Recognized as a chronic or non-communicable disease (Valente et al, 2021); within the United States, defined as having a BMI of more than 30 kg/m2.

Obesity prevention: Creating healthy habits and establishing behaviors that improve physical well-being (Brown & Perrin, 2018), can include modifying one's environment and improving nutrition knowledge to assist in making healthy dietary choices.

Overeating: Consuming more calories than the body requires for energy; one may overeat for emotional and psychological purposes (Kekic et al., 2020).

Postsurgical counseling: Supportive counseling that begins after surgery with a focus to provide support to address postoperative anxiety and fears often experienced by patients (Raju & Reddy, 2017).

Presurgical counseling: Counseling to alleviate surgical anxiety and concerns of patients before surgical procedures (Raju & Reddy, 2017).

Psychological health: The state of well-being; to obtain psychological health, individuals must achieve their potential to cope with life stressors adequately (Levine et al., 2021). Obtaining and maintaining optimal psychological health consists of demonstrating a sense of resilience, positive self-regard, and a sense of purpose.

Underlying psychological conditions: Also called *undiagnosed mental health disorders*, this refers to an individual's hesitancy or inability to seek mental health treatment, resulting in the individual being misdiagnosed or undiagnosed (Adams et al., 2021). Mental health conditions can often go undetected and or mistaken for other forms of illnesses.

Scope and Delimitations

For my study, I obtained data from interviews with 10 postbariatric weight loss recipients. I obtained informed consent to conduct semistructured interviews. The interviews ranged from 50 to 60 minutes in length. I conducted the interviews in a confidential private setting. The participants chose to have the interviews conducted in their homes in a quiet room with a closed door for privacy. The data were collected and stored in a locked file cabinet. For my study, I used purposive sampling. I contacted colleagues who are counselors working with clients who have undergone weight loss

surgery and who might have experienced addiction transfer after surgery. I requested that these colleagues ask their clients to contact me if interest was shown in participating in the study. I was able to recruit other participants through snowball sampling by asking the individuals who agreed to participate to refer others who meet the study criteria who would be willing to participate. My study's identified delimitation was identifying only clients who have undergone weight loss surgery and might have experienced addiction transfer following surgery, which was an inclusion criterion.

Limitations

Obtaining access to participants was a challenge in this study. A lack of participants can influence the validity and reliability of data collected. Qualitative research entails intensive labor and analysis and requires extensive planning to ensure the study findings are accurate and valid (Creswell, 2009). Creswell asserted that qualitative research cannot be analyzed mathematically. Therefore, this study was based on subjective views and opinions rather than numerical findings. Shelton and Bridges (2019) described descriptive phenomenological research as attaching meaning to experiences and providing structure by filtering a researcher's thoughts and experiences from data using bracketing. When using descriptive phenomenology, it is essential to use an established process for bracketing to describe participants' experiences rather than interpreting them resulting in bias (Shelton & Bridges, 2019). The quality of a qualitative research project relies on a researcher's observation and skill; therefore, if a researcher's views are biased, the results will be influenced by those biases (Creswell, 2009).

Significance

The research I conducted for this project will provide additional data to augment research previously conducted on bariatric weight loss surgery, and I focused on individuals who have undergone weight loss surgery and have experienced addiction transfer as a result (see Spadola et al., 2015). The process and experience of bariatric surgery are complicated. According to Coulman et al. (2017), adapting to changes due to bariatric surgery can be challenging. Weight loss surgery requires a great deal of support and planning before the procedure is considered as an option for long-term weight loss. Many recipients of bariatric surgery have reported regaining weight over time within 1–10 years. Regaining weight might be associated with a lack of self-control and the negative contributions of psychological factors. The results of this research could provide data to enhance and assist counseling professionals in educating potential weight loss candidates about the side effects of bariatric weight loss surgery and its possible impact on psychological health. Sogg et al. (2016) suggested that mental health clinicians provide bariatric weight loss surgery patients with pre- and postsurgery supportive counseling. Without additional research, mental health professionals will remain uninformed of the potential risk of weight loss surgery. Weight loss surgery can negatively impact the lives of patients who are not adequately informed of the potential psychological risks.

Summary

My study focused on the lived experiences of bariatric weight loss surgery recipients who might have experienced addiction transfer. I sought to highlight their

experiences related to addiction transfer. Studies previously conducted outline risk factors for bariatric weight loss surgery post surgery, such as increased risky behavior, psychological distress, relationship disturbances, and increased stress levels (Applegate & Friedman, 2008).

I conducted this phenomenological study according to procedures developed by Husserl (Yuksel & Yidrim, 2015) and Giorgi (2009). In this chapter, I provided definitions of key terms and phrases. Chapter 2 of my study consists of an extensive literature review on research available on topics related to weight loss surgery and addiction transfer.

Chapter 2: Literature Review

Introduction

In the thorough review of the literature in this chapter, I outline the significance of the study and describe the strategies used for the literature search. I also include a discussion of addiction transfer and how it relates to weight loss surgery as the focal point of this study. I also review other elements related to addiction transfer because of weight loss surgery, including emotional dysregulation, emotional eating, living with obesity, unsuccessful dieting, weight loss surgery, lack of emotional and professional support, and the long-term effects of addiction.

The worldwide occurrence of obesity has been on the rise for the past 50 years, ultimately reaching record-breaking levels (Bluher, 2019). Obesity embodies significant health challenges because it increases a multitude of health risk factors, such as diabetes, liver disease, and hypertension, along with many other preventable diseases. The obesity pandemic has far surpassed the health-related issues associated with smoking that cause premature death (Bluher, 2019). The authors urged for significant attention to be focused on the obesity health care epidemic. Obesity has also been linked to unemployment rates and socioeconomic challenges creating extreme financial difficulties. The methods of prevention undertaken to combat obesity at both the individual and societal levels have been unsuccessful overall (Bluher, 2019). To decrease the burden of obesity on society, advanced approaches that consist of individual, environmental, and societal changes are required. Bariatric weight loss surgery is one of several weight loss treatments that have proven to have lasting results; however, Bluher (2019) argued that bariatric surgery

clearly cannot be the ultimate solution to battle the war against obesity. Bluher identified *bariatric surgery* as any surgical procedure that intends to produce weight loss that includes invasive procedures of the stomach and intestines.

With increased weight gain, the ability to engage in physical activity is reduced and the psychological impact of weight gain increases, often leading to stigma and ridicule (Bluher, 2019). According to the author, the lack of patient adherence to treatment programs preventing obesity has been linked to the negative attitudes of health care providers toward obese patients. Bluher suggested that the vicious cycle of weight gain is a product of using food as a coping mechanism due to experiencing discrimination and judgement from society (2019). Obesity is not the result of personal choices made by individuals or by society; however, the relationship between individuals and their environment is a significant factor (Bluher, 2019).

It has been estimated that about 1 in every 7 individuals in the world, totaling over a half billion people, are considered to be obese (Dicker et al., 2016). In randomized trials, weight loss surgery has been shown to support glucose control and has demonstrated better outcomes than lifestyle changes or medical therapy (Dicker et al., 2016). A great deal of difficulty has been encountered in determining the efficiency of preoperative mental health screening due to limitations of the screening tools. Significant emphasis is placed on mental health diagnosis rather than on the psychosocial factors that can contribute to a decline in mental health (Dicker et al., 2016). Self-esteem, cognitive functioning, socioeconomic status, and support systems play a major role in the overall outcome and success of weight management surgery (Ristanto & Caltabiano, 2018).

Future studies conducted on bariatric weight loss surgery outcomes could benefit from using standardized screening instruments, providing more transparency, establishing follow-up procedures that are time specific, and clarifying eligibility criteria. Bariatric patients with undiagnosed mental health disorders need to be better evaluated and identified prior to weight loss surgery. The interrelationships among overeating, food reward, and addictive behavior have been established; Ivezah et al. (2017) found significant evidence connecting obesity, overeating, and substance abuse with behavioral, psychological, and neurophysiological components. Fluctuations in substance use following weight loss surgery have also been previously studied and showed a connection between overeating and addictions (Ivezah et al., 2017).

Literature Search Strategy

For this literature review, I examined studies of weight loss surgery and addiction transfer as well as addiction transfer not related to food from studies published from 2015 to the present. To support this study, I incorporate various sources to offer the reader evidence that supports the concept of addiction transfer. Literature was located for this review by searching the following databases accessible through the Walden University Library: PsychINFO, Ebscohost, Sage, and Google Scholar. For this search, I used key concepts to describe and narrow the topic to streamline the results.

The concept of addiction transfer cannot be thoroughly analyzed without bearing in mind the connection with the lack of supportive counseling and resources to address underlying mental health disorders often masked by addiction (Ogle et al. 2016). Throughout this research process, I was able to remain open minded and amenable to any

changes required so I could continue to build on my understanding of the phenomenon of addiction transfer as it pertains to weight loss surgery. My inclusion criteria initially consisted of focusing on addiction transfer topics relating to food addiction, such as binge eating; however, not including other forms of addiction would have limited my findings.

The following types of publications and topics are included in this literature review: (a) published, peer-reviewed journal articles; (b) themes focused on weight loss surgery, eating to cope, obesity, unsuccessful dieting, and addiction; (c) bariatric weight loss surgery patients; (d) psychological disorders; and (e) post-weight loss surgery. In this literature review, I chose not to exclude the following: (a) research excluding qualitative and or quantitative data, (b) publications other than journal articles, and (c) data that did not include patient outcomes. Keyword terms and phrases used in the search for literature included *bariatric weight loss surgery, addiction transfer, underlying psychological disorders, post bariatric weight loss surgery outcomes, morbid obesity treatment options,* and *mental health counseling*.

My review of the literature consisted of exploring the theory of addiction transfer post bariatric weight loss surgery and the theoretical framework of descriptive phenomenological analysis. The study overall is focused on exploring the lived experiences of weight loss surgery recipients who have potentially experienced transfer addiction. In this chapter, I also include literature that addressed the importance of pre- and postsurgery mental health counseling to address underlying psychological disorders and established the need for further research regarding this topic.

Theoretical Framework

Transcendental Phenomenology

Phenomenology affords the researcher a way of viewing the world through the lens of the participant and provides opportunities to focus on the phenomenon studied (Jackson et al., 2018). A phenomenological researcher offers rich data and descriptions of the lived experiences of study participants. Descriptive phenomenology is described as a human science that provides the ability to view relationships between subjects and objects and how things are perceived. There are many ways of viewing the world, but descriptive phenomenology allows a researcher to dive deeper into the core of the phenomenon in question by entering through the consciousness of the participants. Amedeo developed the descriptive phenomenological method based on Husserl's work on phenomenology (Jackson et al., 2018). The descriptive phenomenological approach offers more insight into the phenomenon, and this approach is most appropriate for a researcher who is not personally connected with the experience.

Descriptive phenomenology bridges science and the vulnerability of qualitative frameworks, allowing for philosophical transparency (Jackson et al., 2018). According to Shelton and Bridges (2021), the transcendental phenomenology approach is deeply grounded in the philosophy developed by Husserl. Capturing the true essence of phenomenology and its concepts requires describing the objective events and subjective significance behind them (Shelton & Bridges., 2021). The theoretical foundation of this approach in research is to identify individuals' real-life experiences captured subjectively (Shelton & Bridges., 2021).

According to Qutoshi (2018), phenomenology is a philosophical theoretical framework that provides researchers with a guideline to better understand the phenomena in question from a subjective perspective. This framework plays an essential role in understanding the research regarding the phenomena under study. A researcher conducting a phenomenological study can collect data through interviews, discussions, and observations; a phenomenological study has philosophical and methodological foundations (Qutoshi, 2018). Qutoshi described phenomenology as being philosophical, embedded in knowledge. Phenomenology is not limited to a theoretical approach but also is an engagement of philosophical analyses of meaning used to understand the lived experiences of conscious human beings (Qutoshi, 2018).

Qutoshi (2018) credited Husserl for his work and the development of phenomenology, acknowledged his work as a philosopher, and used phenomenology as a scientific approach to diving deeper into the consciousness of human beings. Husserl used phenomenology to expand minds and enhance thought processes to see a phenomenon and enhance a researcher's perspective through the purposeful study of lived experiences of research participants (Qutoshi, 2018). The central focus of phenomenological research is to gain research participants' perspectives. Phenomenology is an approach that works to reinforce a researcher's knowledge and further define their position and to deepen understanding of the lived experience. Husserl's goal with the development of phenomenology was to determine how individuals come to know what is known by studying the consciousness of human beings and lived experiences (Qutoshi, 2018). Simply defined, phenomenology is an approach used to describe the true essence

of a phenomenon by studying the lived experiences of those who have lived through a phenomenon (Qutoshi, 2018). Husserl intended to describe through phenomenology the meaning of what was experienced and how it was experienced (Qutoshi, 2018).

Epoche and Phenomenological Reduction

Epoche, also known as *bracketing*, involves suspending information obtained from the external world and acknowledging it as irrelevant (Qutoshi, 2018). Husserl arrived at this argument by taking a philosophical and methodical position, and researchers must bracket their opinions to obtain rich, detailed descriptions of the lived experiences of research participant (Qutoshi, 2018). Husserl argued that researchers should not allow their assumptions to interfere with research (Qutoshi, 2018). Using bracketing as a strategic method is essential to achieve accurate insights into the lived experiences of research participants (Qutoshi, 2018). Incorporating epoche is an effective way to safeguard the validity of phenomenological research, data collection, and analysis. Husserl described epoche as avoiding explanations and refraining from sustaining the natural attitude and beliefs about a phenomenon (Qutoshi, 2018).

Phenomenological reduction in phenomenology entails negating assumptions and beliefs a researcher has in mind (Hanna et al., 2017). Husserl encouraged researchers to focus on phenomena in original form rather than becoming involved in a phenomenon intentionally or unintentionally (Hanna et al., 2017). Hanna et al. suggested that by incorporating phenomenological reduction, a researcher can focus on the participant's lived experience by avoiding attempting to analyze or explain the descriptions provided. Husserl defined phenomenological reduction as a technique that allows a researcher to

suspend and sustain from being influenced by the element of surprise for intentional analysis to be discovered (Hanna et al., 2017). Phenomenological reduction offers a fundamental point of view and becomes the basis for consistency that other perspectives are considered and rooted in (Hanna et al., 2017). Husserl suggested that incorporating phenomenological reduction transforms the philosopher into a phenomenologist based on adapting perspectives regarding the phenomenon in question (Hanna et al., 2017).

Horizon

Husserl defined *horizon* as the expectation of intentional substance or content as expected (Jonkus, 2015). Horizon sets the expectation of how far knowledge and interest are stretched past their limits (Jonkus, 2015). The term horizon in phenomenology is a complicated concept and is at the focal point of philosophical analysis (Jonkus, 2015). Husserl viewed the term horizon as a metaphor consisting of indirect meaning (Jonkus, 2015). Horizon is depicted as knowledge or concept of intentionality—one's awareness of the world; that perception consists of a horizon full of potential presumed by the observer based on past experiences or belief systems (Jonkus, 2015).

Intentionality

To be conscious is to be free of empty thoughts; intentionality is the focal point of consciousness (Krueger, 2019). Husserl was the founder of phenomenology as a prominent philosopher of the 20th century (Krueger, 2019). Husserl developed the concept of intentionality based on how experiential practices are processed and what experience consists of (Krueger, 2019). According to Krueger, intentionality supports a researcher in developing an understanding of participants' lived experiences and how

intuition assists with capturing the true essence of the experience. There is no substance without an entity and no entity without a substance. Husserl described intentionality as varying thought viewed from different perspectives, consisting of different intentions (Krueger, 2019).

Noema/Noesis

Husserl, the founder of phenomenology, referred to *noema* as the meaning and considered the term the basis of intentional thinking (Penchev, 2021). According to Husserl, noema can be received and repeated (Penchev, 2021). Husserl introduced the terms to correlate the structures of intentional acts, such as evaluating, understanding, and recalling (Penchev, 2021). Husserl described every act of consciousness as intentional and referenced parts of the physical world (Penchev, 2021). Noema is referred to as an object and noesis is the subject; all perceptual acts of consciousness are related to an outside entity (Penchev, 2021). Conceptualizing the two terms allows a researcher to interpret the intentional object being the noesis of the action and the noema as the content of the action (Penchev, 2021).

Review of the Literature

Addiction

Addiction is often defined as compulsivity and includes the following elements: (a) excessive engagement in activities to achieve addiction behavior reduction, enhancement, or arousal; (b) obsessive compulsion with the identified behavior; (c) lack of self-control; and (d) negative consequences that surpass the rewards (Grasman et al., 2016). As mentioned by the authors, addiction is a concept that is fluid and applies to a

diverse group of substances and maladaptive behaviors. After discontinuing addictive behaviors, an intense desire arises to reengage with the undesired behaviors (Grasman et al., 2016). Furthermore, when resuming the behavior is not probable, withdrawal symptoms soon occur (Grasman et al., 2016). As noted by Grasman et al. (2016), the process of deprivation orchestrated by the mind is identified as a craving, which is a result of dopamine activity controlled by other brain processes.

The European Monitoring Centre for Drug Addiction defined addiction as a multidimensional condition (Asensio et al., 2020). The authors reported that addiction has been traditionally viewed from various perspectives, such as biological, social, and psychological. According to Asensio et al. (2020), in the research conducted on addiction, the term has been described as a puzzle consisting of a magnitude of pieces derived from genetics, lived experiences, and environmental, neurobiological, and cognitive traits. The significance of these factors has been highlighted in previous literature as has how the complex nature of the combination of the issues dictates addiction (Asensio et al., 2020). Further studies are needed to uncover the aspects of factors rather than focusing on one factor individually. Considering all elements is essential to capture an acceptable explanation of the disease of addiction.

Addiction Definitions

Sex Addiction

Sex addiction is defined as the persistent urge to engage in sexual behavior resulting in problematic consequences; the cycle is repeated consistently regardless of the magnitude of aftereffects (Barrilleaux, 2016). According to the author, sex addiction

behaviors create challenges and obstacles within the individual's life who is experiencing the addiction and the individuals who are closest to the person struggling with the addictive behavior. As reported by Barrilleaux (2016), due to the accessibility of the internet, online access to sexual activities may result in neglecting family and work responsibilities. Forms of sex addiction include compulsive masturbation, excessive use of pornography, and multiple extramarital affairs (Barrilleaux, 2016). Adverse outcomes associated with sex addiction include increased symptoms of depression, shame, guilt, anxiety, and social isolation (Barrilleaux, 2016). The author noted that sexually transmitted diseases, legal troubles, and being disconnected from family, friends, and employment are also other significant consequences of sex addiction.

Barrilleaux (2016) suggested that sex addiction relates to other conditions. Individuals who struggle with sex addiction are often diagnosed with comorbid conditions, such as mood dysregulation, substance abuse, and poor impulse control. Sex addiction is highly prevalent among millions of Americans; it has been estimated that 17 to 37 million people in the United States struggle with sexually addictive behavior (Barrilleaux, 2016). According to the National Center on Addiction and Substance Abuse at Columbia University, the number of individuals addicted to sex is greater than the number of individuals addicted to gambling or who have eating disorders combined (Hagedorn & Juhnke, 2005). As reported by the authors, existing research on the numbers documented for sex addiction based on gender suggest that sex addiction is higher among men than women.

Drug Addiction

The use of addictive drugs has become a rising, global, public health emergency (Ersche et al., 2020). The authors reported that drug addiction can be developed from the ongoing and persistent use of drugs. Individuals are vulnerable to developing an addiction to drugs within the initial year of use (Ersche et al., 2020). The authors suggested that addiction is closely aligned with loss of self-control and social and individual destruction and is considered problematic for society. The criteria for a person having developed a drug addiction is regular use of the drug; however, not everyone who subscribes to drug use will become drug addicted (Ersche et al., 2020). How drug use interacts with individual susceptibility is unknown, and how some individuals can defy the odds of becoming drug addicted also remains unidentified (Ersche et al., 2020). Over the past decade, significant work has been done towards developing a better understanding of how addictive drugs affect brain activity (Ersche et al., 2020).

The probability of developing an addiction due to familial factors or individual drug use is associated with significant activity in the orbitofrontal and the ventromedial prefrontal cortex of the brain, which involves goal-directed decision making (Ersche et al., 2020). Resilience developed against substance abuse and addiction is associated with hyperconnectivity in brain activity networks, which is also responsible for regulating habits. Ersche et al. (2020) developed the following conclusions related to drug addiction: (a) family history of drug abuse can be significantly related to increased risk of developing drug addiction, (b) drug addiction is related to genetics, and (c) environmental factors play a significant role in developing drug addiction and increase risk factors.

Little is known about the protective factors that decrease risks for developing an addiction to drugs; however, supportive environments and resiliency provide a barrier to becoming exposed to substantial risk (Ersche et al., 2020).

Food Addiction

Dopamine is labeled as contributing to addiction and obesity through reinforcement, motivation, and self-regulation (Volkow et al., 2017). The authors reported that the dopamine motive system is also known as the dopamine reward system. As reported by Volkow et al. (2017), addiction is a chronic brain disease connected with the interference of reward and motivation factors. The authors have emphasized the significance of the dopamine motive system, and if it is compromised, a significant increase in habitual and inflexible responses may result. Therapeutic interventions to rebalance the dopamine motive system can potentially treat obesity and addiction (Volkow et al., 2017).

Despite the stigma associated with obesity, most obese individuals cannot self-regulate food intake, which results in relapse after repeated dieting attempts (Volkow et al., 2017). The vicious cycle of overconsuming food and constant failed dieting attempts is evocative of the sequence of drug abuse and relapse. Volkow et al. (2017) suggested that the overlap between neurobiological substrates that encourage drug and food seeking are positively correlated. The consumption of food and drugs without reaching satisfaction is connected to a reduced dopamine motive system (Volkow et al., 2017). Studies have demonstrated that a decline in dopamine award increases stimulant drug use; the reduced dopamine award response to the reinforcer produces what is described to

be a discrepancy between the experiences of the initial reinforcement, resulting in sustaining the motivation to continue engaging in drug and food seeking behavior (Volkow et al., 2017). It was speculated that the preoccupation with drugs and food is understandable (Volkow et al., 2017). According to the authors, the individuals were reflecting an association with a diminished sense of sensitivity to stimuli and other nondrug addiction. The themes of complaints reported by drug addicted and obese individuals regarding their struggle with addiction are (a) the inability to maintain self-control, (b) the inability to reach the level of satisfaction once achieved from drugs or food, and (c) developing an increased obsession with food and or drugs (Volkow et al., 2017). Volkow et al. (2017) reported that the lack of self-control with drugs and food is closely correlated to the weakening of the prefrontal cortex, which negatively affects regulating behaviors. The prefrontal cortex's impairment might have preceded the compulsion, making the individual more susceptible to developing an addiction disorder (Volkow et al., 2017).

Cassin et al. (2020) also agreed that the idea of food addiction is a disorder that impacts individuals the same as other addictions. Food addiction should be taken into close consideration when determining conflicting weight loss outcomes following weight loss surgery (Cassin et al., 2020). As reported by the authors, foods that are hyperpalatable consisting of added fats and refined carbohydrates that cause weight-promoting binge eating, share added properties that are susceptible to abuse. The term, food addiction, is not listed as a diagnosable disorder according to the DSMV; however,

the term is widely used among health care professionals, researchers, and patients alike (Cassin et al., 2020).

The rates of food addiction post-bariatric surgery are significantly lower than presurgical statistics, further suggesting that bariatric surgery in some sense can contribute to improvements and be considered as a treatment approach for food addiction and problems associated with eating behaviors (Cassin et al., 2020). Although great improvements have been made in the rates of food addiction for postsurgical bariatric patients, there are some reported instances of patients who have experienced significant food addiction (Cassin et al., 2020). According to the authors, there has been minimal research conducted on patients who fall into this category; therefore, additional information is required to explore further intervention and treatment.

Gambling Addiction

Gambling is an impulse control disorder (Bodor et al., 2016). Gambling addiction has been under scrutiny and the subject of broad debate. Boder et al. (2016) suggested that there have been disagreements about how the disorder should be categorized. Gambling addiction has been compared to a psychoactive substance addiction. Since gambling addiction is classified as an impulse control disorder, further exploration into treatment interventions to determine a pathological gambler's intensity is required (Bodor et al., 2016). The level of impulsiveness among compulsive gamblers and the intensity of gambling addiction are closely correlated (Bodor et al., 2016). Pathological gamblers experience insufficient stimulation and are continuously searching for a relief from boredom and dissatisfaction; compulsive gamblers are in constant search of instant

gratification and are thrill seekers, hoping to find hypomanic stimulation and attempt to escape redundancy (Bodor et al., 2016).

The relationship between impulsiveness and impulsive personality traits was identified by Blaszczynski and Nower (2002), as cited in Boder et al. (2016). The authors suggested that impulsivity can predispose one to become a gambling addict. Gambling addiction is compared to antisocial impulsive traits such as engaging in risky behaviors or engaging in psychoactive substance abuse (Bodor et al., 2016). Individuals with gambling addiction have an inability to form positive interpersonal relationships and often engage in criminal activity (Bodor et al., 2016). Dhagudu et al. (2019) agree that addictive behavior associated with gambling leads to long-term consequences. A gambling disorder is a behavioral addiction (Dhagudu et al., 2019). Gambling addiction is common and can be associated with substance abuse disorders (Dhagudu et al., 2019). An increase in the number of diagnosable gambling disorder cases in combination with addictive behaviors was reported (Dhagudu et al., 2019). The focus was on licit drug use in adolescence, such as tobacco and alcohol (Dhagudu et al., 2019). Licit drug use was found to be correlated with eventual illicit drug use such as marijuana, cocaine, and heroin into adulthood. There is little known about the linkages among behavioral addiction, chemical addiction, and gambling disorders (Dhagudu et al., 2019). According to the authors, gambling addiction can increase the likelihood of one becoming involved in illicit drug use. Patients engaged with compulsive gambling often found that their addiction escalated and transferred to illicit substance abuse. They authors also noted that having easy access to money, using poor coping skills, and experiencing the rush in adrenaline that gambling

offers can lead to substance abuse. Dhagudu et al. (2019) similarly found that patients who suffered financial difficulties due to gambling sometimes progressed to heroin addiction and dependence.

Shopping

Compulsive shopping is a dysfunctional behavior consisting of excessive purchasing of goods (Sohn & Choi, 2014). The authors shared that compulsive shopping develops from the desire to escape unpleasant realities. Excessive and compulsive shopping creates feelings of intense emotions such as anxiety, depression, and regret (Sohn & Choi, 2014). According to the authors, compulsive shopping is often referred to as buyer's remorse. The consequences of overindulging in compulsive buying can create long lasting consequences, often resulting in financial ruin. Impulsive buying is persistent, uncontrollable purchasing regardless of the unsurmountable consequences and adverse responses from others (Sohn & Choi, 2014). Compulsive buying is the inability to avoid making unaffordable purchases that will further exacerbate financial hardship (Sohn & Choi, 2014). The consequences of compulsive shopping can place significant constraints on familial relationships and occupational stress (Sohn & Choi, 2014). According to Sohn and Choi (2014), compulsive shopping can also be the cause of extreme financial difficulties and create legal consequences. Compulsive buying is considered a global disorder, hereditary, and associated with psychiatric comorbidities. Those comorbidities can consist of anxiety related disorders, mood disorders, substance abuse disorders, impulse control disorders, and eating disorders (Sohn & Choi, 2014).

Sohn and Choi (2014) also discovered in their research which focused on compulsive shopping, identified five themes that closely correlate with compulsive buying: (a) retail therapy; (b) impulsive buying and purchasing; (c) denial about compulsive shopping; (d) significant debt; (e) impulsive purchasing; and (f) compulsive buying. The participants often identified and justified compulsive shopping as retail therapy (Sohn & Choi, 2014). The authors described it as a way to fill the void of emptiness associated with a depressed mood. Compulsive shoppers often minimize the consequences of excessive spending as it temporarily supported the relief of self-loathing (Sohn & Choi, 2014). However, remorse and guilt replace euphoria (Sohn & Choi, 2014). Participants in the study conducted by Sohn and Choi (2014) admitted to attempting to replace their loss in life, such as careers and relationships, with shopping. Individuals who struggle with compulsive buying disorder have convinced themselves that they are successful if they appear to be so (Sohn & Choi, 2014). The individuals often consume objects to boost self-confidence (Sohn & Choi, 2014). As suggested by the authors, making purchases is not necessarily about buying items, it is more about how individuals view themselves based on purchases. Sohn and Choi (2014) urged health care professionals to understand the underlying causes of compulsive buying. Underlying causes consist of having a negative mood and lack of positive self-regard (Sohn & Choi, 2014).

Alcohol Abuse

The consumption of alcohol and other psychoactive substances is the desire for momentary gratification and reward (Bodor, 2016). Impulsiveness consists of having

short lived gains (Bodor, 2016). According to the author, the expense of long-term damage created by alcohol abuse impacts relationships and personal wellbeing. Bodor (2016) highlighted impulsivity as one of the most significant factors in developing and sustaining addiction. The author suggested that long term effects of alcohol abuse impact the ability to make rational decisions, impulsivity is the leading cause of relapse for those addicted to alcohol. When depression is a comorbidity for alcohol abusers, the chances of relapse increases (Bodor, 2016). The author highlighted that symptoms of depression and impulsivity are connected, the age of the onset of alcohol use could strongly determine the level of alcohol abuse and relapse.

Addiction Treatment

As reported by the National Institute on Drug Abuse, addiction is a brain disease (Kellogg, 2019). The origin of the word addiction, derived from its Latin roots of "addictus, "means to enslave (Kellogg, 2019). If addiction is slavery, then addiction treatment is viewed as the path to freedom (Kellogg, 2019). According to the author, liberation based treatment focuses on personal freedom rather than the often temporary cessation of substance use and abuse. As reported by Kellogg (2019), freedom consists of several components; freedom creates a life of multiplicity and the competency of engaging in goal-oriented behavior. Solidifying the ego and engaging in healthy adult practices are the primary goals of psychotherapeutic treatment modalities (Kellogg, 2019).

Johnson (2019) defined Mindfulness-Based Cognitive Therapy as a counseling approach which supports consciously recognizing and accepting thoughts and emotions

without judgment. The authors suggested that various benefits of mindfulness meditation were highlighted by Johnson. Unconscious and uncontrolled thought processes can exacerbate internal and external events creating harmful psychological states (Johnson, 2019). The practice of mindfulness supports identifying patterns of unhealthy thought processes and refraining from entering the emotional and mental path of destruction (Johnson, 2019). According to Johnson (2019) Mindfulness-Based Cognitive Therapy has helped clients relate to their individual experiences. Mindfulness-Based Cognitive Therapy assists in developing a more profound sense of self-awareness needed to block intrusive thoughts and end the vicious cycle of self-destruction (Johnson, 2019). Clients must acknowledge not being their thoughts and begin the transition of creating healthier thought processes (Johnson, 2019). Johnson suggested meditation has helped those who are addicted develop an awareness of their thoughts (2019). When a person in addiction treatment reacts to intrusive thoughts, relapse occurs (Johnson, 2019). Bowen et al. (2014) also recommended mindfulness-based relapse prevention for substance abusers. A study by the authors discovered that the relapse rate post substance abuse treatment was 60% (Bowen et al., 2014). Mindfulness meditation offers an effective way to treat substance abuse (Bowen et al., 2014). Mindfulness works to break the cycle of dysfunctional thought and behavioral processes that become unconsciously automatic (Bowen et al., 2014). Bowen et al., (2014) reported that mindfulness offers a means of gaining a life free of substance abuse. Mindfulness also creates a pathway toward a more profound connection to spiritual growth and mental clarity (Bowen et al., 2014).

Inanlou et al. (2020) also described the pathway to recovery as a process of change. The authors described the process of change as consisting of a rhythmical pattern. The ebbs and flows of recovery often create emotional setbacks for people who are addicted (Inanlou et al., 2020). The also described recovery from addiction as a turbulent process that is continuous as the individual strives to maintain sobriety. Recovery involves a change in attitude, emotion, and thought (Inanlou et al., 2020). Recovery requires a comprehensive understanding of the mind and the body's internal and external changes (Inanlou et al., 2020). Social and personal resources form a foundation for recovery (Inanlou et al., 2020). The authors suggested that throughout the process of sobriety, support is needed to reclaim one's life from addiction. Self-acceptance, faith, and belief are essential in achieving a life free of addiction's bondage (Inanlou et al., 2020). According to Inanlou et al. (2020), socioeconomic and social elements impact recovery and impeded a person's ability to sustain sobriety. Support from family and community is vital, particularly during the initial stages of recovery (Inanlou et al., 2020). The importance of engaging in meaningful and self-fulfilling activities is imperative (Inanlou et al., 2020). According to the authors, work, school, volunteering, and or creative projects promote self-esteem and decrease shame and guilt related to addiction. Inanlou et al. (2020) encouraged health care professionals and clinicians to become more aware of different approaches to promote and sustain recovery.

Sohn and Choi (2014) also shared their insights on recovery, the authors discussed psychopharmacologic treatment and its relation to cognitive behavioral

concepts. Shopping addiction was investigated and how it correlates to maladaptive responses to impulses (Sohn & Choi, 2014). A qualitative study consisted of in-depth interviews with those who engage in compulsive shopping to understand why impulsive shopping was appealing (Sohn & Choi, 2014). The authors provided resources for professionals working with compulsive buyers. Sohn and Choi identified anonymous groups for compulsive shoppers, also found that financial counseling and marriage counseling may play a significant positive role in managing compulsive buying (2014). A critical motivator in compulsive buying is the desire for mood enhancement (Sohn & Choi, 2014). According to Sohn and Choi (2014), those who struggle with compulsive shopping may suffer from low self-esteem, those individuals may be pessimistic about life in general. Those who engage in compulsive shopping often strive to fulfill inner needs such as spiritual and emotional deprivation and fear of being unable to obtain enough material objects, acknowledgment, or love (Sohn & Choi, 2014). As reported by the authors, the cognitive theory for treating individuals who are compulsive shoppers supports the notion that thoughts direct human behaviors.

Specific Treatment for Food Addiction

Cognitive, psychobiological, and motivational intervention models have been at the cornerstone of addiction treatment for decades (Vella & Pai, 2017). The constant craving for a drug previously abused can significantly impede an individuals' ability to maintain sobriety, resulting in perpetual relapse (Vella & Pai, 2017). According to the authors, frequent weight fluctuation indicates failed dieting. Treatments such as cognitive behavioral therapy and group therapy to treat psychological distress are recommended

(Vella & Pai, 2017). Cognitive behavioral therapy can improve awareness and self-determination (Vella & Pai, 2017). Serotonin reuptake inhibitors (SSRIs) in treatment manage binge eating disorders (Vella & Pai, 2017). The authors suggested antidepressants are effective in reducing obsessions related to food fixations and binge eating. Psychotherapy in combination with psychotropic medication in treating compulsive behavior disorders is most effective (Vella & Pai, 2017).

Overeating is an addictive behavior and those who suffer from overeating support this hypothesis (Rodriguez-Martin & Gallego-Arijiz, 2018). The foundation of overeaters anonymous and the tradition of supporting individuals who struggle with compulsive eating was discussed (https://oa.org). Overeaters Anonymous (https://oa.org) is a well-known 12 step program founded in 1960. The support group's primary goal is to help overeaters with acknowledging the concept of being addicted to food (https://oa.org). The notion of being addicted to food has been controversial (Rodriguez-Martin & Gallego-Arijiz, 2018). There has not been a consensus as to whether food addiction should be theorized as substance related or behavioral addiction (Rodriguez-Martin & Gallego-Arijiz, 2018). According to the authors, the concept of food addiction also is known as perceived food addiction. Those who overeat have a tumultuous relationship with food. Individuals who overeat experience various failed attempts to overcome compulsive eating (Rodriguez-Martin & Gallego-Arijiz, 2018). Multiple treatment methods for overeating have been discussed, such as cognitive behavioral therapy, pharmacological interventions, and other nonspecific supportive counseling programs (Rodriguez-Martin & Gallego-Arijiz, 2018). Food cravings result from the failure of appetite suppression

and excessive eating among those who eat compulsivity (Rodriguez-Martin & Gallego-Arijiz, 2018). Bodyweight image and food may be closely correlated and play a significant role in perpetual unhealthy eating habits and behaviors (Rodriguez-Martin & Gallego-Arijiz, 2018). The authors suggested finding a way to cope with intrusive and self-sabotaging thoughts is essential in abstaining from overeating and maintaining recovery. The authors endorsed Overeaters Anonymous meetings and support groups, which play an integral role in the philosophy of 12 step programs (Rodriguez-Martin & Gallego-Arijiz, 2018). Overeaters Anonymous and support groups provide a sense of approval and belongingness along with supporting ideologies and relatability(https://oa.org). The concept of Overeaters Anonymous is to transform those who are addicted into individuals who are addicted in recovery (https://oa.org).

Morbid Obesity

The epidemic surrounding obesity has come with its set of challenges (Kesten & Scherwitz, 2015). The integrated and whole person nutritional approaches to weight loss were discussed, which include fewer intake of calories and increased physical activity, along with the support of behavioral management approaches (Kesten & Scherwitz, 2015). The whole person approach to healthy eating is a program designed to treat overeating and obesity (Kesten & Scherwitz, 2015). Nonetheless, of those who lost 10% of their weight, an extraordinary 80% regained their weight within a year (Kesten & Scherwitz, 2015). Kesten and Scherwitz (2015) reported that dieting alone was not beneficial. In a review of other studies, overeating results from a hormonal deficiency that results in a biological addiction to sugar and other processed foods (Kesten &

Scherwitz, 2015). In addition, the authors linked overeating to cultural beliefs. The purpose of the whole person approach was to design a program that can identify the many eating styles of everyone (Kesten & Scherwitz, 2015). According to the authors, before one becomes devoted to a diet plan, a proper understanding of the person's eating style is required to understand the causes of overeating better. Using the whole person approach supports the individual physically, emotionally, and spiritually, ensuring that the individual will no longer have to compensate by overeating (Kesten & Scherwitz, 2015).

Individuals who are considered obese make up close to 30% of the global population (Bomber et al., 2017). Obesity is linked to 5% of the accounted deaths worldwide. By 2030, 50% of the global adult population will be categorized as obese. As reported by Megias et al. (2018), obesity is a body mass index greater than or equivalent to 30 kg. According to the authors, morbid obesity is more significant than 40 kg. The focus of obesity has become a phenomenon that is globally focused (Megias et al., 2018). As reported by the World Health Organization, the obesity epidemic had far surpassed the recorded number in 1975 (Booth et al., 2017). As Megias et al. (2018) mentioned, 13% of the adults in the world were obese in 2016. The self-determination theory was used to focus on the lived experiences of individuals living with morbid obesity (Megias et al., 2018). The authors urged the importance of developing a clearer understanding of the social and personal factors that impede the morbid obesity population's basic needs and the consequences on their daily living. The authors suggested that obesity decreases functionality and capabilities and daily living of a person struggling with obesity.

Consequences of Morbid Obesity

As suggested by Megias et al. (2018), what may be considered socially acceptable for body weight can create psychosocial and psychological consequences for individuals struggling with obesity. According to the authors, obesity correlates to poor health and negatively impacts social relationships. However, individuals diagnosed with morbid obesity are impacted more drastically (Megias et al., 2018). Some of the negative connotations about individuals who struggle with obesity are being lazy and lacking willpower and self-control (Megias et al., 2018). The authors suggested that increased health problems and limited mobility significantly contribute to continuous weight gain and poor quality of life.

Health Consequences. Examples of medical conditions that can be reversed by weight loss surgery are congestive heart failure, respiratory failure, and ambulation difficulty due to severe obesity (Wolf et al., 2016). Cardena et al. (2020) discussed the mortality rate among individuals diagnosed with morbid obesity and how it is directly associated with comorbidities. For every 5kg of body mass index above what would be considered the upper limit of normal (25kg), the mortality rate increases by 30% (Cardena et al., 2020). A body mass index of 30-35kg/m2 (square meter) is considered obese and significantly reduces one's life expectancy by two to four years (Cardena et al., 2020).

Manrique-Acevedo et al. (2020) suggested in their research on obesity and cardiovascular disease in women that women who struggle with obesity are also at risk of high-risk pregnancy and preterm labor. In combination with the typical cardiovascular

risk factors exacerbated by obesity, excessive weight gain during pregnancy predisposes women to gestational diabetes, preeclampsia, and menopause (Manrique-Acevedo et al., 2020). Obesity during pregnancy is directly correlated with short term and long-term adverse consequences that are harmful to the mother and unborn child (Manrique-Acevedo et al., 2020). According to the authors, women who struggle with obesity are predisposed to endothelial dysfunction, inflammatory disease, and insulin resistance which contribute to the development of vascular disease. Obesity is directly associated with hypertension in women and reported that 26% of men and 28% of women with an excessive body mass index were diagnosed with hypertension (Manrique-Acevedo et al., 2020). In their research, the authors also discovered that heart failure is a global epidemic. Within the United States, 6.5 million adults were diagnosed with heart failure between 2011 and 2014 (Manrique-Acevedo et al., 2020).

Financial Consequences. Obesity poses a global pandemic and constitutes a substantial financial burden (Manrique-Acevedo et al., 2020). In the United States, obesity is calculated to cost taxpayers $149.4 billion yearly in healthcare related expenses. Bomberg et al. (2017) also reported that the medical cost affiliated with obesity is substantial due to risk factors associated with hypertension, coronary heart disease, diabetes, and stroke. It has been projected that by the year 2030, the cost associated with diseases caused by obesity is estimated to be $48 to $66 million in the United States (Bomberg et al., 2017). An estimate of 86% of the workers in the United States reported having chronic medical conditions caused by obesity (Bomberg et al., 2017). This

resulted in an estimated 450 million days out of work each year, which converts $153 billion lost in production revenue each year (Bomberg et al., 2017).

However, according to Singh et al. (2019), the rise in the cost of obesity may be associated with weight bias. Weight bias is an important aspect when considering obesity related costs (Singh et al., 2019). Weight bias viewed as discrimination involves negative behaviors and attitudes directed towards individuals who struggle with obesity (Singh et al., 2019). Costs related to obesity are inflated as individuals who struggle with obesity may delay seeking medical treatment in fear of being faced with weight bias and discrimination (Singh et al., 2019). According to the authors, some areas that overlap between weight bias and the cost of obesity are identified as lack of physical health, declined mental health, workplace discrimination, and lack of social and interpersonal connections. Weight bias is a social justice matter that requires further investigation to determine the complexities of weight bias associated with healthcare costs (Singh et al., 2019).

Physiological Consequences. Gower and Fowler (2020) uncovered in their research on obesity among African Americans that obesity impacts physiological aspects of insulin production. African Americans are at higher risk of obesity at disproportionate rates (Gower & Fowler, 2020). African American women are impacted by insufficient levels of insulin secretion, insulin sensitivity, and insulin clearance (Gower & Fowler, 2020). When a high glycemic diet is maintained, it overstimulates insulin secretion, and obesity, in turn, becomes manifested (Gower & Fowler, 2020). According to the authors, African Americans who diet lose less weight than their European American counterparts.

Through their research, Gower, and Fowler (2020) discovered that African Americans engage in less physical activity, contributing to lower weight loss maintenance over time reported at 15% overall weight loss compared to European Americans at 19%.

The study conducted by Silvestris et al. (2018) corroborates with consequences of obesity pertaining to physiological factors as discussed in their study on obesity as a disrupter of female fertility that women who struggle with obesity are often faced with difficulty with implantation and or other reproductive complications. Women who struggle with obesity experience challenges related to the hypothalamic pituitary ovarian axis, which causes anovulation and infertility (Silvestris et al., 2018). Obesity in women has been known to cause delayed conception, miscarriage, and failed fertility treatment outcomes (Silvestris et al., 2018). As suggested by the authors, the rates of infertility are at a higher rate for women who struggle with obesity due to lower levels of female reproductive hormones. Obesity correlates with inflammation. Therefore, physiological factors are compromised. It has been proven that through weight loss and lifestyle changes, infertility can be improved (Silvestris et al., 2018).

Sociological Consequences. In line with other symptoms and health risks of obesity, morbidly obese individuals have had to suppress their need for autonomy to conform to social norms related to body image and social pressures enforced by society (Megias et al., 2018). The self-determination theory highlights the social concept of beauty and how this can strongly influence the desire for approval for self-worth based on social acceptance. Individuals who struggle with obesity are marginalized and ridiculed,

and experience negative consequences such as alienation, rejection, and stigmatization, consistent with previous studies on obesity (Megias et al., 2018).

Dunaev et al. (2018) also identified sociological consequences as a contributing factor to obesity in their study on weight bias and its prevalence in western countries. The authors discussed weight bias and discrimination. Individuals who struggle with obesity are treated differently and marginalized due to their weight. Those individuals experience social isolation, rejection, and psychological consequences, including increased symptoms of anxiety and depression. Weight bias perpetuates emotional distress and further exacerbates weight gain (Dunaev et al. (2018).

Luck-Sikorski et al. (2017) also supported the idea that individuals who struggle with obesity suffer from chronic comorbidities and sociological factors that further impede their overall health. Individuals who struggle with obesity are impacted by discrimination and stigmatization, often viewed as lazy and lacking the willpower to overcome their challenges with obesity (Luck-Sikorski et al., 2017). The authors proposed that the world view and how society perceives obesity contributes to the stigma attached to being overweight. Individuals who struggle with obesity are regarded as not contributing to society and are valued less than healthy people. Obesity, often considered preventable, contributes to discrimination, and further socially stigmatizes individuals who struggle with being overweight (Luck-Sikorski et al., 2017).

Jung and Luck-Sikorski (2019) agreed that obesity produces sociological consequences by creating a sense of loneliness and social isolation. The research conducted by the authors suggested that loneliness increases the mortality rate (Jung &

Luck-Sikorski, 2019). Individuals who struggle with obesity are more withdrawn and avoid interacting with others in public in fear of being discriminated against due to being overweight (Jung & Luck-Sikorski, 2019). For individuals to feel safe and comfortable with socializing, one would need to trust that others and medical professionals will not judge them because of their weight (Jung & Luck-Sikorski, 2019). Bomberg et al. (2017) shared their perspective on obesity and its impact on companion animals. The authors reported in their research that companion animals are susceptible to being overweight if their owner struggles with obesity due to sharing a lifestyle. 27%-59% of companion animals are above the recommended weight, particularly with cats (Bomberg et al., 2017).

Psychological Consequences. Megias et al. (2018) discussed the participants in their study who reported feeling incompetent and lacking self-confidence after coming to the determination that carrying out the normal functions of their lives would become challenging due to obesity. Participants experienced an increase in doubt and a sense of failure (Megias et al., 2018). The loss of mobility one faces when struggling with obesity increases the chances of relying on and becoming dependent on others to perform basic adult living skills (Megias et al., 2018). According to the authors, the inability to perform tasks and losing autonomy further adds to the frustration. Participants shared their beliefs of how genetics and medication prescribed for depression have contributed to weight gain regardless of their attempts to avoid gaining weight (Megias et al., 2018). Participants who took part in the study also shared their feelings of hopelessness, lack of self-confidence, and intense discouragement for the hopes of future weight loss (Megias et al.,

2018). Participants of their studies have reported suffering from anxiety and depression and have expressed experiencing suicidal ideation (Megias et al., 2018). The authors expressed the importance of counseling. Support groups and psychological support were recommended to help individuals suffering from morbid obesity develop coping strategies to overcome stigmatization (Megias et al., 2018). Counseling and support groups can help with combating negative thoughts about weight and stereotypes surrounding obesity (Megias et al., 2018). Megias et al. (2018) expressed the significance of mindfulness teachings was expressed to aid in diminishing psychological suffering, improve weight loss outcomes, and the quality of life of individuals struggling with obesity.

Obesity Prevention

Pearce and Wilson (2021) described obesity as being a public health crisis. The authors suggested that an alternative systems-level approach be established to better assist in developing methods that are best suited to address the complexity of obesity. Adaptive obesity prevention services and treatment would address the growing problem of obesity in the country (Pearce & Wilson, 2021). The authors suggested that obesity has a significant impact on healthcare services, one of the leading causes of the development of chronic diseases that overwhelm healthcare services and resources. The paradigm of the obesity crisis needs to be shifted from it being an individual's problem and fault towards a societal focus with the emphasis on shared responsibility to promote social change (Pearce & Wilson, 2021).

Psychological Health

A study guided by Stapleton et al. (2020) aimed to investigate how behaviorally based treatment, Emotional Freedom Techniques and Portion Perfection for Bariatric Patients, could enhance weight loss outcomes and maintenance for individuals with a body mass index body mass index of more than 30kg/m2 post bariatric surgery. The impact of portion perfection for bariatric patients, emotional freedom techniques, the body mass index, and psychological factors such as emotional eating, self-esteem, uncontrolled eating, and food cravings were examined in the study (Stapleton et al., 2020). Percentage changes were also identified in psychological symptoms (Stapleton et al., 2020). Overall reductions were identified in BMI, uncontrolled eating, emotional eating, and self-esteem (Stapleton et al., 2020). There were no changes found in food cravings (Stapleton et al., 2020). Oltmanns et al. (2020) also agree that psychopathology play an essential role in obesity. The authors conducted a study to examine weight loss post bariatric weight loss surgery after the first year up to 60 months, which projects an accurate depiction of most patients' weight loss outcomes. There have been inconsistent findings discovered in the literature (Oltmanns et al., 2020). According to the authors, contributing factors to weight loss outcomes are age, gender, and type of bariatric surgery performed. However, personality traits more so than age have a higher chance of predicting surgical outcomes five years post-surgery (Oltmanns et al., 2020). Bariatric surgery can be psychologically tolling as it promotes dramatic changes physically over time (Oltmanns et al., 2020). According to Oltmanns et al. (2020), one's ability to overcome such challenges based on personality psychopathology factors was tested. It

has been determined in research findings that personality and psychopathology play crucial elements in weight loss surgery outcomes and urges mental health professionals to remain actively engaged with patients and continue to perform psychological assessments for patients considering bariatric surgery before surgery (Oltmanns et al., 2020).

Treatment Options for Morbid Obesity

Alvarez (2010) suggested that the rates of super morbid obesity body mass index greater than or equal to 50 kg have far surpassed morbid obesity body mass index rates above 40 kg. The author indicated that bariatric weight loss surgery has been an effective method for treating obesity. However, weight loss outcomes are less advantageous for individuals who fall into super morbid obesity (Alvarez, 2010). Morbidly obese patients typically lose about 67% of excess weight within the first two years of gastric bypass surgery (Alvarez, 2010). According to the author, the rates of weight loss for individuals considered to be super morbidly obese lose on average up to 59% of their weight within 2.2 years.

Weight Loss Surgery

The foundation of weight loss surgery was developed using the premise of providing a solution to effective weight loss for individuals diagnosed with severe obesity (Wolfe et al., 2016). Obesity is a disease connected to significant health risks, which can be reversed with substantial weight loss for individuals who have not maintained weight loss by means other than surgical options (Wolfe et al., 2016). The authors suggested that the defeat of weight loss without the support of medically assisted treatment to sustain weight loss is typical among individuals who struggle with severe obesity. The biological

factors associated with maintaining weight loss are compelling (Wolfe et al., 2016). According to the authors, significant lifestyle changes can produce weight loss almost equivalent to 10% in a year and sustain weight loss at a rate of 5.3% over eight years. Medically treated weight loss through medication use may enhance short term and long-term weight loss results (Wolfe et al., 2016). The criteria for bariatric surgery are set at a body mass index of more than 40kg and 35kg to 40kg for comorbid conditions (Wolfe et al., 2016). The authors suggested that the criteria for bariatric weight loss surgery are ever changing. This process continues to evolve to consider the existence or lack of comorbid conditions and recognize the magnitude of obesity impacting the individual (Wolfe et al., 2016). Weight loss surgery candidates must undergo various medical tests to determine surgical fitness and risks (Wolfe et al., 2016). As mentioned by the authors, testing includes cardiovascular disease, pulmonary conditions, and other diseases of the system that can impede surgical risks and outcomes. Preoperative psychological evaluations to determine if patients are appropriate for weight loss surgery were discussed in the study (Wolfe et al., 2016). Based on the findings, such assessments can determine if the patient requires preoperative intervention or be determined ineligible for bariatric surgery. The researchers determined that individuals who actively abuse drugs are considered unsuitable for weight loss surgery. Many patients must obtain recommended preoperative weight loss, specifically in cases where severe obesity and comorbid conditions are considered extraordinarily high risk (Wolfe et al., 2016). The use of psychological assessments before weight loss surgery has been encouraged by the authors. Psychological assessments can predict postoperative weight loss and identify

depression, substance abuse, eating disorders, and other mental health conditions that warrant the need for further assessments and intervention (Wolfe et al., 2016).

According to Groven and Engelsrud (2016), weight loss surgery has become a widespread medical treatment option for obesity. The authors suggested that weight loss surgery significantly impacts diseases contributed by obesity, such as hypertension, diabetes, and sleep apnea. Weight loss surgery has become evident in popular culture as well (Groven & Engelsrud, 2016). According to the authors, weight loss surgery has a significant impact on self-esteem and psychosocial elements. Groven and Engelsrud (2016) also suggested that weight loss surgery has been considered the most effective method for sustainable weight loss and has been associated with decreasing comorbid related diseases. The concept of weight loss surgery is viewed as cheating, is delegitimized, and is faced with society's moral scrutiny (Groven & Engelsrud, 2016). Women who struggle with obesity are scrutinized subjectively; the women in this group experience what is described as hindrances as it pertains to physical capabilities (Groven & Engelsrud, 2016). According to the authors, weight loss surgery drastically constricts food intake, promoting substantial weight loss for individuals who have found other dietary interventions ineffective (Groven & Engelsrud, 2016). Patients who have undergone weight loss surgery have to face ridicule and judgment for having weight loss surgery (Groven & Engelsrud, 2016). The authors suggested that patients are often accused of lacking self-discipline and failure to take an active part in combating obesity. Having a slender figure gained popularity in the 1960s (Groven & Engelsrud, 2016). It has been suggested that the invention of weight loss programs became popular during this

time (Groven & Engelsrud, 2016). It has been further speculated that women who are overweight ate too much, were lazy, and lacked will power (Groven & Engelsrud, 2016). The authors conducted a study with women who shared their experiences with dieting. Most of the participants described those events as depressing and frustrating, and found it extremely difficult to remain committed to their weight loss plan. Participants also reported feeling ashamed not being able to stick to their plan and found themselves binging on food (Groven & Engelsrud, 2016). Participants strongly considered weight loss surgery after rapid cycles of losing weight to regain it again (Groven & Engelsrud, 2016). According to the authors, the women who participated in the research reported that their decisions to strongly consider weight loss surgery was driven by (a) physical pain and discomfort; (b) inability to perform tasks; (c) finding it challenging to play and engage in physical activities with their children; and (c) deteriorating health. The authors validated the participants' decision to undergo weight loss surgery. Many reported experiencing little to no regret about having the surgery and stated that the benefits had outweighed the risks (Groven & Engelsrud, 2016). The importance of seeking out support from health care professionals was encouraged. Further investigation is needed to explore the adverse effects of weight loss surgery and provide patients with awareness, so patients are better informed about surgery centered on evidence-based research (Groven & Engelsrud, 2016).

As reported by Cardena et al. (2020) patients with a body mass index of more than 35kg/m2 (square meter) who suffer from other comorbidities could benefit from bariatric weight loss surgery. Bariatric surgery is the most effective treatment option for

obtaining significant weight loss and decreasing risk factors associated with comorbidities (Cardena et al., 2020). A total of 15-35% of individuals that have received weight loss surgery did not reach their goal of losing at least 50% of their excess body weight during the first two years post-surgery (Cardena et al., 2020). The factors associated with unsuccessful weight loss outcomes are behavioral dysfunction, social and demographic influences, higher body mass indexes, genetic abnormalities, and the type of surgical technique used to perform the weight loss surgery (Cardena et al., 2020). The authors encouraged continued studies to further investigate weight loss outcomes and contributing factors that influence outcomes to develop therapeutic strategies best and support weight loss surgery recipients have been highly recommended.

Oltmanns et al. (2020) have suggested that bariatric surgery is linked to improved health and quality of life; weight regain can reverse the positive health benefits associated with weight loss surgery and create a sense of defeat, further impacting psychological wellbeing. Lin and Tsao (2018) demonstrated shared insights and have reported that weight loss surgery significantly reduces the stomach capacity and disallows large amounts of food consumption; therefore, postoperative patients encounter substantial changes in their lifestyle and diet, being forced to adjust psychologically and to new eating behaviors.

Types of Weight Loss Surgery

Weight loss surgery, also known as bariatric surgery, has helped individuals lose weight who struggle with obesity (Wolfe et al., 2016). There are many types of weight loss surgery. All the procedures are intended to shrink the stomach's size, making it

difficult to consume large food portions (Wolfe et al., 2016). The authors discussed the most common types of weight loss procedures in their research of bariatric weight loss procedures: The Roux-en-Y Gastric Bypass, Sleeve Gastrectomy, and the Laparoscopic Adjustable Gastric Banding. The mortality rate of recipients of bariatric weight loss surgery is 2%. Some surgeons have chosen not to report their surgery outcomes (Wolfe et al., 2016). Safety protocol measures have been put into place to address the welfare and the safety of the patients consisting of initiatives to improve quality measures administered by the American Society for Metabolic and Bariatric Surgery and the American College of Surgeons (Bariatric Surgery Centers, 2021). Patient factors contributing to bariatric surgery complications consist of (a) extreme obesity; (b) sleep apnea; (c) lack of mobility before surgery; (d) deep vein thrombosis; and (e) history of smoking (Wolfe et al., 2016). The authors expressed importance of lifestyle changes and intervention significantly improves weight loss outcomes and decreases mortality rates.

Roux-en-Y Gastric Bypass. The Roux-en-Y Gastric Bypass was developed in the 1970s by Doctors Mason and Ito to develop a safer and more effective bypass procedure to decrease food intake and produce substantial weight loss (Wolfe et al., 2016). This procedure consists of transecting the stomach into a pouch of equal to almost one ounce (Wolfe et al., 2016). The procedure involves diverting nutrients ingested from the stomach and parts of the small intestines (Wolfe et al., 2016). There have been minimal incidents of difficulty with absorbing nutrients following gastric bypass surgery (Wolfe et al., 2016). However, Wolfe et al. (2016) reported that malabsorption difficulty

of minerals such as iron, calcium, and vitamin B12 along with other nutrients were discovered in other research studies.

Sleeve Gastrectomy. The laparoscopic sleeve gastrectomy is considered the most common bariatric weight loss procedure in the United States and has significantly contributed to the treatment of morbid obesity (Gandhi et al., 2021). This bariatric procedure removes 80% of the stomach (Gandhi et al., 2021). The authors reported that the procedure creates a tube shape of the stomach shrinking it in size and decreasing the amount of food that can be absorbed. Some patients have undergone additional laparoscopic sleeve gastrectomy later due to insufficient weight loss or weight gain (Gandhi et al., 2021). It is unknown whether the Roux-en-Y Gastric Bypass or the Laparoscopic Sleeve is more effective for optimal weight loss and resolving comorbidities (Gandhi et al., 2021).

Laparoscopic Adjustable Gastric Banding. The laparoscopic adjustable gastric banding procedure is considered the least invasive bariatric weight loss surgery than the other procedures mentioned (Gandhi et al., 2021). However, this procedure produces less weight loss, and the results may be short term (Gandhi et al., 2021). The authors described the surgical procedure as placing a silicone band around the center of the stomach 2-3 cm below where the distal esophagus joins the proximal stomach junction nearing the outer wall of the stomach. The band can be inflated and deflated by injecting saline when needed (Gandhi et al., 2021). The band's tension can be tightened or loosened based on weight loss (Gandhi et al., 2021). The laparoscopic adjustable gastric

banding procedure is less effective and has not been performed as often as the Roux-en-Y Gastric Bypass and the Sleeve Gastrectomy (Gandhi et al., 2021).

Healthy Weight Management Post Surgery

Cassin et al. (2020) described obesity as a growing global epidemic elevating bariatric weight loss surgery as the most robust intervention to treat severe morbid obesity contributing to significant weight loss and overall physical health improvements. The most substantial weight loss period takes place within the first-year post surgery. However, studies have shown that 20% to 50% of bariatric surgery recipients regain weight over time (Cassin et al., 2020). Bariatric patients experience fluctuations in weight between 6- and 12-months post-surgery (Cassin et al., 2020). Factors contributing to those outcomes were identified as post-operative binge eating, grazing, and loss of control eating. Authors Lin and Tsao (2018) also conducted a study focusing on the experiences of bariatric surgery patient's post-operative within one year of surgery. The experiences of 17 patients who received weight loss surgery ages ranging 34.5 years was captured in the study (Lin & Tsao, 2018).

Significant improvements were demonstrated in overall eating habits, weight loss, complications related to surgery, and sociopsychological status (Lin & Tsao, 2018). The authors identified patient challenges, such as having limited stomach capacity, further leading to dysfunctional dietary behavior. Indications of poor weight loss such as vomiting, malnutrition, and what is described as dumping syndrome were discussed (Lin & Tsao, 2018). Such issues are typically correlated to lack of compliance with diet restrictions, taking smaller bites of food, eating slowly and thoroughly chewing food (Lin

& Tsao, 2018). Maintaining weight loss is a lifelong journey, encouraging healthcare providers to take an active role in understanding behavioral and dietary changes required to sustain positive outcomes post-surgery (Lin & Tsao, 2018). According to Lin and Tsao (2018), healthcare professionals should become educated on the psychological problems that influence successful outcomes that transpire within one-year post surgery to assist patients with coping with such challenges. The findings from the research uncovered significant challenges with adjusting to smaller stomachs and digestive capacities (Lin & Tsao, 2018). Such adjustments forced changes in eating and lifestyle, which are key components in maintaining healthy weight loss (Lin & Tsao, 2018). As stated by the authors, healthy weight loss can be obtained through ongoing nutritional support, nutrition monitoring through regular follow up visits as well from social supports.

Martinez et al. (2016) also identified bariatric surgery as the most effective treatment in medicine in treating severe obesity and related health conditions. All programs designed to perform bariatric surgery have some patients who have experienced weight regain following weight loss surgery (Martinez et al., 2016). The authors described such events as frustrating for the patients and treatment team. The significant behaviors that influence weight regain and steps that can be taken to prevent it was highlighted in the study (Martinez et al., 2016). The authors suggested pre and postoperative instruction. Ongoing follow up and an integrated approach to incorporate a multidisciplinary team which will focus on preventative measures to emphasize on decreasing weight regain for bariatric surgery patients (Martinez et al., 2016). Weight

regain remains unresolved and further suggests that several biological and anatomical factors play a role in the process, such as psychological indications, eating habits, and physical activity level (Martinez et al., 2016). According to Martinez et al. (2016), the rates of pre-surgical psychopathology are common in bariatric surgery candidates and are at higher risk of less weight loss triggering depressive symptoms post-surgery along with weight regain. Mood stabilization prior to surgery along with ongoing mental health monitoring, and treatment can improve surgical outcomes (Martinez et al., 2016).

Pre- and Post-Operative Assessment

Sarwer and Dilks (2011) noted that presurgical mental health evaluations focus on the social and psychological indicators that could impede successful surgical outcomes. Weight loss surgery candidates rarely present with disorders such as schizophrenia and dissociative identity disorder (Sarwer & Dilks, 2011). However, up to 40% of patients who receive bariatric weight loss surgery are involved in some form of mental health services (Sarwer & Dilks, 2011). According to the authors, 50% of those individuals report a previous history of mental health treatment. Most bariatric patients receiving mental health treatment admitted to being prescribed medication for depression typically by their primary care physicians (Sarwer & Dilks, 2011). The authors suggested that it should not be assumed that although the patient is being treated with an antidepressant that their symptoms are professionally managed, and the patient is stable and suitable for weight loss surgery.

According to Sarwer and Dilks (2011), the treating provider should be involved in the treatment process to determine if the patient is appropriate and stable for surgery

before the surgery takes place. Although there appears to be major physical and psychological improvements among patients who have undergone weight loss surgery, some patients have experienced psychological and or behavioral challenges following surgery (Sarwer & Dilks, 2011). Sarwer and Dilks (2011) suggested that such challenges can consist of increased symptoms of depression and suicidality. Other challenges can involve of the development of eating disorders, self-image and body dysmorphia, sexual performance issues, marital difficulties, substance abuse, and less than optimal weight loss and weight regain (Sarwer & Dilks, 2011). According to the authors, the rates of depressive symptoms appear to decline after weight loss surgery. However, such symptoms have the potential of returning (Sarwer & Dilks, 2011).

Increased rates of suicide among bariatric surgery patients linked to a rise in accidental deaths from overdoses and car accidents which may have been suspected suicides (Sarwer & Dilks, 2011). Preoperative and postoperative psychological screening is suggested as a requirement for weight loss surgery as mental health professionals play an essential role in assessing patient appropriateness for surgery (Sarwer & Dilks, 2011). Postoperative mental health treatment has been ignored, suggesting that there have been minimal discussions or focused placed on psychological can behavioral involvements with patients who have undergone weight loss surgery (Sarwer & Dilks, 2011). The authors have suggested that mental health and behavioral interventions become part of the postoperative bariatric treatment process, promoting long term nutritional and dietary adherence and intervening when maladaptive behaviors surface.

Lier et al. (2012) additionally agree that psychological well-being, healthy eating, and physical exercise are directly correlated to weight loss and life improvements postoperatively. Patients who presented with preoperative psychiatric disorders reported a reduction in depressive symptoms, overall quality of life, and motivation to adhere to treatment recommendations (Lier et al., 2012)

A qualitative research study was conducted by Every-Palmer et al. (2020), which focused on the impact of surgery of individuals with severe mental illness and the impact of bariatric surgery on their physical and mental health well-being. Individuals with severe mental health disorders rarely access bariatric weight loss surgery despite the rates of obesity being extremely high for that population (Every-Palmer et al., 2020). The authors reported that individuals diagnosed with severe mental health disorders have higher rates of developing obesity twice as much as the general population. Certain antipsychotic medications particularly contribute to significant weight gain (Every-Palmer et al., 2020). The authors mentioned in their study that it is often assumed that individuals diagnosed with severe mental illness are incapable of managing the challenges of undergoing weight loss surgeries. The authors have also suggested that it is also assumed that individuals who struggle with mental illness have reduced post-surgical outcomes and exacerbated psychiatric symptoms. Individuals diagnosed with mental illness are often discriminated against by gatekeepers disallowing such patients with access to publicly funded surgery (Every-Palmer et al., 2020). Such claims have been unsubstantiated (Every-Palmer et al., 2020). The authors have noted that with the appropriate level of mental health treatment and follow up, individuals diagnosed with

severe mental illness can experience successful outcomes from weight loss surgery. Incorporating obesity surgery trials that consist of individuals diagnosed with severe mental illness is needed to further to explore the risks and benefits of bariatric surgery (Every-Palmer et al., 2020). The authors encouraged for surgical and mental health service treatment providers to work collaboratively to provide a multidisciplinary approach to address all physical and mental health needs of patients following weight loss surgery.

Pre-Surgical Counseling

Much is unknown about the psychological effects of bariatric surgery on patients (Jumbe et al., 2017). The authors described the lack of data as unfortunate considering the multitude of challenges that follow significant weight loss along with other physiological changes to the body. Significant changes occur following weight loss surgery, such as mood changes, drastic changes to the body, a significant increase in stress attributed to drastic physical and mental changes, substance abuse, and regaining weight that was lost (Jumbe et al., 2017). The importance of continued research to raise awareness of the need for postoperative psychological assessments has been expressed, which could reduce gaining weight that was lost and optimize surgical outcomes (Jumbe et al., 2017).

Research conducted by Sarwer et al. (2013) also proposed that psychosocial factors significantly impact long term surgical outcomes. Such factors include emotional dysregulation and difficulty adhering to the lifestyle changes needed to support postoperative weight loss maintenance (Sarwer et al., 2013). The authors have advised

behavioral health clinicians to participate in the evaluation and screening process pre- and post-surgery. As the assessment plays a significant role in detecting factors that may inhibit positive outcomes and create barriers for more favorable surgical outcomes (Sarwer et al., 2013). According to the authors, behavioral health clinicians can play a significant role in assisting in identifying elements that can create optimal bariatric surgery success by providing recommendations for how to tackle obstacles. The purpose of psychological assessments before surgery works to identify barriers to surgery such as substance abuse as well as untreated psychiatric disorders (Sarwer et al., 2013). Sarwer et al. (2013) reported in their study that all pre-surgical evaluations are based on the findings from clinical interviews with patients; a portion of the assessment includes measuring psychiatric symptomology, personality testing, and psychopathology (Sarwer et al., 2013). Psychological measuring tools are used to assist in identifying psychological symptoms and or mental health disorders. Some of the identified tools are the Beck Depression Inventory, the Minnesota Multiphasic Personality Inventory, or the Million Behavioral Medicine Diagnostic (Sarwer et al., 2013).

The American Association of Clinical Endocrinologists, the Obesity Society, and the American Society for Metabolic and Bariatric Surgery issued guidelines for the clinical management of bariatric patients combined with the guidelines previously initiated by the National Institute of Health (Marek et al., 2016). The associations recommended that patients hoping to receive bariatric weight loss surgery receive a pre-surgical psychological evaluation (Marek et al., 2016). The authors outlined pre-surgical factors attributed to psychological conditions that are linked to regaining weight, and

various behavioral challenges post-surgery. The goal of pre-surgical evaluations is to rule out preexisting psychological conditions, treat any psychological conditions before surgery and to provide additional resources to patients who require care post-surgery (Marek et al., 2016). The goal is also to identify alternative treatment approaches in the event the patient is found not to be appropriate for bariatric surgery (Marek et al., 2016). The authors suggested that psychological assessments in bariatric treatment evaluations can provide additional information about potential risks and uncover information that may be over and or underreported by the patient during the initial screening process.

Rutledge et al. (2020) discussed in their research ways in which to revise psychological evaluations to reveal more accurate and valuable information needed for bariatric surgery. The evaluation was revamped, making it more modernized and including updated pre and post bariatric psychological assessments that capture essential aspects of the patient's psychosocial elements and physical capabilities (Rutledge et al., 2020). The revised psychological evaluation will also incorporate patient centered goals, functional capacity, and treatment compliance (Rutledge et al, 2020). The need to improve the ability to identify patients who need psychosocial interventions following surgery was outlined (Rutledge et al., 2020). The proposal for the revised bariatric psychological evaluation consisted of including (a) substance abuse assessments; (b) quality of life assessment tools; (c) depression inventory; (d) personality inventory; (e) cognitive function assessment; (f) physical function test; (g) eating behaviors assessment; (h) pain measurement scale; (i) sleep scale, and (j) patient goals (Rutledge et al., 2020). According to the authors, the traditional process and format for collecting data for

evaluations lacked the ability to predict essential information that could forecast surgical outcomes. The suggested changes to psychological evaluations can improve the current process improving its ability to capture relevant information that is useful in determining the needs of the patients and adding value to treatment providers and continued research on bariatric treatment (Rutledge et al., 2020).

Post-Surgical Counseling

Bariatric surgery has been identified as the most effective treatment for treating obesity, and the success rates are rising worldwide (Oltmanns et al., 2020). Because bariatric surgery creates substantial weight loss leading to dramatic changes in physical appearance, it can also contribute to significant patient stress levels (Oltmanns et al., 2020). The authors discussed in their study that psychological variables including personality traits and various levels of psychopathology often influence success outcomes of bariatric surgery. Due to the drastic physical changes generated by bariatric surgery lifetime post-surgery nutritious regimen is required to sustain and maintain the health benefits of weight loss surgery (Oltmanns et al., 2020). Patients with preexisting mental health conditions face challenges in navigating through the emotional and physical challenges associated with weight loss surgery (Oltmanns et al., 2020). The authors suggested that this challenge ultimately leads to complications with maintaining weight loss and coping with psychosocial complications. Mental health treatment following bariatric surgery greatly influences surgical outcomes (Oltmanns et al., 2020). Individuals who engaged in mental health treatment before weight loss surgery have higher success rates than those with and without mental health disorders who did not

participate in treatment (Oltmanns et al., 2020). According to Oltmanns et al. (2020), personality and psychopathology factors predict fewer ideal outcomes following weight loss surgery. However, if those with preexisting mental health disorders participate in treatment, the successful surgery outcomes are found to be beneficial (Oltmanns et al., 2020). The authors also reported that healthcare professionals are encouraged to become involved with bariatric patients' treatment and to encourage their patients to engage in psychological treatment before and after weight loss surgery regardless of whether those patients have preexisting mental health disorders.

Cassin et al. (2020) identified cognitive behavioral therapy as a potential treatment approach for food addiction among bariatric surgery patients. Cognitive behavioral therapy has been effective in the treatment of eating disorders and substance abuse, reports from patients reveal significant improvements in food addiction (Cassin et al., 2020). According to the authors, this treatment approach may be optimal in the short term by improving symptoms of food addiction for patients who have not experienced remission of food addictive behaviors. A decrease in symptoms between 1 year and a year and a half post bariatric surgery has been predicted (Cassin et al., 2020).

Awareness and Advocacy

Still (2011), reported in research conducted on educating primary care physicians on bariatric surgery, there appears to be a disconnect between primary care providers and patients discussing the need for bariatric surgery. There should be a clear and open dialogue surrounding obesity and weight loss surgery (Still, 2011). According to the author, primary care physicians are burdened with patient care and find the topic

surrounding weight loss to be uncomfortable. Still suggested for bariatric experts to begin educating primary care physicians about weight loss surgery and begin advocating for patients who require information regarding weight loss surgery which is viewed as a lifesaving procedure. Seven out of 10 patients impacted by obesity initiated the conversation with their doctors regarding their weight (Still, 2011). Nine out of 10 patients reported feeling happy and relieved when their physician suggested weight loss surgery (Still, 2011). As reported by the author, most patients trust their providers and rely on them to provide them with information about their health and are more likely to follow through with their doctors' suggestions when advised. It is imperative for professionals trained in bariatric treatment to furnish primary care physicians with resources and information about obesity treatment to ensure that patients are fully aware of weight loss surgery outcomes (Still, 2011).

Clinicians working with individuals impacted by weight stigma are encouraged to be aware of the vulnerabilities placed on those individuals; becoming educated and aware of the implications can help identify therapeutic interventions to cope with weight stigma (Puhl et al., 2020). Incorporating cognitive behavioral therapy approaches into treatment to address self-devaluation attributed to the stigma attached to obesity (Puhl et al., 2020). The authors discussed the effectiveness of other psychological treatment approaches to decrease distress. However, evidence has shown that cognitive behavioral therapy and acceptance commitment therapy may be beneficial in reducing the impact of stigma and improving self-efficacy (Puhl et al., 2020). As part of the process to address weight stigma within clinical practice, it is imperative to ensure that such derogatory views and

perceptions do not provide adequate treatment to patients (Puhl et al., 2020). Weight stigma within medical professionals is as prevalent as it is within the general population. Clinicians have been suggested to reflect on their personal biases and opinions regarding weight and obesity that are discriminatory and interfere with care delivery (Puhl et al., 2020). The authors encouraged clinicians and medical professionals to challenge negative stereotypes, continued studies are necessary to develop clinical interventions to improve provider and patient relationships.

Sarwer and Dilks (2011) have suggested for broader efforts to be established in the medical community to address the stigma attached to weight and obesity. A bill was passed by the American Medical Association which recommended for the use of non-stigmatizing language to be used in discussions about obesity, also known as the Person-First Language for Obesity (Bajaj & Stanford, 2021). The bill also addressed increased awareness to educate health care professionals on weight bias (Bajaj & Stanford, 2021). The American Academy of Pediatrics also published a policy addressing the social stigma associated with obesity within the pediatric population and the use of non-stigmatizing language and making recommendations to include assessments in psychosocial screening to identify bullying (Pont et al., 2017).

A study conducted by Moore et al. (2017) aimed to explore the level of training to work with bariatric patients received by master's students in a marriage and family therapy program. The authors also aimed to gain insights into how the graduates conceptualized working with bariatric patients and their needs. A qualitative research study was conducted using a phenomenological approach that focused on the participants

who recently graduated from a master's program in marriage and family therapy within the past five years (Moore et al., 2017). The common themes that were identified were (a) the knowledge of bariatric surgery and what it entails; (b) theoretical frameworks, and (c) views on clinical treatment approach (Moore et al., 2017). The authors targeted to explore how the approach of a marriage and family therapy program would broach working with bariatric patients considering weight loss surgery. Participants proposed teaching skills to patients and their families who would address the importance of having the emotional support and communication (Moore et al., 2017).

Some of the participants identified risk factors associated with weight loss surgery that could impact success outcomes encouraging awareness and a multidisciplinary approach to bariatric treatment to best support the patient (Moore et al., 2017). The authors recommended for health professionals to lead with an empathetic approach and better understand the mental health concerns related to bariatric surgery. Marriage and family therapist were not well versed on complications that may be contributed by weight loss surgery that can negatively impact the life of the patient (Moore et al., 2017). Obesity and weight loss surgery should be incorporated into the program curriculum for marriage and family therapy students (Moore et al., 2017). The authors encouraged graduate students studying to become marriage and family therapists should also be exposed to working in collaborative healthcare settings to gain experience working with the obesity population.

Overeating

Research conducted by Gunstad et al. (2020) suggested that cognitive functioning contributes to obesity. Minor cognitive deficits can contribute to one's inability to make healthy food choices, which eventually leads to weight gain (Gunstad et al., 2020). The research conducted by the authors introduced innovative approaches to treatment that worked to supplement cognitive deficits for individuals at risk of obesity. More is to be uncovered surrounding the connection between behavioral pathways and cognitive deficits that lead to obesity (Gunstad et al., 2020). Weight loss and weight management are challenging for those who struggle with obesity (Gunstad et al., 2020). According to the authors, weight maintenance requires meal planning, the ability to problem solve, and balancing work and family responsibilities. Cognitive dysfunction creates challenges for weight loss attempts and further supports counterproductive behaviors for weight loss (Gunstad et al., 2020). Resolutions for adopting healthy weight management as a societal approach to tackling obesity were suggested (Gunstad et al., 2020). As stated by the authors, the current model of calories in versus calories out fosters the concept that obesity is caused by a lack of self-discipline and because other weight loss strategies are ineffective. Future studies and interventions to address cognitive functioning deficits through treatments or other strategies to alleviate the effects were encouraged (Gunstad et al., 2020). The authors supported the concept of obesity being caused by psychosocial stressors and harmful childhood experiences.

Valinik et al. (2019) determined that psychological factors contribute to uncontrolled eating as well. Behavioral genetic models identified uncontrollable eating as

an inherited trait. The authors focused on behavioral genetic analysis using twin samples and concentrated on heritable factors, environmental components, and factors not shared by twins, including the individual unique experiences that each person holds of the world. Findings from studies on uncontrollable eating and body mass index were summarized (Valinik et al., 2019). The authors considered the two to be separate, however highly influential. There is a great need for designing a weight loss intervention that works to reduce weight and curb uncontrollable eating (Valinik et al., 2019). Individuals with higher levels of uncontrolled eating have reported higher levels of fat consumption (Valinik et al., 2019). According to the authors, uncontrollable eating and food consumption appear to be common and fluctuate from day to day. The common themes connected to psychological traits and uncontrollable eating: (a) sensitivity to reward; (b) poor self-control; and (c) high perception of negativity (Valinik et al., 2019). The authors encouraged the possibility of creating future studies that focus on more of a time sensitive approach to eating and food intake to assist in battling obesity and compulsive eating.

Racine and Horvath (2018) also shared insights on difficulties with emotion regulation and overeating. The authors suggested that it is associated with the progression and maintenance of binge eating and other eating disorders such as bulimia nervosa and binge eating disorder. Eating disorders are associated with emotion dysregulation, including the lack of emotional cognizance, impulse control, and lack of access to coping strategies (Racine & Horvath, 2018). Emotion regulation challenges for women with obsessive binge eating and other compulsive eating disorders and behaviors were compared (Racine & Horvath, 2018). The goal was to examine whether a disruption in

emotional regulation categorized individuals with binge eating disorders (Racine & Horvath, 2018). The authors also attempted to identify specific components of emotion dysregulation closely correlated with binge eating. The findings were connected to the possibility that the lack of emotional lucidity and difficulty regulating emotions are strongly connected to compulsive eating (Racine & Horvath, 2018). Those who struggle with emotion regulation are predisposed to eating an excessive amount of food to regulate their emotions (Racine & Horvath, 2018). The authors stated that binge eating can increase emotional dysregulation over time. Treatment specifically designed to decrease emotional dysregulation was urged, teaching those who struggle with obsessive eating new and healthy coping skills and distress management to regulate emotions and prevent binge eating is essential (Racine & Horvath, 2018).

Food to Cope

Torres and Nowson (2007) defined stress as the generalized, yet nonspecific way of the body responds to any factors that threaten to overpower and overwhelm the body's ability to maintain homeostasis. The following as potential stress provoking factors were identified: (a) trauma; (b) physiological stress; (c) psychological stress; and (d) social stressors or external factors (Torres & Nowson, 2007). Contributing factors of stress can be short term or daily occurrences, also known as chronic stress (Torres & Nowson, 2007). According to Torres and Nowson (2007), how one responds to stress is broken down into several types such as fight or flight or the more passive approach involving activating the pituitary adrenal cortical system taking place during periods of acute stress. Individuals who have reported greater stress levels also reported increased total energy

and fat consumption compared to lower periods of stress (Torres & Nowson, 2007). The obesity rate among African Americans is much greater compared to those of European American descent (Torres & Nowson, 2007). The stress causing factors identified by Torres and Nowson (2007) contributed to the findings of higher levels of life stress for African American women specifically. According to the authors, African Americans have higher reported craving intensely sweet foods compared to their European American counterparts. The yearning for sweet foods may be correlated to foods that lack nutrients and factor into developing obesity (Torres & Nowson, 2007). Chronic life stressors and potential weight gain is linked to men more than to women; the reason for this distinction is unclear (Torres & Nowson, 2007).

Ford and Jeon (2017) also suspected that individuals engage in emotional eating to cope with stressful events described as avoidant coping. Effective coping strategies are considered either behavioral focused or cognitive focused (Ford & Jeon, 2017). Both responses work towards identifying an approach to modify undesired responses to stress (Ford & Jeon, 2017). The authors suggested that avoidant coping strategies is a process consisting of actions and psychological practices intended to avoid stress provoking events. Individuals often struggle with understanding the difference between physiological hunger and the emotional desire to eat (Ford & Jeon, 2017). Difficulty with understanding the clear distinction between eating and when there is no need for physical nourishment is a significant contributor (Ford & Jeon, 2017). When individuals encounter an emotional crisis, the individual can find themselves coping with food and eating more to avoid emotional distress (Ford & Jeon, 2017). As stated by Ford and Jeon (2017),

when emotionally triggered, those who eat when emotionally triggered have acknowledged being provoked by specific events creating overeating situations to alleviate emotional pain. The authors captured some of the sentiments shared by the participants of their study surrounding emotional eating such as feeling lonely, depressed, and saddened by their life's circumstances. Although negative emotions can contribute to overeating, many participants reported overeating during periods of joy (Ford & Jeon, 2017). Individuals who tend to overeat to fulfill emotional needs have identified specific types of foods that are craved to soothe emotional distress and celebrate moments of joy (Ford & Jeon, 2017). According to the authors, some of the common themes are (a) not feeling supported by loved ones; (b) feeling connected emotionally to food; and (c) using food as a distraction referred to as mindless eating. Most of the participants who took part in the study were able to identify familial and early life experiences that drastically impacted their ability to regulate their emotions instead of finding food as a comfort source (Ford & Jeon, 2017). Several participants reported and acknowledged food as filling emotional voids created by parents' abandonment early on in childhood (Ford & Jeon, 2017).

As stated in the study conducted by Ford and Jeon (2017), many participants shared their emotional attachment with food, often relying on food to assist with navigating through and overcoming challenging days. Participants found a sense of loyal compassion from food when the environment, family, and other social factors contributed to their emotional distress (Ford & Jeon, 2017). Food was always there as a comfort (Ford & Jeon, 2017). According to the authors, the participants unanimously agreed that

adequate support to assist with emotional regulation to decrease their unhealthy dependent relationship with food would be preferred. Food provides comfort and often companionship for emotional eaters, contradictory for its intended use of nourishment (Ford & Jeon, 2017). The significance of professional support, lifestyle intervention, and the need for ongoing studies that focus on the obesity epidemic for the sake of clinical practice efforts to fight against emotional eating behaviors.

Unsuccessful Dieting

Sarfan et al. (2019) reported in their study on diet and weight loss that the dieting industry spends an estimated $33 billion on weight loss programming each year. Up to 32.8% of men and about 46.3% of women actively attempt to lose weight. Those individuals have used dieting plans to do so (Sarfan, 2019). The authors suggested that dieting behaviors can be associated with many harmful components such as low self-esteem. It has been suggested that dieters are overstimulated with information related to dieting, such as what are the best options for lunch, discussing dieting tips, and becoming inundated with images on social media related to fitness (Sarfan, 2019). The authors noted that constant dieting can trigger negative thoughts that lead to body shaming, ultimately tackling self-esteem and diminishing self-worth. There is a need for additional research to connect constant dieting and negative thoughts and whether dieting can predict body image concerns (Sarfan, 2019). The authors focused on whether the thoughts about dieting were related to low self-esteem or vice versa. Males are less likely to be negatively impacted by dieting regarding self-esteem and demonstrated fewer body image concerns (Sarfan, 2019). However, females who were negatively impacted by

dieting reported being triggered by body shape concerns and lack of self-confidence (Sarfan, 2019). The authors determined that there is a potential gender specific linkage between negative thoughts about dieting and self-confidence because of dieting.

Nelson and Harris (2019) agree that diets that offer quick results are highly prevalent in society today as consumers are hoping for rapid results that require little to no work. Unfortunately, 95% of all diets fail to bring about long-lasting results (Nelson & Harris, 2019). Most people gain all the weight lost plus more within a year of discontinuing the diet (Nelson & Harris, 2019). Consumers were urged to examine diet plans to determine why diets are often unsuccessful and are counterintuitive to maintaining weight loss (Nelson & Harris, 2019). The authors supported the notion of discovering healthy options to substitute dieting. Long term dieting, food restriction, and counting calories are incredibly challenging for extended periods. The psychology of eating is defined as one's beliefs and behaviors that are highly influential in their eating habits and practices (Nelson & Harris, 2019). Long lasting change from dieting becomes unsustainable when one only focuses on changing the food eaten rather than changing their food and nutrition mindset (Nelson & Harris, 2019). According to Nelson and Harris (2019) most diets require eliminating specific foods and or food groups with the intent of eliminating unnecessary calories. Food deprivation often causes the body to become deprived of the necessary vitamins and nutrients it requires to sustain itself (Nelson & Harris, 2019). Depriving oneself of specific foods may cause food cravings, which ultimately lead to overeating (Nelson & Harris, 2019). When fewer calories are consumed, the body signals starvation, which triggers the metabolism to slow down to

sustain life (Nelson & Harris, 2019). The authors reported that although dieting has stopped, further lower metabolic rates continue, making it difficult to maintain or lose undesired weight. The challenges of diets were highlighted, such as eliminating foods that bring joy and constantly feeling hungry, which trigger stress and increase cortisol and adrenalin (Nelson & Harris, 2019). As reported by Nelson and Harris (2019), the key to improving overall wellness and living a healthy lifestyle consists of implementing healthy eating habits.

Underlying Psychological Conditions

Jumbe et al. (2017) described developing and maintaining morbid obesity as psychologically complex and suggested that most individuals who struggle with morbid obesity will not choose to undergo weight loss surgery. Individuals who seek weight loss surgery often exhibit psychological disorders (Jumbe et al., 2017). According to the authors, such disorders consist of anxiety, mood disorders, eating disordered behavior, low self-esteem, and substance abuse. Pre-psychological screening is warranted to identify possible underlying psychological conditions that can potentially compromise surgical outcomes (Jumbe et al., 2017). A great deal of controversy has surfaced around excluding individuals with psychiatric disorders from obtaining bariatric surgery (Jumbe et al., 2017). Advocacy efforts on behalf of the surgical candidates have occurred, arguing that positive surgical outcomes can be obtained if postoperative support is provided after weight loss surgery (Jumbe et al., 2017). The importance of developing a better understanding of the connection between mental health and obesity has been encouraged by the authors. Although bariatric surgery has been highly indicated in

improving results medically, the research surrounding psychological issues post-surgery is scarce (Jumbe et al., 2017). It has been suggested by the authors that there has been a lack of postoperative psychological testing for patients. Post psychological testing assesses psychological needs effectively and is just as significant as pre-surgical, psychological assessment (Jumbe et al., 2017). Bariatric surgery can improve psychosocial outcomes such as employment, social skills, and overall patient quality (Jumbe et al., 2017). However, most of the research and reviews available are limited to the initial two to three years of postsurgical findings (Jumbe et al., 2017). According to the authors, individuals diagnosed with anxiety and depression lost significantly less weight post-surgery. Studies previously conducted also indicated that depressive disorders negatively impacted weight loss during 24-36 month follow ups (Jumbe et al., 2017).

There have been findings of persistent mental health concerns despite weight loss for patients compared to individuals who have received mental health treatment as part of their bariatric treatment (Jumbe et al., 2017). Some psychological disorders linked to the ineffective relationship with food are relevant in obese individuals from the beginning of treatment throughout its entirety (Jumbe et al., 2017). Additional quantitative research studies on bariatric surgery and post psychological outcomes is recommended, as qualitative studies focus on the individual's lived experience based on their perspective rather than quantitative research, which relies on self-reported quantitative data (Jumbe et al., 2017).

Vainik et al. (2019) have also suggested that countless eating-related psychological conditions account for obesity and overindulgence in food. The authors suggested that the terms used to describe food addiction, such as emotional eating, binge eating, and hedonic hyperphagia, the motivation to eat for pleasure; emphasizes the loss of food consumption control. The authors focused on the associations between binge eating, body mass index, food consumption, characteristics of the personality, and systems of the brain. The data revealed a strong connection between uncontrolled eating, body mass index, and food intake, describing it to be phenotypically and genetically interweaved (Vainik et al., 2019). Uncontrolled eating has been linked with (a) lower cognitive functioning; (b) higher levels of distress; and (c) a curvilinear connection with reward sensitivity (Vainik et al., 2019). Psychologically, uncontrolled eating appears to be closely related to high response to stimuli, diminished self-control, and increased distress levels (Vainik et al., 2019).

Bourdier et al. (2018) have similarly suggested a significant connection between emotional dysregulation, maladaptive eating behaviors, and weight management. Emotional eating is considered addictive and a risk factor for other comorbidities (Bourdier et al., 2018). The study focused on investigating the findings from research based on students from a French university (Bourdier et al., 2018). According to the authors, food consumption is an essential mood regulating behavior, defining the term emotionally eating as comfort eating in response to fulfilling emotional needs rather than hunger. It has been indicated that females are more susceptible to demonstrating more signs of psychological distress and are inexplicably impacted by maladaptive eating

behaviors and obesity (Bourdier et al., 2018). There may be gender related components fostering an increasing disadvantage in weight absorption over time among females compared to their male counterparts (Bourdier et al., 2018). The authors aimed to link the connections between self-reported levels of psychological distress, compulsive eating, food addictive behaviors, and body mass index percentages. The importance of promoting healthy food initiatives and weight management has been emphasized (Bourdier et al., 2018). Research conducted using multivariate models surrounding eating triggered by depressive symptoms, considered to be closely related to low psychological functioning, eating disordered symptoms, and emotional dysregulation (Braden et al., 2018). Obese individuals had reported the propensity to overeat in response to different emotions (Braden et al., 2018). However, those who chose to overindulge in response to depressive triggering situations were most likely to experience psychological challenges (Braden et al., 2018). According to Braden et al. (2018), adults who eat based on emotional needs such as depression, joy, anxiety, anger, and or boredom may require personalized treatment approaches to fight against obesity.

Authors Van der Valk et al. (2019) also support the notion of more focus on mental health and underlying psychological conditions. The stigma associated with obesity further leads to additional weight gain (Van der Valk et al., 2019). If underlying diseases and their contributing factors are identified, more effective and personalized treatment approaches could reduce the social stigma of obesity for patients (Van der Valk et al., 2019). The authors suggested that obesity is a chronic disease that impacts individuals worldwide, which continues to grow. In 2015, more than 603 million adults

struggled with obesity, and there were 4.0 million deaths recorded related to obesity (Van der Valk et al., 2019). When treating obese patients, most clinicians focus on treating the comorbidities such as recommended weight loss rather than assessing other clinical problems (Van der Valk et al., 2019). The social stigma attached to obesity advertises that obesity is related to the overconsumption of food and lack of exercise (Van der Valk et al., 2019). Nonetheless, the authors have suggested that many other factors contribute to weight gain and stagnate weight loss. Early childhood trauma increases the likelihood of obesity, adding that sexual trauma experienced by men in adolescents greatly contributes to obesity and disordered eating for women (Van der Valk et al., 2019). Some of the factors contributing to weight gain are (a) hormonal and genetic defects, (b) mental and sociocultural indicators, and (c) side effects from medication (Van der Valk et al., 2019). Identifying underlying conditions and factors leading to weight gain can strengthen treatment strategies and the individual's understanding of obesity, further dismantling social stigma about obesity (Van der Valk et al., 2019).

Emotional Dysregulation

Research previously conducted linked emotion regulation as a contributing factor in the maintenance of psychopathology, proposing that emotion regulation is a transdiagnostic construct and an underlying instrument in psychopathology (Sloan et al., 2017). There has not been any substantial literature produced on the role of the transdiagnostic process of emotion regulation to conclude if it is a risk factor or a maintaining factor of psychopathology (Sloan et al., 2017). The authors suggested that if emotion regulation is transdiagnostic, and indicative of the preservation of

psychopathology, emotion regulation will occur for various disorders despite adequate treatment. The authors identified 67 studies measuring emotion regulation changes and psychopathology after intervention for depression, anxiety, substance abuse, eating disorders, and borderline personality disorder. The research findings suggested that regardless of the intervention used or disorder, maladaptive responses to emotions and overall emotion dysregulation were identified as decreasing following treatment in all the studies except for two (Sloan et al., 2017). When appropriate treatment measures are put in place to address emotional dysregulation, anxiety and depression symptoms decrease over time (Sloan et al., 2017).

Barbuti et al. (2021) agree that individuals who struggle with obesity are highly susceptible to developing mood and eating related disorders. Emotional dysregulation is an extreme and causes rapid fluctuations in mood, and difficulty regulating emotions despite behavioral consequences (Barbuti et al., 2021). Impulsivity is defined as the lack of self-control, hasty and rash reactions to internal and external factors without regard to the negative repercussions of impulsive behavior (Barbuti et al., 2021). The authors conducted a study geared towards evaluating psychiatric comorbidities, emotional dysregulation, impulsivity, and affective temperamental dimensions in a sample study of obese patients. The differences between bariatric patients with and without mood disorders was a focus of the study (Barbuti et al., 2021). The findings confirmed that a subgroup of bariatric patients, particularly those with diagnosed mood disorders, presented with elevated levels of emotional dysregulation, emotional lability, and impulsivity which could support the development of compulsive eating and other

addictive eating behaviors (Barbuti et al., 2021). According to the authors, not only did the patients in the study score higher on scales measuring affective impulsivity, but higher scores were reached on subscales measuring difficulty in goal-directed behavior and impulse control along with minimal access to coping strategies for emotion regulation. Obese patients have demonstrated higher rates of psychiatric conditions discovered during bariatric surgery assessments (Barbuti et al., 2021). Three out of four patients reported a lifetime of psychiatric disorders such as mood disorders, binge eating disorders, and anxiety; neurodevelopmental disorders including ADHD, learning, and intellectual disabilities were identified in the sample as well (Barbuti et al., 2021). The authors suggested that patients who struggle with impulsivity exhibit what is labeled as a dysfunctional reward system that limits the capability of delaying the need for instant gratification. Early detection of mood disorders and developing personalized treatment strategies would optimize weight loss surgery outcomes (Barbuti et al., 2021).

Aparicio et al. (2016) agree with the previous authors and support the concept of emotion regulation has grown in psychology and plays an essential role in health, human development, social growth, personality, and contributes to other disciplines. Emotional regulation is a set of strategies used to maintain adequate emotional status or improve or overpower an adverse affective status in demanding situations that do not provoke stress (Aparicio et al., 2016). According to the authors, emotion regulation is the process used by individuals to monitor, assess, and adjust their emotions to accomplish goals. It allows one to experience and express their emotions. Children are impacted by obesity, which calls for an improved understanding of the risk factors associated with obesity (Aparicio

et al., 2016). Obesity is attributed to lifestyle factors related to sedentary behavior and an imbalance in energy (Aparicio et al., 2016). However, despite lifestyle changes and adjustments in children, overall obesity has not lessened (Aparicio et al., 2016). It has been suggested by the authors that additional exploration is needed for prevention and treatment. A connection between emotional distress and obesity in children was identified (Aparicio et al., 2016). 10-20% of children are impacted by mental health disorders and are more susceptible to emotional dysregulation (Aparicio et al., 2016). Self-regulation is a critical component of emotional regulation and executive function that includes control over impulsivity and impulsive behavior (Aparicio et al., 2016).

Hindering control and a higher level of reward sensitivity correlate with unhealthy food choices and obesity in children (Aparicio et al., 2016). The authors outlined the awareness of emotions as (a) the ability to identify emotions; (b) the ability to identify the cause of the emotions and what maintains it; (c) the ability to accept negative emotions; (d) the ability to self-regulate; (e) modifying emotions in a way that promotes self-efficacy and; (f) the ability to confront situations that create negative emotions. Children and adolescents who struggle with emotion regulation may engage in activities that require less physical exertion and spend more time with sedentary activities such as playing video games, watching television, and searching the internet (Aparicio et al., 2016). Aparicio et al. (2016) suggested that therapies such as mindfulness, emotionally focused therapy approaches, and dialectical behavioral therapy might decrease psychological distress, which might reduce emotional eating.

Long-Term Effects of Addiction

MacNicol (2017) described drug addiction as a complicated neurobehavioral process that disrupts the basic brain reward system that is in place to assist the survival of organisms, and the brain reward system is broken into two mechanisms that influence future behavior. Roughly 10-15% of the population can develop an addiction to drugs and or alcohol during their lifetime, which develops over time (MacNicol, 2017). Higher levels of dopamine are followed by exposure to substance abuse than food, sex, and other rewards may elicit (MacNicol, 2017). Neuroimaging studies demonstrate an increase in the prefrontal cortex's metabolic activity when addicts anticipate and think about drug use, reporting that those addicted to drugs think of drugs mainly (MacNicol, 2017). According to the author, substance abuse addiction produces long lasting effects in the brain's neurochemistry. Long lasting effects consist of dependence, higher tolerance of substances, and eventually addiction (MacNicol, 2017). Chronic exposure to substance abuse leads to continuous suppression of the brain's natural reward circuit, further preventing natural rewards from activating (MacNicol, 2017). Persistent suppression creates a state of discord that requires prolonged use of substances to activate the reward system (MacNicol, 2017). As suggested by MacNicol (2017), substance abuse is a potent stimulus that works to encode impressions of drug seeking behavior in the reward system. Brief, intense activation of the reward system is proceeded by a period of decreased activity and receptiveness, making it more challenging for natural rewards which are not strong enough to activate the system (MacNicol, 2017). Although addiction for the individual has been in remission for long periods, small environmental and chemical

stimuli can potentially reactivate addictive behaviors (MacNicol, 2017). The author suggested that increased levels of stress and depression can produce similar alterations in the reward circuits of the brain.

Cocaine has been identified as the second fastest growing and widely used illegal drug in Western Europe, with cannabis being the first (Arantza et al., 2021). On average, four million people ages ranging from 15-64 have admitted to using cocaine in the last year which has increased from the years prior (Arantza et al., 2021). The authors highlighted that chronic cocaine use leads to excessive use of health care services and significant emergency room visits and hospitalizations. Chronic cocaine use has been linked with serious health complications and premature death (Arantza et al., 2021). Cocaine use is connected to cocaine use with aggravating inflammatory diseases and illnesses (Arantza et al., 2021). Immune functions are altered, exacerbating the progression of cardiovascular, respiratory, and other infectious diseases (Arantza et al., 2021). Long term cocaine use could cause kidney disease, hepatotoxicity, and blood clot formation (Arantza et al., 2021). The authors reported that cocaine use has also related to an increased risk of contracting HIV and hepatitis C. Cocaine use disorder is highly prevalent among patients diagnosed with mood disorders, anxiety disorders, suicidal behavior and tendencies, violence, and traffic violations (Arantza et al., 2021). An estimated 79% of individuals diagnosed with a cocaine use disorder also have a diagnosis of alcohol use disorder (Arantza et al., 2021). As suggested by the authors, individuals with a cocaine use disorder are considered four to eight times more likely to die than the general population.

Alcohol addiction is a leading cause of personal death and disability, affecting about 4% of the adult population, causing 2.2% of female deaths and 6.8% of male deaths in 2016 (Wang et al., 2020). Alcohol significantly impacts the quality of life and lifespan of individuals diagnosed with an alcohol use disorder and their families (Wang et al., 2020). Wang et al. (2020) defined alcohol addiction as a brain disorder that involves the brain reward circuit; individuals who struggle with alcohol addiction are at extreme risk of depression, anxiety, cognitive deficits, and substance abuse. Alcohol addiction is connected to liver disease, hepatitis, cirrhosis of the liver; alcohol addiction is characterized as a chronic illness susceptible to relapse and remission (Wang et al., 2020). Alcohol addiction is an impairment of the brain causing uncontrolled behavior, uncontrolled increase intake, and continuous craving for alcohol (Wang et al., 2020). The authors added that long-term alcohol use is characterized by neurologic deficits and memory impairment. Alcohol addiction can lead to severe physical ailments, creating havoc on the addicted individual's employment and quality of life (Wang et al., 2020).

Addiction Transfer

As reported by Buga et al. (2017), addiction transfer signifies the replacement of one addictive behavior with another. The authors discussed in their article written about addiction transfer the case of a cancer patient who developed an addiction to a variety of substances while undergoing cancer treatment for two years. The patient was initially prescribed opiates for chronic pain associated with his cancer treatment; after some time, the pain medication initially prescribed was discontinued for various reasons (Buga et al., 2017). As a result, the patient began exploring other options to obtain medication from

other physicians, family, friends, and street dealers, resulting in an addiction to other prescription medications (Buga et al., 2017). According to the authors, the patient eventually became addicted to alcohol, reporting daily amounts of a bottle a day. During this time, the patients treating physicians suspected addiction transfer (Buga et al., 2017). Addiction is characterized as a chronic disease of the brain reward system, leading to dysfunction of the circuits that support biological, psychological, and social functions (Buga et al., 2017). Addiction is best characterized by the inability to abstain from engaging in behaviors created by cravings (Buga et al., 2017).

One who is impacted by addiction experiences diminished recognition of interpersonal relationships and exhibits dysfunctional emotional responses to life events and struggles with making sound decisions (Buga et al., 2017). As reported by the authors, like other chronic diseases, addiction entails significant cycles of relapse resulting in ill health or premature death. Addiction can occur in up to 26% of the general population. Many often enter the zone of addiction transfer believing that if the drug that was initially abused was not being used currently, a new drug of choice is acceptable (Buga et al., 2017). The authors encouraged clinicians to mediate what is a risk factor for substance abuse by completing a social and addiction history assessment for all patients along with providing psychological assistance throughout the treatment process to promote ongoing support for their patients.

Chiapetta et al. (2020) have also suggested that although food related addictive behaviors appear to decline post-surgery, other risk factors associated with new onset alcohol and opioid use may cause addiction transfer over time. Obesity surgery can

contribute to the remission of food related addiction as well as decreasing the percentages of food related addiction remission post-surgery (Chiapetta et al., 2020). Addiction transfer or cross addiction is described as having a preexisting addiction to food prior to surgery and transferring that addiction to another after surgery (Chiapetta et al., 2020). Chiapetta et al. (2020) suggested that the rate of alcohol use disorders is most common among patients who receive gastric bypass surgery instead of those who receive gastric banding. Evidence supporting addiction transfer has not been validated, the risk of alcohol abuse varies depending on the type of weight loss surgery received (Chiapetta et al., 2020). The authors conducted a study that focused on patients undergoing the sleeve gastrectomy and gastric bypass with the purpose of finding a connection with addiction transfer. The findings from the research revealed that the percentage of food addiction among the patients focused on in the study decreased from 69 to 10%, and there was no significant evidence of addiction transfer found in this group (Chiapetta et al., 2020). A significant remission in food addiction without triggering addiction transfer two years post-surgery was discovered (Chiapetta et al., 2020).

However, Koball et al. (2019) argue that research on the shift from substance abuse to food addiction is minimal, although the idea of the shift from one substance to another has existed in the literature for recovery for decades. Males during the early stages of their substance addiction reported emotional eating and binge eating, using food as a crutch and substitute to satisfy cravings for their substance abuse (Koball et al., 2019). Individuals who have undergone gastric bypass surgery, are at a higher risk of developing an addiction to alcohol use and misusing substances (Koball et al., 2019). The

authors discussed a theory linked the phenomenon of physiological constraints with the body no longer being able to tolerate large quantities of food. Which makes it impossible to digest therefore finding excessive amounts of alcohol easier to ingest without experiencing discomfort (Koball et al., 2019). There has been a connection made between liver transplant patients and those who were addicted to alcohol and food addiction, further explaining high rates of obesity for that population (Koball et al., 2019). According to the authors, individuals who encounter alcohol abuse post bariatric gastric bypass surgery notice an increase in use 18 months post-surgery. It is plausible that a comparable length of time with sobriety from other substances can lead to the progression of food addictive behaviors for some patients (Koball et al., 2019). The authors encouraged continued research on the topic to explore further the connection between substance abuse, changes in mood, and food addiction to resolve unanswered questions related to the issues. Substance abuse has reached epidemic proportions within the United States, gaining additional education on addiction transfer and how it can present itself with individuals impacted by substance use disorders is vital (Koball et al., 2019).

McFadden (2010) suggested in the article written about addiction transfer that when food is no longer the main reinforcement in coping with emotional dysregulation, a further unhealthy option may be on the verge of replacing the addiction with food. The author suggested that underlying psychological factors may resurface triggering addiction transfer such as an increase of depressive and anxiety symptoms. Such symptoms can be exacerbated as food is no longer an option for maladaptive coping (McFadden, 2010).

Other addictive behaviors such as alcohol, sex, shopping, and gambling can be activated as well (McFadden, 2010). In addiction transfer, the primary addiction is repressed, and the new addiction takes the lead (McFadden, 2010). According to the author, the opponent process theory explains the cycle of addiction transfer comparing it to pleasure and pain, the phase of drug addiction. The individual struggling with food addiction must forever change their relationship with food, triggering what appears to be withdrawal, ultimately resulting in addiction transfer (McFadden, 2010).

Hardman and Christiansen (2018) have also shared that there is significant evidence that supports the theory that bariatric surgery is linked with problematic behaviors associated with increased alcohol use. A longitudinal study was conducted using participants who have undergone gastric bypass surgery and or the laparoscopic adjustable gastric banding procedure; for the patients who received the gastric bypass surgery, the percentage increase of alcohol abuse raised from 7% to 16% within seven years (Hardman & Christiansen, 2018). Gastric bypass surgery increases the risk of developing an alcohol use disorder over other weight loss surgery types (Hardman & Christiansen, 2018). According to the authors, there have been studies to support the prevalence of alcohol misuse among recipients of gastric bypass surgery; however, there have been no studies that specify why that method of weight loss increases risks of developing alcohol addiction and why certain patients are more at risk than others. Hardman and Christiansen (2018) referred to a grounded theory study previously conducted focusing on patients who have undergone gastric bypass surgery between three and 12 years. Common themes reported by the participants were struggling with

unresolved psychological issues related to trauma, leading to relying on food to cope (Hardman & Christiansen, 2018). Most of the participants experienced rapid weight loss and an elevation in mood within the initial two years of surgery (Hardman & Christiansen, 2018). However, after some time, unresolved issues resurfaced; using food as support was no longer an option; therefore, alcohol provided a substitution for coping (Hardman & Christiansen, 2018). Hardman and Christiansen (2018) suggested that patients should be fully aware of the potential of developing an alcohol use disorder post bariatric surgery regardless of the risk factors present. Psychological assessment tools should be used to determine the patient's existing coping skills pre-surgery to determine what support is needed post-surgery, particularly for individuals who used food to cope with emotional issues (Hardman & Christiansen, 2018). The authors also added that patients should take part in long term psychological supportive programming past the second-year post surgery. Long term treatment was suggested to provide patients with the opportunity to address unresolved psychological issues, which will drastically improve treatment outcomes (Hardman & Christiansen, 2018).

Bryant et al. (2020) also reports that patients who have undergone weight loss surgery may struggle with self-regulating without the comfort of food. Patients who have undergone bariatric weight loss surgery benefit from substantial restrictions in their ability to consume large quantities of food (Bryant et al., 2020). Up to one to two years post-surgery patients continue to rely on the surgical procedure of restricting the amount of food that can be consumed to continue to lose weight (Bryant et al., 2020). The authors suggested that during this the appetite is lower, better health and reduction in

psychopathology, as well as an increase in overall well-being. Various factors which impact successful regulation of energy and food intake post-surgery are emotional eating, uncontrolled eating, and psychopathology (Bryant et al., 2020). Although bariatric surgery restricts the amount of food one can digest at one time, there have been cases when patients were able to eat beyond the physical restrictions of the size of their stomach (Bryant et al., 2020). Patients reported needing to rely on food to regulate their mood despite the risk of causing physical damage by stretching the size of their stomachs (Bryant et al., 2020). The authors urged ongoing psychosocial and nutritional counseling to support post-surgical outcomes, specifically for patients at increased risk of weight regain due to maladaptive coping mechanisms.

Lack of Social and Professional Supports

Moore and Willis (2017) conducted a study that focused on exploring the experiences of male bariatric patients as it pertains to receiving adequate social support following weight loss surgery. Only 15% of males had undergone weight loss surgery compared to females at 85% (Moore & Willis, 2017). Female patients are more likely to seek out support than their male counterparts (Moore & Willis, 2017). Which suggested that females have a more robust connection with social supports and can find emotional challenges than males (Moore & Willis, 2017). The sense of responsibility males has for their weight gain and the stigma attached to obesity contributes to their reluctance to undergo weight loss treatment pre- and post-surgery (Moore & Willis, 2017). According to the authors, although a weight loss surgery candidate may be approved for weight loss surgery, it does not indicate that the individual has adequate social support. Social

supports are highly recommended in order to support weight loss outcomes (Moore & Willis, 2017). The authors suggested that males often felt isolated and alone attending majority female support groups. However, it has not been mentioned that indications surrounding male masculinity may be an indicator that directly impacts seeking out support for mental health when needed (Moore & Willis, 2017). Males have reported feeling negatively impacted by their initial experiences with the screening process for weight loss surgery (Moore & Willis, 2017). Ongoing research is recommended to determine how the screening process can be improved by including social support, spouses, and extended family members in presurgical consultations (Moore & Willis, 2017).

Social supports are essential in influencing positive surgical outcomes for patients and a critical factor in determining the appropriateness of weight loss surgery during the presurgical assessment process, with which Authors Ogle et al. (2016) agreed. The authors conducted a research study with 13 women, and this study focused on the lived experiences of the women who have undergone weight loss surgery 36 months post-surgery. The increase of individuals seeking bariatric weight loss surgery has increased due to the rise of obesity, also crediting bariatric surgery as an effective and safe option for successful long-term weight loss (Ogle et al., 2016). Weight loss surgery requires significant lifestyle changes and maintenance to sustain weight loss (Ogle et al., 2016). The authors outlined potential barriers for successful outcomes consisting of (a) psychological and physiological challenges; (b) difficulty with maintaining exercise regimens; (c) social isolation; (e) sustaining interpersonal relationships; (d) concerns with

body image such as loose skin because of drastic weight loss. Social supports are credited for assisting the patient with developing positive self-esteem, promoting self-acceptance, creating higher levels of intimacy, emotional stability, physical health, and strong communication skills (Ogle et al., 2016). A common theme in the research conducted revealed overwhelmingly that the support from health care professionals such as doctors, nurses and psychologists were extraordinarily vital in positive surgical outcomes (Ogle et al., 2016).

Specific Treatment for Addiction Transfer

Ogle et al. (2016), suggested that the term addiction transfer is used as a reference to suggest that one who has undergone weight loss surgery and was once addicted to food may transfer their addiction to another form. Other forms of addiction can be substance abuse, shopping, gambling, or sex to supplement their addiction to food (Ogle et al., 2016). Evidence directly links addiction transfer to bariatric weight loss surgery is conflicting (Ogle et al., 2016). However, addiction transfer has been widely researched and cited as the phenomenon has been discussed among healthcare professionals and weight loss surgery recipients (Ogle et al., 2016). Ogle et al. (2016) reported that participants from the study shared their concerns about the possibility of replacing their addiction with food with fitness and or other obsessive-compulsive behavior.

The notion of addiction remains a difficult concept to define (Constant et al., 2020). According to the American Society of Addiction Medicine, addiction is defined as a treatable disease that involves brain circuits, environmental factors, genetics, and individual life experiences (2020). As stated by Constant et al. (2020), individuals who

become addicted to substances often engage in compulsive behaviors that typically have harmful and severe consequences. Highly palatable food can produce comparable behavioral symptoms of addiction which activate neural circuits in the brain the same as drug abuse, although it has been debated (Constant et al., 2020). The records of newly reported substance abusers after weight loss surgery averaged from 34.3% to 89.5% (Constant et al., 2020). According to the authors, up to 20% of patients who struggle with obesity are diagnosed with an alcohol use disorder following weight loss surgery. Identifying if food addiction and eating disorders exist before weight loss surgery can prevent the manifestation of addiction transfer and enhance surgical outcomes post weight loss surgery (Constant et al., 2020).

There has not been an identified psychological therapy identified for the management of food addiction (Constant et al., 2020). The authors suggested using a multidisciplinary approach to combine various approaches and intervention programming to assist patients with coping with life after weight loss surgery. A multidisciplinary treatment facility was developed by the authors for individuals who struggle with obesity where patients under bariatric care receive consultations with physicians and dieticians (Constant et al., 2020). The program includes motivational interviewing, consultations for physical fitness, nutrition education, and psychological consultations to discuss ways to overcome emotional challenges (Constant et al., 2020). Patients are required to participate in the program for an average of one year before being approved for weight loss surgery (Constant et al., 2020). The treatment center highlights the importance of an

empathic approach to weight loss and food addiction to support patients on their unique journeys (Constant et al., 2020).

Summary and Conclusions

In this chapter, I discussed how my literature search was conducted, which included the selected databases used and terms used within the search. In this chapter, I summarized the literature on addiction transfer and how it impacts individuals who have undergone weight loss surgery; the concepts were divided into related topics. The topics relevant to my study were thoroughly reviewed. I was able to locate several research studies conducted on weight loss surgery and alcohol abuse post weight loss surgery; however, research conducted on other forms of addiction transfer following weight loss surgery was limited. Bariatric specialists who focus on weight treatment such as surgery should be aware of the potential long-term consequences of weight loss surgery and the susceptibility of developing addiction transfer and other harmful outcomes for patients related to untreated psychological disorders. Bringing awareness to the possibility of addiction transfer following weight loss surgery increases successful surgical outcomes. It decreases the incidences of surgical patients developing other forms of addiction when overindulging in food to cope with emotional distress is no longer an option due to digestive restrictions from surgery. In addition to the many health complications that are associated with morbid obesity, there are significant levels of psychological stressors that come along with obesity, such as increased symptoms of depression, anxiety.

The literature reviewed proposed that patients are faced with filling the void of psychological distress that food often comforted, therefore resorting to managing their

emotions with excessive drinking and other substances. Patients are no longer able to comfort eat; patients have reported histories of trauma and the experience of traumatic loss and found significant comfort in palatable foods in large quantities until undergoing weight loss surgery. The theory of addiction transfer is a behavioral substitution, replacing one comfort or pleasurable behavior with another and, in some cases alternating between the two. Continuous research is required to develop interventions needed to help patients develop adaptive coping skills before and after weight loss surgery. Such behavioral interventions will be the driving force in reducing incidents of developing other addiction to substances. Including psychological evaluations within the assessment process to determine appropriateness for weight loss surgery is critical. Routine psychological assessments should be part of the post-surgical continuum of care. Without the appropriate level of care post-surgery patients may become susceptible to addiction because of unresolved psychological issues that may resurface.

Phenomenology is the study of consciousness and focuses on the direct experience of the individual. A descriptive phenomenological analytical approach is most compatible with my study. It is used to describe how individuals experience a particular phenomenon. Chapter 3 of my study will be a comprehensive review of my chosen research method, including the sample, data collection, complete analysis of common themes associated with recipients of bariatric weight loss surgery.

Chapter 3: Research Method

Introduction

The focus of this research was on the lived experiences of individuals who have undergone bariatric weight loss surgery and might have experienced addiction transfer as a result. I conducted a qualitative research study by incorporating the use of descriptive phenomenology. This study captured the lived experiences of 10 bariatric weight loss surgery recipients. Cross-addiction transfer following bariatric weight loss surgery is highly prevalent (Bak et al., 2016). Addiction transfer occurs when an individual substitutes emotional eating for another form of addictive behavior (Griauzde et al., 2018). The following research question guided this study: What are the lived experiences of postoperative weight loss surgery recipients who might have experienced addiction transfer after surgery?

This chapter will serve as an introduction to the research methodology I used for this qualitative research study. In this chapter, I discuss the relationship between weight loss surgery and transfer addiction. This approach to research will allow for an in-depth understanding of the experiences of weight loss surgery patients who have experienced transfer addiction. In this chapter, I discuss in detail the application of the descriptive phenomenology approach for this study. I also summarize the plan for this research study, including the methodology and procedure. I describe the participants, discuss the analysis of the data, and outline the ethical considerations for the study.

Research Design and Rationale

Phenomenology seeks to understand all that is experienced by a person's perception of their lived experience (Giorgi, 2012). Giorgi (2012) described meanings as not being spatial; therefore, meaning should not be considered an object. Giorgi also described memories and images as experiential phenomena—meaning the memories and images can only exist in the consciousness. According to Giorgi (2012), a greater sense of empirical analysis is required to interpret phenomena effectively; objects can exist autonomously of the conscious. Giorgi (2012) defined phenomenology as strengthening the possibilities and being vital in determining meanings. Objects do not have to exist physically to be awarded an experience; phenomenology provides the possibility for any entity to have an experience (Giorgi, 2012). Descriptive phenomenology was the best approach for my research project because it encompasses the descriptions of the participants' actual experiences.

In 2018, Giorgi noted that the use of descriptive phenomenology allows a researcher to integrate the data obtained and incorporate imaginative variations to determine the psychological impact of the experience described. Descriptive phenomenology is the task of describing the unique experiences of others without inserting presumptions; concrete descriptions are used to determine the true essence of the experience (Giorgi, 2018). The findings from phenomenology research must be described as is—no changes or additions are permitted (Giorgi, 2018). Husserl also cautioned researchers to accept what is being presented, stating that nothing should be added or detracted from what is presented (Giorgi, 2012).

To adapt the phenomenological lens, one must consider all from the perspective of the consciousness by looking at all objects from the perspective of the individual experience (Giorgi, 2012). According to Giorgi (2012), although the descriptions are derived from individual experiences; the analyses into eidetic data form the experience's consciousness. Descriptive analysis is defined as not attempting to go beyond what is presented (Giorgi, 2012). In this type of research, descriptive analysis focuses on attempting to understand the meaning of the description using only the data presented (Giorgi, 2018). A researcher conducting descriptive phenomenology does not focus on identifying speculative information; data derived from descriptive research are more undeveloped and do not attempt to go past what exists (Giorgi, 2018). Giorgi suggested that the study of phenomenology discovers the importance of intentionality and credits Husserl for developing and refining intentionality, which has become the foundation of phenomenological analyses.

Role of the Researcher

Throughout the research process for this study, I developed and maintained accurate research notes, consisting of transcripts, memos, procedures for data coding, and continuously reflecting on my role and responsibility as a researcher. I have not had any direct relationships with the participants that would create a direct conflict of interest, which would create bias in this study. I also included a demographic questionnaire to obtain pertinent demographic information pertaining to the participants.

I currently work as a clinician in psychiatric emergency services. I conduct interviews and assessments for psychiatric patients experiencing a wide range of

psychiatric conditions and addictions. I sought to discover how bariatric weight loss surgery can be linked to addiction transfer for weight loss surgery recipients through my research. By revealing a true association between the two incidences, I hope to educate specialists who work closely with bariatric patients on the importance of pre- and postsurgery mental health counseling for weight loss surgery candidates and patients.

Many of a researcher's roles are equally important, and my role in developing a positive rapport with the participants of this research study is essential. As the interviewer for this study, I conducted individual interviews and organized, coded, and analyzed the qualitative data obtained. I sought to address the existing gap in the current research.

As a doctoral student and clinician, I am aware of the evident power differential my role as the researcher places on study participants. I am aware of the impact the power differential plays in maintaining ethical boundaries. The participants in my study are in a position of vulnerability and must feel confident in my ability to uphold ethical guidelines. My role as the researcher was to create and maintain a safe space that encourages participants to feel confident and protected despite the study's inherent vulnerability.

Methodology

Qualitative research entails collecting and analyzing data that is not in numerical form (Astroth & Chung, 2018). This form of research is used to develop a better understanding of opinions, experiences, and concepts. Qualitative research is used to collect and gather a more in-depth understanding of an identified problem (Astroth & Chung, 2018). Qualitative research methods are used to examine the lived experiences of

others and to capture a look into their worldview (Astroth & Chung, 2018). This method of research has been found to be flexible and is geared to retain meaningful data that are rich (Astroth &Chung, 2018). A qualitative research approach was most appropriate for this study as the purpose of this research study was to explore the lived experiences of weight loss surgery patients who have experienced transfer addiction. The IRB approval Number for this study was: **04-25-22-0023617**. Descriptive phenomenology is a comprehensive approach to uncovering the experience of addiction transfer by discovering the thoughts of bariatric weight loss surgery patients post surgery.

Participants

I recruited participants for the study from referrals provided from mental health clinicians who work closely with individuals who have undergone bariatric weight loss surgery at hospitals where weight loss surgery is performed. The participants included a total of 10 adults, both men and women, who have undergone weight loss surgery. I recruited participants from professional contacts in my network, such as social workers, crisis counselors, psychiatrists, and medical professionals, affiliated with my work as a clinician. I posted flyers in professional gathering areas at my place of work such as conference rooms and other areas for professional development. I reached out to connect with potential resources on LinkedIn, CESNET and professional social media platforms as well. In addition, I recruited participants through snowball sampling, which entailed asking the individuals who agreed to participate to refer others who met the study criteria and would be willing to take part in the study (see Naderifar et al., 2017). I obtained informed consent from each of the participants prior to their participation in the study.

Data Collection

Interviews are the most used method for data collection in qualitative research (Jamshed, 2014). I used semistructured interviews to capture detailed responses from the participants and focused on the purpose of the research, which was to discuss the lived experiences of bariatric weight loss surgery recipients in relation to addiction. Research interviews offer a researcher the opportunity to obtain in-depth data that capture the true authenticity of participants' responses (Jamshed, 2014). Interviews allow participants to engage in self-expression and genuineness that can be weakened in other data collection methods (Jamshed, 2014).

Giorgi suggested that interview questions should refrain from being traditional; questions should be rich in language that captures rich descriptions of the participants experience (Englander, 2012). Englander (2012) credits Giorgi for identifying the criteria for phenomenological interviews. I used open-ended questions and additional prompts to encourage responses that are in-depth (see Jamshed, 2014). To increase trustworthiness, dependability, and credibility, I met with each of the participants separately to conduct the interviews via Zoom or by telephone, and interviews lasted 50–60 minutes. I recorded the interviews for transcription purposes, which helps ensure accuracy and effectiveness of the interview (see Jamshed, 2014). I conducted all interviews via Zoom or by telephone due to restrictions in place due to the COVID-19 pandemic.

Semistructured interviews are purposeful in gathering the participants' views, perceptions, and opinions; the interview is structured to encourage open dialogue between researcher and interviewee (Cridland et al., 2015). I used member checking to

ensure that all pertinent data were collected. Research interviews allow and support the use of follow-up questions, which enhance the depth of the data obtained (Gelling, 2015). According to Gelling, semistructured interviews assist with guiding a researcher in developing research questions. Researchers are urged to develop research questions that will create the most dialogue surrounding the topic of discussion and adhere to the research design guidelines used for the study (see Gelling, 2015).

I provided all participants with information about potential threats and benefits of their research participation. Each participant was required to provide written consent for participating in the research study. Each participant was given a pseudonym to protect their confidentiality, and those names were used when I analyzed the data. I am the only person who knows the identities of the research participants.

Procedures

In this study, I highlighted the essential elements in the lived experience of post bariatric weight loss surgery patients who have experienced addiction transfer following weight loss surgery. In this study, I illuminated how the participants' lived experiences can bring about awareness of the phenomenon of addiction transfer experienced by those who have undergone bariatric weight loss surgery. A researcher's role is to attain tangible descriptions of the experiences from those who have encountered and lived through the situation; the data are analyzed with sensitivity to the phenomenon being explored (Giorgi, 2012).

Data Analysis

I incorporated the use of the descriptive phenomenological psychological method for analysis. Bridges and Shelton (2019) discussed Giorgi's (2009) five stages of the descriptive phenomenological method for data analysis. In Stage 1, I conducted descriptive phenomenological analysis to review the entire manuscript. In Stage 2, I assumed the attitude of phenomenological psychological reduction considered to be the most difficult concept to comprehend. In Stage 3, I reduced the transcript into smaller meaningful units. In Stage 4, I identified the meaning units that were transformed into phenomenologically psychologically informed descriptions. Finally, in Stage 5, I organized the results to provide an accurate demonstration of the experiences described.

Giorgi (2018) noted it is essential for researchers to remain aware of their position and potential biases related to the phenomenon in question and data derived from a study. Giorgi recommended suspending judgment to thoroughly describe the participants' experiences. A researcher must include a bracketing method to acknowledge awareness of personal biases related to the topic to focus on the data analysis purely (Giorgi, 2018). I thoroughly examined any discrepancies in the information obtained to ensure the data collected are trustworthy; this process is essential in identifying potential bias (see Amankwaa, 2016). Discovering accuracy through the measures of reliability and validity is substituted by trustworthiness, which is confidence in the study (Amankwaa, 2016).

According to Giorgi (2002), the goal of phenomenology is not to try to remove subjectivity but rather to gain perspective based on subjectivity. When correct data and knowledge are obtained, the everyday experience is valid (Giorgi, 2002). The purpose of

phenomenology is to understand the experiences about which the data are obtained (Giorgi, 2002). All knowledge is based on perception and heavily relies on lived experiences; knowledge gained must be of the experience itself to be valid (Giorgi, 2002).

Sampling Plan

The participants who took part in the study were post-operative weight loss surgery patients. I connected with other counseling professionals via LinkedIn, CESNET and other social media platforms for counseling professionals to inquire about their willingness to refer potential research participants to me. The participants have undergone weight loss surgery within the past 10 years and believe in having experienced transfer addiction due to weight loss surgery. I recruited 10 participants and ceased recruitment when data saturation was met. I recruited participants using a recruitment flyer, and other counseling professionals were asked to give the flyers to individuals who might have qualified to participate in my study.

In alignment with a phenomenological research study, I incorporated snowball sampling methods for this research study. Snowball sampling, a non probability sampling method, is used in research to identify prospective subjects in research studies where finding subjects may be difficult to locate (Valerio et al., 2016). The authors suggested that this approach to research sampling is often considered a chain referral process. According to the authors, once the initial participant is located; the researcher asks the subject for assistance in finding other individuals with similar interests in the study and then invites others to participate in the research study.

Issues of Trustworthiness

Validity and reliability both fall into the category of trustworthiness, more geared towards quantitative research studies (Amankwaa, 2016). Reliability in research works to establish trustworthiness (Amankwaa, 2016). To ensure the trustworthiness of the study, I incorporated the use of an audit trail that consisted of the notes taken during the interviews and outlines the steps of the data inquiry, which provides a justification for the steps taken throughout the study (Amankwaa, 2016). Audit trails help to ensure that the findings of the study are depicted by the researcher accurately (Amankwaa, 2016). Amankwaa also discussed dependability which relies on consistency, best explained as the ability to be simulated by another researcher, and the results would be consistent. For ensuring dependability, this research study will include an internal audit by my committee members to review the data obtained to determine consistency and to ensure that the results can be replicated (Amankwaa, 2016).

Credibility

According to Amankwaa (2016), credibility in research pertains to confidence in the researcher's ability to report their findings accurately. The author defined triangulation as typically being used in qualitative research studies to ensure that the findings of the study are dependable, triangulation will be used in this study. Data triangulation was used in this study by obtaining data from the participants who might have shared in the same phenomenon of addiction transfer following weight loss surgery. Data triangulation consists of obtaining data from different participants. According to Langalibalele et al. (2014), triangulation could also refer to obtaining information from

various informants of the same phenomenon. Triangulation involves using different sources by conducting in-depth interviews to gain insights into the lived experience of the participants (Langalibalele et al., 2014). Identifying common themes will ensure that the outcome of the phenomenon is likely to be true (Langalibalele et al., 2014).

Transferability

Amankwaa (2016) noted that transferability in qualitative research is defined by how the research findings are relevant and or like other groups of people and or other phenomena in question. I incorporated the use of thick descriptions, which will provide the reader with thorough descriptions and analysis of the observations of the researcher. Further, Amankwaa (2016) explained that developing thick descriptions entails taking comprehensive notations that describe the interpretations of the researcher in detail.

Dependability

Golafshani (2015) compared dependability in qualitative research to reliability in quantitative research. Dependability serves as an audit of inquiry, ensuring that the data collected can be trusted and verifies the consistency of the research (Golafshani, 2015). An inquiry audit can be established within qualitative research to ensure that the data analysis and findings are constant and replicated (Golafshani, 2015).

Confirmability

Confirmability relates to the researcher's ability to remain neutral throughout the study, not allowing their personal biases or beliefs to interfere with the interpretation of the findings (Amankwaa, 2016). The author also noted that confirmability is vital in

ensuring that the researcher does not hinder the results of the research in any way to prove or disprove results to align with any narrative.

Ethical Considerations

Adhering to ethical considerations when conducting qualitative research is essential in maintaining appropriate boundaries as the relationship between the researcher and the participants in the study can create challenges (Sanjari et al., 2014). The authors suggested that developing and formalizing concrete ethical guidelines before the initiation of interacting with research participants is critical in avoiding ethical dilemmas. To ensure ethical guidelines are upheld in this research study, all research plans were reviewed by the Institutional Review Board (IRB) at Walden University. I safeguarded the privacy and confidentiality of all participants and ensured that all information was protected. I adhered to the procedures and methods outlined to ensure the research study's trustworthiness. Participants were provided with pseudo names for identifying purposes. Only I have access to the names and identifying information of the participants. Research data and other pertinent information about the study were be kept in a locked file cabinet and only I have access to the secure cabinet. All data will be properly erased and destroyed after the research study is concluded. Informed consent was established with the identified participants before the interview process. Participants were provided with a written informed consent of the potential risk and benefits of participating in the study. Participants were provided with written procedures as well if they wished to withdraw from participating in the study.

Summary

Bariatric weight loss surgery is recognized as the leading treatment option for obesity (Bak et al., 2016). As stated by Bak et al. (2016), regardless of the success of bariatric weight loss surgery, studies have demonstrated that recognizing the psychological factors that lead to overeating has been neglected. The authors suggested that cross-addiction following rapid weight loss has been an indication of addiction transfer. Currently there are no valid screening tools that can adequately assess the potential of addiction transfer. Bak et al. (2016) also noted that post-bariatric weight loss patients could benefit from being thoroughly assessed for maladaptive behaviors before surgery and post-surgery. According to Bak et al. (2016) current research has shown that although weight loss surgery has been a resolution for many as it pertains to obesity, screening for psychological factors that led to overeating is lacking. The authors also proposed that addiction often serves as a function for mood alteration; when one attempts to eliminate one behavior, another maladaptive behavior is often formed. I believe that further exploring the lived experiences of post-bariatric weight loss surgery recipients can uncover maladaptive behaviors that lead to addiction transfer such as sex addiction, gambling, substance abuse, shopping addiction, and other forms of addictive behavior. An outcome for this study that would be ideal would be to identify the potential causes of transfer addiction for weight loss surgery recipients and recognize the importance of requiring pre and post mental health counseling for individuals considering weight loss surgery.

Chapter 4: Results

Introduction

The purpose of this qualitative phenomenological study was to describe the lived experiences of individuals who have undergone bariatric weight loss surgery and might have experienced addiction transfer after the surgery. I employed a descriptive phenomenological approach to capture the lived experiences of 10 bariatric weight loss surgery recipients. Rich descriptions of their experiences were used to increase awareness of the problem with the intention of decreasing the effects of addiction transfer for postoperative weight loss surgery patients.

Setting

The participants of the study chose the specific day and time of their interview. Each participant was given the opportunity to have the interview conducted via Zoom or by phone. Each of the participants chose a private location for the interview, such as their homes, in rooms with locked doors to ensure privacy. Each participant was emailed a reminder of the phone interview or a Zoom link to enter the secure meeting room. Each of the interviews occurred on time with minimal interruptions. I conducted eight telephone interviews and two Zoom conference call interviews. I was able to collect the required data without disruption or unforeseen complications.

Demographics

Demographic information was collected for informational purposes. Participants were asked about their age, marital status, gender, employment status, highest level of education, ethnicity, race, current living situation, the year weight loss surgery was

performed, type of weight loss surgery, other weight loss surgeries prior to this surgery, counseling received prior to having weight loss surgery, and presurgical and postsurgical counseling. To maintain anonymity, each participate was provided with a pseudonym to protect their privacy. Four participants identified as African American, five identified as Caucasian, and one participant identified as Hispanic. Participants ranged in age from 28–53 years. I have included a reference table that outlines the demographic data (see Table 1).

Table 1

Demographic Data of the Participants

Participants	Maye	Vanessa	Dianna	Patricia	Cassie	Natasha	Scott	Christina	Shauna	Sally
Age	49	30	30	53	39	32	29	53	28	40
Marital status	Separated	Married	Married	Married	Married	Married	Single	Married	Single	Married
Gender	Female	Female	Female	Female	Female	Female	Male	Female	Female	Female
Employment status	Student	Employed	Employed	Employed	Employed	Employed	Employed	Employed	Employed	Employed
Highest level of education	Some college	Bachelor's degree	Master's degree	Some college	Bachelor's degree	Bachelor's degree	Some college	High school	Associate degree	Master's degree
Ethnicity	Non-Hispanic	Non-Hispanic	Hispanic	Non-Hispanic	Non-Hispanic	Non-Hispanic	Non-Hispanic	Non-Hispanic	Non-Hispanic	Non-Hispanic
Race	African American	African American	White	White	White	African American	White	African American	White	White
Current living situation	Resides with children	Resides with spouse, children, family	Resides with spouse, children	Resides with spouse, children	Resides with spouse, children	Resides with spouse, children	Resides with children	Resides with spouse, children	Resides with children	Resides with partner
Surgery year	2018	2017	2018	2018	2021	2017	2021	2016	2021	2013
Surgery type	Gastric Sleeve	Gastric Bypass	Gastric Sleeve	Gastric Sleeve	Gastric Sleeve	Gastric Sleeve	Gastric Bypass	Gastric Sleeve	Gastric Bypass	Gastric Sleeve
Prior weight loss surgery	No	No	No	No	No	No	No	No	No	No
Counseling prior to surgery	No	Yes	Yes	No	No	Yes	Yes	No	No	Yes
Pre-surgical counseling requirement	No	No	Yes	No	No	Yes	No	No	Yes	Yes
Counseling after surgery	No	Yes	No	No	Yes	Yes	Yes	No	No	Yes
Postsurgical counseling requirement	No	No	No		No	No	No	No	No	No

Data Collection

Ten individuals participated in this study. I conducted two Zoom interviews virtually face to face and eight interviews by telephone. The participants chose to attend the interviews in their homes. The interviews ranged from 50 to 60 minutes. Data were collected over a 4-week period. Interviews were recorded on my password-protected iPad. I transcribed all 10 interviews to ensure confidentiality and anonymity.

Data Analysis

I followed Giorgi's (2009) five stages of the descriptive phenomenological method, which outlines the process of data analysis: Step 1 consisted of conducting descriptive phenomenological analysis to review the entire manuscript. Step 2 consisted of assuming the attitude of phenomenological psychological reduction considered to be the most difficult concept to comprehend. Step 3 entailed reducing the transcript into smaller meaningful units. Step 4 consisted of identifying the meaning units, which are transformed into phenomenologically psychologically informed descriptions. Step 5 comprised of organizing the results to provide an accurate demonstration of the experience described.

For this study, I reduced the transcripts into smaller meaningful units and was able to extract five themes and eight subthemes. The five themes were (a) the mental effects of weight loss surgery, (b) altered relationship with food, (c) from overeating to overindulging in another addictive behavior, (d) faster rates of alcohol intoxication, and (e) counseling should be a prerequisite for surgery. The eight subthemes were (a) coping

with emotions surrounding food presurgery, (b) psychological connections to food, (c) challenging to cope with emotions after weight loss surgery, (d) challenges coping with weight regain after weight loss surgery, (e) challenges with social engagement after weight loss surgery, (f) counseling needed after weight loss surgery, (g) benefited from attending a weight loss surgery support group, and (h) counseling was not a requirement for surgery.

Table 2
Major Themes and Subthemes

Participant	Identified theme(s)	
Maye	(1) (2) (3) (4) (5)(a) (b) (c) (d) (e) (f) (g)	
Vanessa	(1) (2) (3) (5) (a)(b) (f) (g)	
Dianna	(1) (2) (4) (5) (a) (b) (c) (d) (e) (g) (h)	
Patricia	(1) (2) (3) (5) (a) (d) (e) (h)	
Cassie	(1)(2) (3)(4) (5) (a) (b) (c) (e)	
Natasha	(1) (2) (3) (5) (f) (h) (L)	
Scott	(1) (2) (3) (5) (a) (b) (g) (h)(L)	
Christina	(2) (4) (5) (a) (d) (e) (g) (k)	
Shauna	(1) (2) (3) (4) (5) (a) (b) (c) (e) (f) (g) (h) (L)	
Sally	(1) (4) (5) (a) (b) (c) (d) (e) (g) (k)	
Theme	Identifier	Subtheme identifier
The mental effects of weight loss surgery	(1)	(a) Coping with emotions surrounding food pre-surgery; (b) Psychological connections to food; (c) Found it challenging to cope with emotions after having weight loss surgery; (d) Experienced challenges with coping with weight regain after having weight loss surgery.
Altered relationship with food	(2)	(e) Experienced challenges with social engagement after having weight loss surgery.
From overeating to overindulging in another addictive behavior	(3)	No subtheme(s)
Faster rates of alcohol intoxication	(4)	No subtheme(s)
Counseling a prerequisite for surgery	(5)	(f) Counseling was needed after having weight loss surgery; (g) Benefited from attending a weight loss surgery support group; (h) Counseling was not a requirement for surgery

Evidence of Trustworthiness

To ensure the trustworthiness of this study, I incorporated the use of an audit trail that consisted of memos and outlines of the data inquiry steps, which provides a justification for the steps taken throughout the study (see Amankwaa, 2016). For this study I achieved credibility, dependability, confirmability, and transferability to ensure consistency and validity.

Credibility

For this research study, I recognized the complexities involved in qualitative research studies; therefore, I used semistructured interviews to demonstrate consistency among the interviews with the study participants. By using descriptive phenomenology, a credible research design, and following the work and specific stages of analysis of the research expert Giorgi, I established credibility. According to Amankwaa (2016), credibility in research pertains to confidence in the researcher's ability to report their findings accurately. The use of memos was more appropriate for this study than triangulation as this study did not involve using sources other than the participants.

Transferability

Amankwaa (2016) noted that transferability in qualitative research is defined by how the research findings are relevant or like other groups of people or other phenomena in question. I incorporated the use of thick descriptions, which provide the reader with thorough descriptions and analysis of the observations of the researcher.

Dependability

The data collected in this study are consistent with the theory presented, and the data collected validate my research question. Alternative research designs were considered for this study; however, the research design used for this study was best suited for the results. I was able to collect data from participants who openly shared their experiences after weight loss surgery. By following a known research expert's method for data collection, I uncovered the connection between weight loss surgery and addiction and identified the importance of pre and post counseling for bariatric surgery candidates and recipients.

To ensure dependability, I included an internal audit by my committee members to review the data obtained to determine consistency and to ensure the results could be replicated. Golafshani (2015) compared dependability in qualitative research to reliability in quantitative research. Dependability serves as an audit of inquiry, ensuring the data collected can be trusted, and verifies the consistency of the research (Golafshani, 2015). An inquiry audit can be established within qualitative research to ensure the data analysis and findings are constant and replicated (Golafshani, 2015). For this study, I maintained detailed memos while the research was being conducted and after to ensure dependability.

Confirmability

Confirmability relates to a researcher's ability to remain neutral throughout a study and to not allow their personal biases or beliefs to interfere with the interpretation of the findings. Amankwaa (2016) also noted that confirmability is vital in ensuring that a

researcher does not hinder the results of the research in any way to prove or disprove results to align with any narrative. Rich and thick data were collected to ensure the voices were an accurate representation of the participants.

For this study, I confirmed the data collected, and I engaged in member checking and summarized the responses to questions with the participants to validate the answers provided. I was able to reflect on the data collection process in this study by acknowledging my experiences working with bariatric patients and my beliefs on how essential counseling can be during weight loss surgery. I used reflexivity to determine how those experiences would impact how the results are interpreted from the data collected. The goal of being reflective is to be aware of my potential biases; for this study, I maintained a reflexive journal to retain thoughts on how I made meaning of the data collected.

Results

Theme 1: Mental Effects of Weight Loss Surgery

All except for one participant reported experiencing the mental effects from weight loss surgery. The participants shared their experiences of the mental impact of weight loss surgery on their lives. The participants who did acknowledge experiencing a difference in their ability to cope mentally with the challenges faced after having weight loss surgery reported being unprepared for the obstacles encountered, which included a decline in their mental health. Castaneda et al. (2019) suggested that many aspects of a bariatric patient's ability to function improve following weight loss surgery. However, a significant portion of patients reported experiencing an increase in depressive symptoms

over a 24-month period after having weight loss surgery (Castaneda et al., 2019). Castaneda et al. suggested that the individuals impacted by the rise in alcohol and substance abuse were estimated to be one third of patients undergoing weight loss surgery.

In this study, Dianna stated, “I am eating more even after the surgery. I am trying to mentally work on getting back on track.” Cassie stated, “Having that surgery kind of added more stressors than I normally would have had in life, and I am still struggling with how to cope with depression and anxiety.” Scott shared the importance of being aware of the necessary changes required: “People think that the surgery is this magic wand that you wave, and you lose all of this weight, and it is not because you do have to make those lifestyle changes and those mental changes.” Interviews with other participants revealed that support from those closest to them was essential throughout their recovery process. Although many changes take place within the body that can have an impact on one’s mental state, Christina shared in her interview that she did not experience any mental strains and would not change anything about her experience.

Subtheme 1: Coping With Emotions Surrounding Food Presurgery

All participants, except one, reported using food to cope with their emotions before having weight loss surgery. The participants who acknowledged experiencing challenges with coping with their emotions before having weight loss surgery expressed finding it difficult to self-regulate without using food as a sense of comfort. The participants admitted to not having adequate coping skills to navigate life’s challenges. Relied heavily on food to cope. According to Ford and Jeon (2017), positive and negative

experiences can be part of the daily experience; to cope with the stressors faced, one must be able to navigate through those challenges using the coping skills developed over time. The authors studied individuals who have undergone weight loss surgery and suggested that most individuals who receive surgical intervention for weight loss lack the ability to care for their emotional needs; therefore, emotional eating is developed. The authors have identified obesity as a significant risk factor; anyone considering weight loss surgery should be encouraged to learn and develop coping strategies for long-term positive surgical outcomes.

Sally shared: “I think snacking was a way I used to look for comfort, in times of depression”. Shauna also stated:

> I was definitely an emotional eater, a bored eater, someone who if I wanted to feel better about the day would use that as an excuse to go through a drive thru and make unhealthy choices because it would affect my mood.

According to Scott, food has always been a comfort for him he stated: food was always there, food was always non-judgmental”. Scott also shared that he allowed food to be his comfort as well as his happiness. Cassie shared about her experiences with food and the part it played as a barrier for emotional dysregulation:

> I struggled with my emotions because food has always been my emotional release, it always made me feel good, from when I was depressed, when I was upset, when I was lonely, when I was sad, I would always eat.

Patricia also shared that she coped with food and alcohol, also stating that before having weight loss surgery she did not like herself. Dianna stated in her interview that she

relied on food as an emotional crutch even as a child, she went on to state: “always went to food for comfort, I was an only child so I always was home alone a lot when I was younger so I would just eat”. Vanessa shared: “in the past I think I was doing what you call emotionally eating, whenever I would get stressed”. Maye discussed her relationship with food and how she relied on food for emotional support as well, she stated:

> “Food was my coping mechanism so that was the way I coped when I was upset, I ate, when I was happy, I ate so you know now that it is gone, I had to learn to cope without it”.

Christina also shared that she would turn to food, reports that she ate her feelings “I would turn to food because it was there”. Natasha shared that she began seeing a psychologist prior to weight loss surgery, she reports using the tools learned in therapy as a way to cope with her emotions.

Subtheme 2: Psychological Connections to Food

Most of the participants described their psychological connection with food and some of the challenges each of them encountered with food following weight loss surgery. Some participants shared struggling with not being able to disconnect psychologically from food, as food played a significant role in their lives. Participants discussed feeling stuck and needing to psychologically separate themselves from food and find other things to connect with rather than overindulging in eating. Jumbe et al. (2017) stated in their study regarding the psychological aspects of bariatric surgery that the development of morbid obesity is significantly correlated with psychological complexity. The authors suggested that to tackle the health crisis of obesity, uncovering

the psychological components that impede one's ability to self-regulate their emotions is necessary. Sally shared:

> I think when I had the surgery, I felt in some way I was being deprived from some of the things that I enjoyed but I could eat in just small amounts, but I still think I leaned on food I think emotionally.

Shauna reported:

> "There are some foods, a few foods that don't agree with my body and my stomach and I find myself kind of wanting to go to them and I have to kind of reflect why do I want this if I know I am going to get sick".

Scott shared his thoughts about psychological dependency to food: "You don't go to bed a normal size human being and wake up and say I am the size of three people", "It was such a sick and vicious cycle and obsession with food". Scott also shared: it was almost like grieving a loss when you lose somebody".

Cassie reported that: when she becomes upset, she would like to still go out and buy a bag a chips describing them as being her weakness. Vanessa also shared: "I would tend to eat more when I had these negative emotions like I would eat more to avoid". Maye shared her thoughts on having a psychological connection with food and challenges related to that after having weight loss surgery: "you have a psychological separation from food I mean it is hard". "The psychological aspects afterwards were difficult", "you have to mentally separate yourself from food and that is not easy". Maye compared the psychological challenge to being addicted to food:

> "Being addicted to food is hard because you have to eat to live, therefore, to break that addiction it is even harder, you know what I mean, now you have to eat, eating when you want to eat is difficult".

Dianna shared in her interview that: eating was a way to cope with being bullied as a child, found herself eating when sad which in turn became a habit. It was revealed in the interview with Vanessa that she would eat when she was sad, depressed, or isolated.

Subtheme 3: Challenging to Cope With Emotions After Weight Loss Surgery

Part of the group of participants reported in their interviews finding it challenging to cope with their emotions following weight loss surgery. Half of the 10 participants acknowledged struggling with their emotions after having weight loss surgery. The participants described their experiences as triggering and lacking the skills to cope with their dysregulated moods. When food was unable to provide support, the participants reported that the challenges faced before surgery magnified, resulting in them searching for other ways to cope with their emotions. Jumbe et al. (2017) reported in their study regarding the psychological aspects of bariatric surgery that although finding comfort in food relieves psychological distress temporarily, the impact of gaining weight as a result is viewed as creating stress and a perpetual cycle of dysregulation. Dianna shared in her interview: "I think I was triggered, I kind of went back to the food to cope with the emotional stuff". Dianna discussed that she would cope with food when she was anxious, stating that: "when I feel anxious, I'm like I want to eat because I know it will help me feel better and take my mind off of things". Dianna reported that she knows how to eat better however she chooses not to, "I choose to not because it feels good or makes me

feel better, kind of the will power, so no self-control". Cassie shared her thoughts regarding coping after weight loss surgery by adding: "you can't eat so you kind of have to figure out how you are going to survive", also sharing that she continues to eat somethings she shouldn't to cope reporting that coping with her emotions became challenging after having weight loss surgery. "I think the reality hits you and you start to have you know that coping mechanism is gone". Cassie also stated that addiction transfer is a likely result of not developing healthy coping skills after having weight loss surgery. She shared:

> You have to figure out what, and you have to transfer that onto something, there is a reason I think it is very rare that people eat this much so there has to be mental reason you are using it to cope…. You should try and fix the problem you are coping for.

Shauna reported that after weight loss surgery the challenges she experienced prior to surgery became more challenging. Sally's experience with coping with her emotions after surgery were also described as challenging, she reported: "Since weight loss surgery I have gone through different bouts of depression and have done lots of therapy I think learning to communicate well with friends and family when you need help has been helpful".

Natasha however discussed working through her challenges and described her strategies for coping "I have learned that I need to take every day at a time, be systematic, do meditation".

In her interview, Christina also discussed her methods for coping: “just talking to my doctors and seeing them every time I had an appointment or my children pushing me and prayer of course”. Christina reported that her family played an instrumental role in her recovering from weight loss surgery: “because of my kids pushing me and my family being behind me it is definitely more reason why I didn’t give up and to go into my inward depression”. Patricia additionally discussed in her interview that she keeps busy working on projects as a way of coping, “I keep myself very busy by doing that, and I just don’t focus on the food”. Scott shared:

> If you are not making the mental changes and you are not making the lifestyle changes it is just a matter of time before you are going to start slowly eat and your body is going to push through it, and you are going to push your stomach out and gaining weight again.

Scott also shared that going to counseling played a critical role in his ability to cope with his emotions after having weight loss surgery.

Subtheme 4: Challenges With Regaining Weight Post Weight Loss Surgery

Half of the participants reported challenges with regaining weight after weight loss surgery. The participants discussed their experiences with weight regain after having weight loss surgery and reported feeling embarrassed and fearful of facing criticism. Some participants shared gaining weight after surgery due to poor coping skills to manage their emotions. Instead, engaged in emotional eating. As stated by Jumbe et al. (2017), once an individual begins to regain weight after having weight loss surgery, the sense of having a diminished sense of self-worth begins to resurface, described as a cycle

of discontent. Sally shared in her interviewed that she began regaining weight a few years later “I started to gain a little weight maybe 20lb, then I gained a little more”. Sally also shared: “I became depressed, and I started eating more again”. Christina shared in her interview that she began to regain weight after having weight loss surgery, she reported: “after the surgery I gained two or three pounds here and then the pounds really started to add up”. She also shared: “Sometimes it is definitely a mental thing and I try to stay positive all the time so that I didn’t get stuck in those slumps, I didn’t get stuck in those moments of wanting to give up”.

Patricia reported in her interview that she gained 20lbs after having weight loss surgery, reports that she is back to eating junk food, “I can eat cookies and cake and stuff like that all day long and never be full”. Dianna shared that she lost 100lbs due to having weight loss surgery, however after Covid she gained back 60lbs, “I would see people who regained, and I would be like that would never be me and it kind of ends up being you”. Maye described challenges with regaining weight following weight loss surgery, she stated: “the most challenging thing is that during Covid I gained back like 40-50lbs it’s hard”.

Theme 2: Altered Relationship with Food

All the participants, apart from one, reported that their relationship with food has ultimately changed since having weight loss surgery. Most participants shared no longer seeing food the way it was viewed before having weight loss surgery. Participants reported that they were forced to view food differently, for most food is to sustain life, not for enjoyment; some said that they no longer find pleasure in eating. Ford and Jeon

(2017) reported in their study that building a relationship with food is part of everyday life. However, overindulging in overeating is destructive and leads to diseases related to obesity. Mcfadden (2010) suggested that when one attempts to end their dysfunctional relationship with food, it can evolve into an addiction transfer. According to Maye, her relationship with food has improved however it is not where she would like for it to be, reports that she has begun incorporating more protein into her diet reporting that she had to restrict eating fruits and vegetables which she misses due to challenges with digestion. Vanessa shared: “I am not inclined to eat more food, my attention has really changed to something else, I can even go a day without eating”. Dianna and Christina have discussed: how preparing meals have changed regarding portion control. Patricia shared: that since having weight loss surgery she eats food to survive not because she enjoys eating. Cassie described her taste for food as changing: “I have different taste; I prefer chicken which is weird, and I never really liked chicken”. Natasha stated: that prior to surgery she did not have a proper plan for nutrition, “basically, I could eat almost everything and in portions that were not good”. According to Scott:

> The surgery and the rapid weight loss has this chemical reaction in your brain, and it affects you, everything, your emotions are different, you are physically different but even just like the restrictiveness with the foods you may be loved you look at so different, it changes your relationship with food completely.

Scott also shared: “I went from loving food to hating every food and being like I don’t even need it”. Shauna reported in her interview: that she is now able to view her relationship with food a bit more objectively since having weight loss surgery. When

asked about her relationship with food Sally shared in her interview that she is unsure if the relationship she has with food has changed: “I still am a person who seeks comfort in eating during times of stress”. Sally reported that the relationship she has with food has always been a difficult one, adding that she has struggled with her weight her entire life.

Subtheme 1: Challenges With Social Engagement Following Weight Loss Surgery

Seven participants shared their experiences with social engagement after having weight loss surgery; many discussed how eating out at restaurants became unappealing as they could no longer tolerate eating food as they once could. Most of the participants discussed their challenges with social gatherings and described how holidays and family gatherings had become a sense of great contention. Several participants described experiencing anxiety during social engagement as they can no longer indulge in food the way they once could, and their new way of eating has not been supported by those closest to them. Lier et al. (2015) suggested that bariatric surgery recipients often experience physical discomfort after weight loss surgery, which impedes their ability to engage in social functions when food is the focal point. The authors also suggested that social isolation can be the catalyst for avoiding social gatherings as deterrence for overeating.

Sally reported that socializing with friends and family became complicated following weight loss surgery; she reported: “Socially especially with family, especially initially there were a lot of comments about my eating from people, can you eat that? Are you allowed to eat that? Thought you weren’t allowed to eat that?”.

Sally reported experiencing a great deal of judgement, she went on to share: “I think when it came to eating out at a restaurant especially initially…. It’s kind of wasteful

also to eat out". Shauna shared in her interview: "We don't go out to eat anymore, that is something we used to do pretty frequently". Shauna also said "I feel like I don't have much of a relationship with food at all, it's not a highlight of my day like I said I don't go out to eat as much if at all…. food went from being a focal point to now it's just something that is necessary".

Christina discussed some interactions she shared with family and friends, she stated: "I would have a lot of family members and friends would say I wish you were the same person who could eat". Christina also reported that she has acknowledged that having weight loss surgery was a choice, and she could not worry about the views and opinions of others. Cassie discussed her experience with social gatherings at work, reporting that it became challenging to engage with friends when food was involved. Cassie reported: "having those kinds of events make me sad because I want to eat a lot and I want to enjoy it, but I can't". Cassie also discussed challenges at home with her husband as he often demonstrated how much he cared for her by cooking her a meal, she stated: "if he can't give me food, what can he give me". Cassie also shared about her experiences with going out to restaurants, she reported: "I usually warn the waitress beforehand because if I don't, she will keep bugging me and asking me if everything is ok". Cassie further discussed her feelings about social engagement after having weight loss surgery, she compared having weight loss surgery to being an alcoholic; she went on to say: "It is just sad for me because I felt it's like being an alcoholic, I think you're out with friends and they are social drinking, and you feel like you have to social drink to be part of it".

Patricia stated in her interview that she no longer enjoys going out to restaurants to eat, she reported:

> We went out to eat maybe 3-4 times per week if not more…. Since I had the surgery, I no longer go out to eat I don't have the desire to go out to eat it is not fun for me, it is just not fun.

Patricia also shared that she does not get to see her friends as much anymore as she avoids going out to restaurants to socialize, she stated in her interview: "I would kind of get depressed and say I don't know what to do, I don't know what to do with myself because this all I know, this all I know how to do", when referencing to socializing with friends and family with food. Dianna also shared how socializing has become challenging for her, she reported that spending time with friends and family often took place with the focus of food. Diana reported:

> I would be like oh it's the summer, in the summer you have to eat barbeque and drink a lot, and now it's the holidays it's the holidays its thanksgiving…. always find a reason to do what I wanted to do.

Maye also shared some of her experiences as it pertains to socializing with others since having weight loss surgery. Maye reported that she has found it extremely difficult to eat in public since her surgery as she often gets sick immediately after. Maye also shared finding it difficult watching others around her engage in eating in her presence, she reported often feeling isolated from social engagement that took place at restaurants because she was only to take a few bites of her meal before feeling full. Maye also discussed the challenges she has encountered when preparing meals for her family, she

shared: “after you are done cooking and tasting the food you are full, like when your family sits down to enjoy a meal you can’t sit and enjoy it with them”.

Theme 3: From Overeating to Overindulging in Another Addictive Behavior

Most of the participants, seven out of the 10, shared their experiences with addiction transfer following weight loss surgery. Majority of the participants agreed that they began engaging in other forms of addictive behavior to cope with their emotions and to remain occupied. Most participants reported that replacing food with another behavior was how they filled the void food once held. Bak and Darling (2016) discussed in their study, which focused on the potential for cross-addiction in post-bariatric surgery patients, that patients often exchange one addictive behavior for another. The authors described those behaviors as alcohol use, excessive shopping, gambling, excessive exercise, and binge eating. Maye spoke about the challenges she experienced with addiction transfer “there was a period that I did turn to alcohol for a period of 3 months, I turned that food addiction into an alcohol addiction”. Maye reported overindulging in alcohol use from Friday through Sunday. Vanessa discussed her experiences with overindulging in shopping and going out to clubs, she reported: “I don’t do a lot of eating but now I have transfer addiction of something else and mostly parties and anything to do with shopping, so it affects me financially”. Patricia described her experience with addiction transfer as overly engaging in projects at home that she does not complete. Patricia reported: “I am constantly looking for something to do, I put too much on my plate all the time, I don’t finish anything and then I get upset with myself”. Cassie shared that she began overindulging in alcohol use after weight loss surgery, reported that for a

month and a half to counteract the emotions she was experiencing she began drinking alcohol particularly at night to help with sleep. Cassie reported:

> I would drink a couple of times a day and I would feel better, I would sleep better. It wasn't helping my weight loss or really solving, or helping me cope, you know it was just kind of getting me through.

Natasha shared that she became addicted to coffee and smoking cigarettes, she reported: "I feel like I am addicted to coffee and smoking… I think it was a way of coping". Natasha also shared that she spends more time socializing with friends than she did in the past.

Scott also shared his experience, when asked if he might have experienced addiction transfer because of having weight loss surgery, he responded by saying: "If I had an addiction transfer it would be probably physical activity in general like exercise". He stated that he often finds himself looking to engage in physical activity which he described to be in excess, he reported: "I became addicted to exercise and the results". Scott reported: "once I got the surgery, I got in my mind this insatiable desire that every time I got on the scale it is going to be less, it has to be less, it cannot be more". Scott described weighing himself sometimes 2-3 times in a day, he stated that he later realized how unrealistic his behavior became. Scott reported in his interview: "I think that when you say I have an addiction it really was a very unhealthy desire to just completely stay focused on the scale and obsess over the scale and the number and the weight loss".

Shauna discussed her experience with addiction transfer, she reported that after having weight loss surgery she also found herself drinking more alcohol than she did in

the past. Shauna reported: “afterwards I found myself drinking a little bit more because it was easier to feel good… I used that emotionally in food’s place a little bit”. She shared that she went from rarely drinking to drinking alcohol a few times a week, she stated: “now it is like we can go have a drink instead of having dinner”. Sally mentioned in her interview that she found herself engaging in sex and intimacy more after having weight loss surgery, she stated: “I experienced things in a different way after surgery”. Sally also shared engaging in shopping more frequently, she reported: “I leaned into shopping more to help me feel better about my body”. Whereas Christina reported when asked if she had experienced addiction transfer, she responded by stating: “No, actually I haven’t I am still the same person”.

Theme 4: Faster Rates of Alcohol Intoxication

Nearly half of the participants discussed the effects of alcohol and how it changed them after having weight loss surgery. Several of the participants admitted to reaching alcohol intoxication at faster rates after having weight loss surgery. Participants reported that they could become highly intoxicated in a shorter period by drinking less alcohol than before. Increased alcohol intoxication was problematic and often created conflict with family members. Yoder et al. (2018) argued that individuals who undergo weight loss surgery tend to manage their emotions by engaging in excessive drinking of alcohol to manage their emotional and psychological needs. In their study that focused on the development of an alcohol use disorder after bariatric surgery, the authors identified the concept of filling a void. The participants described the period that immediately follows weight loss surgery as the honeymoon period as the individual’s mood remains at an

elevated stated from the recent weight loss. Participants in the study conducted by the authors reached higher levels of intoxication at a much fast rate. The authors suggested that the body's reduced size in mass and the anatomical changes that take place after weight loss surgery directly impact the absorption of alcohol. Maye reported that she was able to become extremely intoxicated much quicker after having weight loss surgery, she stated: "alcohol goes to your body pretty quick, social drinking is pretty much out". When Cassie was asked about the effects of alcohol after having weight loss surgery, she reported that she was also able to become highly intoxicated only having a small amount. She stated in her interview: "after you have a gastric sleeve you have no tolerance for alcohol because everything you drink gets absorbed right away and you are drunk really quick". Shauna shared in her interview that she also became less tolerate of alcohol, she reported that after having weight loss surgery she became extremely tipsy after having after having one alcoholic drink. She shared that: "Before the surgery one drink would be nothing". Sally described in her interview not being able to tolerate alcohol they way that she once could prior to having weight loss surgery, she reported:

> I know the way that alcohol went into my body changed as well, I don't feel like it increased how often I drank but it changed how much I drank, not drinking too much, limiting myself to one or two drinks because I couldn't take any more than that.

Theme 5: Counseling Should Be a Prerequisite for Surgery

Each participant was asked if they believed counseling before having weight loss surgery should be required; all 10 participants agreed and thought counseling was

necessary for the approval process. Each participant shared their thoughts on the importance of counseling and its significance to the pre-surgical process. The participants agreed that counseling could assist patients with preparing for surgery as they will no longer be able to rely on food for comfort. Many participants agreed that counseling is also essential in avoiding weight regain. In the study by Risanto and Caltabiano (2018), patients who attended at least four counseling sessions demonstrated a significantly higher rate of bariatric success outcomes and psychological well-being than their counterparts who did not participate in counseling. The authors urged that the psychological health of patients who have received weight loss surgery requires more attention.

Maye shared her thoughts regarding the importance of counseling as a prerequisite for surgery, she reported if she would have received regular counseling sessions, she is certain that she could have had different surgical outcomes. Vanessa received counseling pre- and post-surgery, she reported that she believes that counseling was essential; if she did not receive counseling, she would not have been prepared to cope with having surgery. Vanessa also shared: “The emotional eating is a result of your wellbeing not being ok, so like as you have someone to talk to you are taking a day at a time”.

Dianna reported in her interview that she believed that counseling plays an essential role in preparing for weight loss surgery; she stated:

> I think that if I was able to address the overeating and the anxiety why I do these things and how to break the cycle of them before the surgery I would not have regained, have had so much regain.

Dianna went on to discuss that she believed that counseling is important to address the root of the reason why the person is overeating in the first place. Dianna also stated: "Once I realized I didn't have the physical limitations it was a mental thing and obviously if I had to get gastric sleeve surgery, I wasn't really strong mentally enough… so afterwards it's the same issue". Dianna also stated that she believed that counseling would have been influential in her surgical success outcomes as well: "I do believe that was a big missing link for my continued success".

Patricia discussed the importance of counseling before surgery in her interview, she reported: "People really should talk about it…I had lots of friends who have had the surgery who put all that weight back on". Cassie discussed the importance of pre-surgical counseling, she stated that she believed that counseling should be mandatory for all patients seeking weight loss surgery. Cassie shared in her interview:

> I think that anyone who has this should do six months of therapy not just six months of changing your diet…. I think people should be forced to have six months of therapy because once you have the surgery and you can't sustain it you are going to get sick and it's going to be physical bad not just mental hardship.

Natasha shared her views on pre-surgical counseling, she reported that she believed that receiving counseling prior to weight loss surgery is necessary. She reported: "You want to be more psychologically prepared; you want to be aware of what to

expect". Scott shared in his interview that he found counseling to be an essential component of preparing for weight loss surgery. He attended counseling sessions pre- and post-surgery and believed that it significantly impacted his ability to cope with the stressors that came along with recovering from surgery. He shared: "I already had a weekly therapist I was seeing, so that is honestly how I was able to cope with everything."

According to Christina, pre-surgical counseling should be a requirement for weight loss surgery. Christina shared: "I think that everybody needs someone to talk to. Even though I had my own personal support system, it is always good to have a professional to talk to".

She reported she believed that she could have been enlightened by some of the things that may have come from her attending counseling sessions before having weight loss surgery. Shauna discussed in her interview how pre-surgical counseling could assist individuals seeking weight loss surgery with preparing for surgery, and she stated: "There are a lot of changes that happen, it's not just the people who have a prior mental health diagnosis that is at risk, anybody can be at risk."

She also shared in her interview that she would have still made the decision to have weight loss surgery. However, she would have liked to have been more prepared to deal with the potential challenges. Sally suggested that pre-surgical counseling should be in combination with nutrition training; she stated: "I think having a focus on learning to cope in different ways, maybe learning why I cope with food, could be something that could have been very helpful along the way even before surgery." She also shared that it

would have been helpful for her to learn new ways of coping when she was no longer able to use food to cope with her emotions.

Subtheme 1: Counseling Needed After Weight Loss Surgery

Four out of the 10 participants discussed their thoughts about attending counseling post-weight loss surgery. Some of the participants discussed their need to seek out counseling after having weight loss surgery. Participants reported that their struggles became unbearable. Participants often found it challenging to cope and required assistance from a mental health professional to establish a new perspective of their lives post-surgery and identify ways to manage their emotions by incorporating adaptive coping skills. Jumbe et al. (2017) urged the importance of understanding the connection between obesity and mental health. The authors suggested that there are limited studies on the impact of weight loss surgery on patients who receive the surgery. Patients are at risk of developing a psychological condition post-surgery due to a lack of postoperative monitoring and screening for developing psychological disorders (Jumbe et al., 2017). Maye shared her thoughts about the importance of receiving counseling after having weight loss surgery, she reported:

> If there would have been counseling post-surgery, I think it would have helped mt to deal with situations a lot easier, I would have had someone to talk to. I could have explained things, they could have helped me through certain situations, I don’t even think I would have been drinking to that point if I had counseling during surgery, I don’t think I would have drank because it would have been like

a constant reassurance and understanding, you know coping mechanisms things like that I didn't get.

Vanessa shared that she is currently in counseling for ongoing support, "I am in a better position now because I am currently undergoing counseling". Shauna discussed some of the challenges she faced post-weight loss surgery, she would have liked to have been more supported and educated on potential risk factors associated with having weight loss surgery. She stated: "I would have made the decision to still have surgery, but I may have been more conscious of red flags that may have signaled, hey maybe I need to check in with someone".

Natasha reported that she attended post-surgical counseling for about a month after having weight loss surgery, she stated that she initiated counseling on her own. The participants shared their experiences with initiating counseling on their own for support. Many participants reported that benefiting from attending support groups to feel supported and understood.

Subtheme 2: Benefited From Attending Weight Loss Support Group

Most of the participants that, included seven, shared being able to access and attend a support group for additional help, mostly offered through the Facebook platform. Many participants attended some form of a support group after having weight loss surgery, and most of them found the support from others who have shared experiences helpful. Andreu et al. (2020) reported significant benefits for post-bariatric surgical patients to attend support groups and stated that it could have long-term impacts, including supporting improved weight loss outcomes. Sally shared that she found

attending support groups helpful and that it was important to her to connect with people who were also going through weight loss surgery. Sally reported: “I am lucky that I am a more extroverted person. In some ways, it was easier for me to put myself out here and to share my progress”. She also discussed some aspects of attending support groups that she did not find to be helpful. She reported often feeling judged by others when she talked about gaining weight; she responded to those comments by stating: “Life happens, things happen and if you haven’t learned to change the way your relationship is with food then you know it is still there… we all don’t cope in the same way for those who are emotional eaters”.

Shauna shared that she was given the option to attend a weight loss group or attend a webinar or listen to a podcast. She reports that she opted to listen to the podcast which she found to be informative which provided basic information regarding what to expect from weight loss surgery. Christina reported that she signed up for every bariatric support group she could find, she hoped to be able to connect with other individuals who might have been experiencing the same things she was going through at the time. Scott also shared that he participated in online support group forums for additional support, reported having access to the discussions was helpful. Dianna shared that her surgeon’s office did not offer support groups, she was able to locate a support group on her own; she reports that she initially found the groups to be helpful however when falling behind in her weight loss she felt bad and no longer wanted to attend. Vanessa shared that she found it hard to connect with others who have undergone weight loss surgery through support groups due to her relocating at the time. Maye reported in her interview that she

did not get a great deal of support from her bariatric clinic however she found the support groups online to be extremely helpful, she shared:

> I really got a lot of help from joining a lot of Facebook bariatric groups so that was basically my only segue to therapy and help and seeing people that were going through the same things I was going through; it was a tight knit community we pretty much helped each other out.

Each participant described a range of their experiences with weight loss surgery and how coping with emotions was managed pre- and post-surgery. Each of the participants shared their views and thoughts on the importance of receiving counseling as a precursor to having weight loss surgery. Each participant provided in-depth perspectives on the significance of counseling and how it can be helpful to those preparing to undergo weight loss surgery as well as an added support for post-surgical patients.

Subtheme 3: Counseling Was Not a Requirement for Surgery

For most of the participants, six out of 10; were not required to have counseling before having weight loss surgery to obtain medical clearance. Most participants reported that counseling was not a prerequisite for surgery. A few participants reported being required to have an evaluation with a psychologist, psychiatrist, or behaviorist for clearance; however, these sessions did not consist of counseling. Participants, in most cases, were not required to meet with those professionals more than once. Risanto and Caltabiano (2018) stated in their study on the psychological well-being of post-bariatric surgery patients that mental health counseling is beneficial for the overall well-being of

the patient even when attended minimally. The authors also suggested that mental health counseling should be part of the treatment plan. Shauna was required to meet with a psychiatrist for clearance to have weight loss surgery, and she was not required to meet with a therapist for counseling. She reported in her interview that it was extremely challenging to find a psychiatrist on her own so that she could obtain clearance for her surgery. Christina reported in her interview that she was not required to have counseling prior to having weight loss surgery, she stated: “it was definitely not recommended to me that I remember”. Scott also shared in his interview that he was required to meet with a psychiatrist before surgery for clearance, counseling was not required however encouraged. However, Scott was being treated by a therapist when he was preparing to have weight loss surgery, sessions continued after weight loss surgery. Scott shared that he is grateful to have been actively involved in counseling while being approved for surgery and after as he needed the additional support. Natasha discussed in her interview that she attended counseling independently before and after having weight loss surgery. Counseling was not a requirement for clearance for her to receive weight loss surgery. She stated that she attended counseling sessions independently as she thought it was necessary. Patricia stated that she was not required to have counseling before having weight loss surgery. However, she needed to meet with a psychiatrist and a behaviorist to obtain clearance for surgery. To obtain medical clearance for weight loss surgery, Dianna had to meet with a psychologist for clearance; Dianna reported that the session was more of an evaluation than a counseling session.

Summary

In Chapter 4, I outlined the steps performed to conduct the study, as described in detail in Chapter 3. I have produced the study findings, which were obtained from the data collection process consisting of five themes and 8 subthemes. The outcome and discovery from the study revealed that seven out of the 10 participants experienced some form of addiction transfer following weight loss surgery. All 10 participants favor counseling as a requirement and prerequisite to being approved for weight loss surgery. Each participant described how they were impacted by weight loss surgery; most participants shared how they coped with their emotions using food prior to surgery and often found themselves struggling to cope with their feelings when food was no longer an option. In chapter 5 of this study, I present my data analysis and interpretation of the data collected as it pertains to the lived experiences of weight loss surgery patients who might have experienced addiction transfer due to weight loss surgery. The findings of this study are summarized in Chapter 5. I also discussed the limitations of the study, the impact this study will have on social change efforts, and research implications. To conclude, I have included some of the final thoughts and benefits of having the surgery shared by participants, including statements about their current weight loss journey. I provide suggestions for potential weight loss patients, mental health professionals, and bariatric surgery providers offered by participants of the study.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

There is significant evidence connecting bariatric surgery with problematic behaviors as reported in the study conducted by Hardman and Christiansen (2018). McFadden (2010) compared addiction transfer to the opponent process theory process that takes place when the primary addiction is repressed, and the new addiction takes the lead. Individuals struggling with food addiction must forever change their relationship with food, triggering what appears to be withdrawal, ultimately resulting in addiction transfer (McFadden, 2010). This research study aimed to explore the lived experiences of weight loss surgery patients who might have experienced transfer addiction. I used Giorgi's (2019) descriptive phenomenological psychological method for analysis, which identified five stages of the descriptive phenomenological data analysis process. In Chapter 5, I focus on the outcomes of this research study. I interpret the findings and discuss the limitations, recommendations, and implications of the study. This chapter will conclude with a summary of the study.

Interpretation of the Findings

The design of this study highlights immersion as essential to the exploration of the lived experiences of individuals who have undergone weight loss surgery. I conducted 10 semistructured in-depth interviews with participants. My analysis of the data collected uncovered five themes and eight subthemes. These themes and subthemes are presented in Table 3.

Table 3

Major Themes and Subthemes

Major themes	Subthemes
The mental effects of weight loss surgery	(a) Coping with emotions surrounding food pre-surgery; (b) psychological connection with food; (c) found it challenging to cope with emotions after having weight loss surgery; (d) experienced challenges with coping with weight regain after having weight loss surgery
Altered relationship with food	(e) Experienced challenges with social engagement after having weight loss surgery.
From overeating to overindulging in another addictive behavior	No subthemes
Faster rates of alcohol intoxication	No subthemes
Counseling a prerequisite for surgery	(f) Counseling was needed after having weight loss surgery; (g) benefited from attending a weight loss surgery support group; (h) counseling was not a requirement for surgery.

Theme 1: Mental Effects of Weight Loss Surgery

All except one of the participants reported experiencing mental health effects due to weight loss surgery. The literature suggests that individuals are faced with filling the void of psychological distress that food often comforted (Jumbe et al., 2017); therefore, resort to managing their emotions with excessive drinking and other substances. Considerable changes occur following weight loss surgery, such as mood changes, drastic changes to the body, and a significant increase in stress attributed to drastic physical and mental health changes (Jumbe et al., 2017). McFadden (2010) suggested that underlying psychological factors may resurface, triggering addiction transfer, such as increased depressive and anxiety symptoms. The results of this study corroborate previous findings.

For example, Cassie struggled to cope with depression and anxiety following weight loss surgery, as food was no longer an avenue for managing those symptoms.

Subtheme 1: Coping With Emotions Surrounding Food Presurgery

All but one participant reported using food or alcohol to cope with their emotions before having weight loss surgery. Shauna shared that she identified as being an emotional eater, reporting she would eat when bored or she just wanted to feel better. According to Ford and Jeon (2017), individuals engage in emotional eating to cope with stressful events, described as *avoidant coping*. Bourdier et al. (2018) proposed a significant connection exists between emotional dysregulation, maladaptive eating behaviors, and weight management.

Subtheme 2: Psychological Connections to Food

Of the 10 participants, seven described their psychological connection with food and some of the challenges each of them encountered with food following weight loss surgery. Scott expressed psychological dependency on food and described his connection with food as mourning the loss of someone close when he could no longer eat the way he once did. Food addiction is a disorder that impacts individuals the same as other addictions (Cassin et al., 2020). Moreover, Vainik et al. (2019) described food addiction as the countless eating-related psychological conditions that account for obesity and overindulgence in food.

Subtheme 3: Challenging to Cope With Emotions After Weight Loss Surgery

The majority of the 10 participants found it challenging to cope with their emotions following weight loss surgery. Dianna began using food to cope with emotional

triggers post weight loss surgery, and Cassie felt her addiction transfer was a result of an inability to develop healthy coping skills post weight loss surgery. According to Bak et al. (2016), many patients have untreated psychological stressors that could have contributed to overeating, resulting in obesity. Those who have undergone weight loss surgery frequently replace overeating with other maladaptive coping mechanisms, which develop into addiction (Bak et al., 2016).

Subtheme 4: Challenges Coping With Weight Regain Post Weight Loss Surgery

Half of the 10 participants reported experiencing challenges with regaining weight after having weight loss surgery. According to Coulman et al. (2017), many bariatric surgery recipients have reported regaining weight over time, within 1–10 years. Regaining weight might be associated with a lack of self-control and the negative contributions of psychological factors. Christina reported watching the weight gain gradually add up and confirmed that, for her, this was a "mental thing." Similarly, Dianna shared that she gained back 60 pounds: "I would see people who regained, and I would be like 'that would never be me,' and it kind of ends up being you."

Theme 2: Altered Relationship With Food

Nearly all the participants stated that their relationship with food has ultimately changed since having weight loss surgery. According to Overeaters Anonymous, those who overeat have a tumultuous relationship with food. Patricia reported that since having weight loss surgery, she eats food to survive, not because she enjoys eating. Scott went from loving food to hating it: "I don't even need it." Shauna stated that she can now view her relationship with food more objectively since having weight loss surgery.

Subtheme 1: Challenges With Social Engagement After Weight Loss Surgery

Most participants highly believe that social engagement became challenging after weight loss surgery. Many shared how eating out at restaurants became unappealing, as they could no longer tolerate eating food as they once could. Congruently, Hajek et al. (2021) reported that individuals who struggle with obesity are stigmatized and face social isolation, exacerbating feelings of loneliness and rejection. Patients who undergo gastric bypass surgery experience significant changes in their lives, including body image, social engagement, and self-esteem (Lier et al., 2016). According to Sally, socializing with friends and family became difficult following weight loss surgery; she shared that socializing with family often became unbearable as she would constantly face questions and scrutiny over her food choices after she had weight loss surgery. Christina discussed that some of her family and friends reported wishing she was the same person who could eat in excess. Cassie discussed her experience with social gatherings at work, reporting that it became challenging to engage with friends when food was involved. Patricia stated that she no longer enjoys eating at restaurants: “We went out to eat maybe 3–4 times per week if not more. Since I had the surgery, I no longer go out to eat. I don’t have the desire to go out to eat it is just not fun.”

Theme 3: From Overeating to Overindulging in Another Addictive Behavior

Many of the 10 participants shared their experiences with addiction transfer following weight loss surgery. Those who have undergone weight loss surgery frequently replace overeating with other maladaptive coping mechanisms, which develop into addiction transfer (Bak et al., 2016). As McFadden (2010) reported, addiction transfer

occurs when an individual substitutes one addictive behavior for another. Individuals can no longer overindulge in food following weight loss surgery and will sometimes seek comfort in engaging in other addictive behaviors that might include the overuse of other substances such as alcohol or drugs (McFadden, 2010). Weight loss surgery recipients also engage in addictive behaviors such as gambling, sex, and compulsive shopping. Maye reported that she experienced challenges with alcohol after having weight loss surgery, “there was a period that I did turn to alcohol, I turned that food addiction into an alcohol addiction.” Vanessa reported: “I don’t do a lot of eating, but now I have transfer addiction of something else and mostly parties and anything to do with shopping, so it affects me financially.” Cassie shared that she began overindulging in alcohol use after weight loss surgery; to counteract the emotions she was experiencing, she began drinking alcohol, particularly at night, to help with sleep. Similarly, Shauna found herself drinking more alcohol than she had prior to weight loss surgery. Sally revealed that she engaged more in sex and intimacy after having weight loss surgery. She shared that sex became more appealing due to gaining more self-confidence, which ultimately became excessive.

Theme 4: Faster Rates of Alcohol Intoxication

Less than half of the participants discussed the effects of alcohol and how it changed them after having weight loss surgery. Koball et al. (2019) argued that individuals who have undergone gastric bypass surgery are at a higher risk of developing an addiction to alcohol use and misusing substances. The authors suggested that a theory linked the phenomenon of physiological constraints with the body no longer being able to tolerate large quantities of food, which makes it impossible to digest therefore finding

excessive amounts of alcohol easier to ingest without experiencing discomfort. Maye reported that she was able to become highly intoxicated much quicker after having weight loss surgery. Cassie reported that she could also become highly intoxicated, only having a small amount. She stated in her interview: “after you have a gastric sleeve, you have no tolerance for alcohol because everything you drink gets absorbed right away, and you are drunk quick.” Shauna talked about the effects of alcohol in her interview; she also became less tolerant of alcohol; she reported that after having weight loss surgery, she became extremely tipsy after having one alcoholic drink.

Theme 5: Counseling a Prerequisite for Surgery

All 10 participants thought counseling was necessary for the approval process leading to weight loss surgery. According to Lier et al. (2016), patients who undergo gastric bypass surgery experience significant changes in their lives, including body image, social engagement, and self-esteem. Counseling can significantly impact the patient’s ability to maintain weight loss as well as psychological health (Ristanto & Caltabiano, 2019). Moreover, patients who attended between one and four counseling sessions demonstrated a much higher level of mental stability. In fact, the patients who did not receive counseling demonstrated the lowest scores for both mental and physical well-being Ristanto & Caltabiano, 2019). Maye felt confident that regular counseling sessions would have resulted in different surgical outcomes. Vanessa received counseling pre- and post-surgery. She reported that counseling was essential; if she did not receive counseling, she would not have been prepared to cope with having surgery. Dianna believed that counseling plays an essential role in preparing for weight loss surgery in

that it can address the root of the reason why the person is overeating. Cassie stated: “I think anyone who has this should do six months of therapy, not just six months of changing your diet…. I think people should be forced to have six months of therapy”. Natasha shared that she believed that counseling is imperative before having weight loss surgery, “you want to be more psychologically prepared; you want to be aware of what to expect.” Scott attended counseling sessions pre- and post-surgery and believed that it significantly impacted his ability to cope with the stressors that came with recovering from surgery. According to Christina, pre-surgical counseling should be a requirement for weight loss surgery, “I think everybody needs someone to talk to. Even though I had my own personal support system, it is always good to have a professional to talk to”. Sally suggested that pre-surgical counseling should be in combination with nutrition training; she also shared that it would have been helpful for her to learn new ways of coping when she was no longer able to use food to cope with her emotions.

Subtheme 1: Counseling Needed After Weight Loss Surgery

Almost half of the 10 participants discussed their thoughts about attending counseling post-weight loss surgery. Raju and Reddy (2017) described post-surgical counseling as supportive counseling that begins after surgery. Post-surgical counseling supports addressing postoperative anxiety and fears often experienced by patients. (Griauzde et al., 2018). When food is no longer available to provide comfort, the individual often finds a way to cope with internal and external stressors by engaging in other problematic behaviors such as substance abuse, shopping addiction, sex addiction, or gambling addiction. More awareness of the issue is needed for advocacy and to

suggest the value of pre and postoperative counseling. Maye stated that she believed that post-counseling sessions could have been beneficial for her. Maye said:

"I think it would have helped me to deal with situations a lot easier, I do not think I would have drunk because it would have been like a constant reassurance and understanding, you know coping mechanisms things like that I didn't get".

Vanessa shared that she is currently in counseling for ongoing support, "I am in a better position now because I am currently undergoing counseling". Shauna discussed some of the challenges she faced post-weight loss surgery; she would have liked to have been more supported and educated on potential risk factors associated with having weight loss surgery.

Subtheme 3: Benefited From Attending a Weight Loss Support Group

More than half of the 10 participants shared having access to attend a support group for additional help, mostly offered through the Facebook platform. The Overeaters Anonymous and support groups provide a sense of approval, belongingness, supporting ideologies, and relatability. The concept of Overeaters Anonymous is to transform those addicted into individuals who are addicted in recovery (https://oa.org). Sally shared that she found attending support groups helpful and that it was important to her to connect with people who were also going through weight loss surgery. Christina reported that she signed up for every bariatric support group she could find; she hoped to be able to connect with other individuals who might have been experiencing the same things she was going through at the time. Scott also shared that he participated in online support

group forums for additional support and reported that having access to the discussions was helpful.

Subtheme 4: Counseling Was Not a Requirement for Surgery

Most of the participants reported not being required to have counseling before having weight loss surgery to obtain medical clearance. Bryant et al. (2020) reported a high need for ongoing psychosocial and nutritional counseling to support post-surgical outcomes, specifically for patients at high risk of weight regain due to maladaptive coping mechanisms. Shauna was required to meet with a psychiatrist for clearance to have weight loss surgery, and she was not required to meet with a therapist for counseling. Christina reported in her interview that she was not required to have counseling before having weight loss surgery. Natasha discussed in her interview that she attended counseling independently before and after having weight loss surgery. Counseling was not a requirement for clearance for her to receive weight loss surgery. Like the others, Patricia stated that she was not required to have counseling before having weight loss surgery.

Limitations of the Study

Obtaining initial access to participants using referrals from social workers, crisis counselors, psychiatrists, and medical professionals affiliated with my work as a clinician was challenging in this study. Qualitative research entails intensive labor and analysis and requires extensive planning to ensure that the findings from the study are accurate and valid (Creswell, 2009). Creswell asserted that qualitative research could not be analyzed mathematically. Therefore, this study is based on subjective views and opinions

rather than numerical findings. Shelton and Bridges (2019) described descriptive phenomenological research as attaching meaning to experiences and providing structure for the researcher by filtering the researcher's thoughts and experiences from data using bracketing. When using descriptive phenomenology, it is essential to use an established process for bracketing to describe participants' experiences rather than interpreting them, resulting in bias (Shelton & Bridges, 2019). The quality of a qualitative research project relies on the researcher's observation and skill; therefore, if the researcher's views are biased, the results will be influenced by the researcher's biases (Creswell, 2009). Therefore, I bracketed out all preconceived notions.

Recommendations

The results of this study can enhance and assist counseling professionals, social workers, crisis counselors, psychiatrists, and medical professionals with information about the potential side effects of bariatric weight loss surgery and its possible impact on psychological health. Studies reviewed in this study have supported the need for mental health counseling to help individuals pre and post bariatric weight loss surgery. Research has demonstrated that counseling can significantly impact the patient's ability to maintain weight loss and preserve psychological health (Ogle et al., 2016). As stated by the authors, the concept of addiction transfer requires thorough analysis bearing in mind the connection with the lack of supportive counseling and resources to address underlying mental health disorders often masked by addiction. I recommend additional awareness of the issue of addiction transfer. Advocacy is needed to suggest the value of pre- and post-operative counseling for both pre-surgical and post-surgical patients. Weight loss surgery

can be an effective tool for weight loss and management; however, if the individual seeking help does not get to the root of the reason they began to overeat, having weight loss surgery seems counterproductive. I would also recommend counselor training and education surrounding the topic of addiction transfer and how to best support clients who are preparing for weight loss surgery and may experience addiction transfer after having weight loss surgery. Counseling professionals should receive additional training to support weight loss surgery clients to assist with navigating the many challenges the client may face following surgery.

This study has included final thoughts, suggestions, and recommendations offered by the participants of this study:

Maye shared that she believed that doctors should listen more to their patients; she reported that in her opinion, the gastric sleeve should not be offered to patients weighing over 400lbs. Maye said that she plans to go back for an additional weight loss surgical procedure with the hopes of losing more weight; she plans to have a different type of surgery this time. Maye shared that it might have been helpful if the bariatric team she worked with consisted of a team of professionals who have had personal experience with weight loss surgery. She stated that she felt isolated and not understood as a result. Maye shared her experiences regarding the most challenging aspect of having weight loss surgery. She stated:

“I hated going to the nutritionist. A lot of people talked about it in the groups. They hated it because they could not relate, they could relate to what you needed to do to lose the weight, but they could not relate to what we were going through”.

Bodor (2016) highlighted in the study that focused on impulsiveness in alcohol addiction and pathological gambling that impulsivity is one of the most significant factors in developing and sustaining addiction. Long-term effects of alcohol abuse impact the ability to make rational decisions, and impulsivity is the leading cause of relapse for those addicted to alcohol. Maye discussed the long-lasting impact of alcohol in her life following weight loss surgery, she stated that she was able to become more intoxicated after having weight loss surgery; she stated that she noticed that she was attempting to self-medicate with alcohol however her problems remained the same the next day. Maye also stated this in her interview:

"My family started to notice my immediate friends tarted to notice and comment you know you are drinking too much you are drinking too much and would get me to try and stop, it was something I had to do on my own time"

Maye stated that she plans to seek counseling this time in hopes of a different outcome. Maye urged all patients considering weight loss surgery to seek mental health counseling for support during the pre-approval process and for post-surgery and recovery.

Vanessa discussed in her interview the importance of each patient realizing that they are their own person with unique experiences. She stated that it takes much effort to be psychologically prepared for weight loss surgery, and counseling should be strongly considered. Vanessa urged the bariatric team of professionals to be honest with their patients, focus on their needs, and listen without judgment. Vanessa shared in her interview that she rarely went out with friends or shopping; following weight loss surgery, she stated that she became addicted to going out to clubs and shopping. She also

discussed in her interview that her impulsive spending and shopping had created financial stressors. Vanessa shared her experience with counseling before considering weight loss surgery; she described it as a positive experience. She found it helpful to have someone to talk to without feeling judged. Vanessa shared that deciding to have weight loss surgery was the right decision for her, crediting it to be an amazing experience, and she does not regret having it. She stated that mental health and physical health go together.

Dianna reported that her current journey consists of her trying to make healthy food choices; she acknowledged that counseling could have played a significant role in surgical outcomes. She continues to try to find a therapist that she feels she can connect; however, she has not been able to find the right fit. Dianna shared some advice for bariatric surgeons and mental health professionals working with patients preparing for weight loss surgery and recovery. She urged them to work closely with their patients to uncover what is happening to them which has contributed to their obesity. Dianna, however, reported that she did not find her previous experience with counseling to be helpful. She described suffering from anxiety; met with several different counselors. Dianna stated: “I never really found anyone I trusted… I kind of feel like many counselors just brush it off”. Dianna reported that she was left to feel like no one cared and put in the effort to assist her with working through the anxiety she was experiencing. Dianna added that she would like to find a counselor who listens and is open to helping her work through anxiety symptoms. Although Dianna’s experience with counseling was not ideal, she also encouraged anyone seeking weight loss surgery to consider receiving mental health counseling.

Patricia shared that she is much happier since having weight loss surgery. She is pleased with the person she has become inside and out. She shared that she would suggest weight loss surgery for other patients who struggle with obesity and stated that it was the best thing she ever did for herself. Patricia reported that the most challenging part of having weight loss surgery was figuring out how to live without seeking out food constantly. A few of the participants reported finding it challenging to make the brain/body connection after losing a significant amount of weight. Griauzde et al. (2018) discussed discordance between what patients looked like pre-surgery and their actual perceived image post-surgery. The authors reported that weight loss surgery recipients noted losing weight; however, their brains retained the same overweight image of themselves. While this theme emerged in only a few participants, it is important to note. Patricia reported an inability to recognize herself in the mirror; she only realized how thin she was after seeing pictures of herself.

Cassie shared her final thoughts and stated that she believed that counseling should be required for six months before weight loss surgery is conducted. She said patients should be mentally and physically prepared to undergo major surgery. Cassie stated that weight loss surgery would not fix the person; it is just one piece of it. Cassie also shared that she believed that patients need to learn how to sustain their weight and eating habits. Cassie described her challenges as: “not having the freedom anymore to eat whatever I wanted, whenever I wanted, as much as I wanted when I felt like I needed it.” Cassie described overeating as an addiction; she stated that if one is willing to not to eat, then they would not need to have weight loss surgery in the first place. Dicker et al.

(2016) suggested in the study conducted on the long-term outcomes of bariatric surgery on obesity and diabetes stated that future studies on bariatric weight loss surgery are needed to support better the need for utilizing standardized screening instruments to identify mental health disorders in bariatric patients seeking weight loss surgery. Screening tools can provide more transparency, establish time-specific follow-up procedures, and clarify eligibility criteria. Cassie stated that she struggled with anxiety for most of her life. She shared most recently meeting with a psychiatrist and has been diagnosed with bipolar disorder; she is currently under the care of a psychiatrist to treat her symptoms. Cassie shared her experiences with counseling before seeking weight loss surgery. She reported attending about four sessions; however, she did not think she was ready to work through the issues that prompted her to seek counseling. Cassie shared:

"When they start talking about your childhood and things that happened in your life, it brings back your emotions… I think you just have to be ready for that, and I do not think I am ready for that".

Cassie is currently working on sustaining her weight loss, and she shared that since having weight loss surgery, she has lost 100lbs.

Natasha shared that she is attempting to adjust to having surgery and reported: "I am still in doubt and having challenges with adjusting, anxiety, eating something that is unhealthy." She encouraged the bariatric team of professionals to be supportive, genuine, and qualified to fit the patient's needs. Most participants reported not having an addictive behavior before surgery; the two participants who discussed their addictive behavior reported that those behaviors increased after surgery. Alcaro and Conversi (2021) best-

described addiction as a loss of function of one's autonomy, the inability to seek spontaneity of mental activity resulting in a steady lack of interest in anything other than the addictive behavior. However, Natasha reported that she was an occasional smoker of cigarettes before weight loss surgery; she shared that her smoking has increased following weight loss surgery. Natasha shared in her interview that due to the increase in smoking cigarettes and drinking coffee, she is now experiencing insomnia. Although it has its share of challenges, Natasha stated that she believed having weight loss surgery was the right choice for her and learned from the experience. Natasha offered her advice to potential weight loss surgery patients. She encouraged maintaining a healthy diet and attending mental health counseling. In her interview, she stated that anyone considering weight loss surgery should be psychologically well. She added that the decision to have weight loss surgery is based on the individual's decision, not on others.

Scott stated that he believed that deciding to have weight loss surgery was the best decision for him. He outlined several benefits for his overall health and well-being. Scott stated that there were challenges, but there was no magic pill to fix it. Scott described his relationship with food as changing, which he identified as the most challenging aspect of having weight loss surgery, "the most challenging aspect I would have to say would be that your relationship with food is going to change." Scott attended counseling before contemplating having weight loss surgery, and he reported that counseling assisted him tremendously through a typically challenging part of his life. Scott continues to maintain his weight and reported that he lost 150lbs since having weight loss surgery brought his total weight loss to over 300lbs. Scott noted that he would suggest weight loss surgery to

anyone considering it and believed that counseling played a critical role in his successful outcomes.

Christina shared early in her interview that she believed having weight loss surgery was one of her best decisions. Christina suggested that others considering having weight loss surgery conduct their research and ask themselves if they are prepared to make such a change in their life about their diet. Christina described having weight loss surgery as being a forever life change. Christina is currently on the journey of continuing to try to lose weight; she shared concerns about the possibility of extending her stomach due to overeating and plans to seek a consultation to discuss the following options. Christina recommended counseling for anyone considering weight loss surgery.

Shauna also stated that having weight loss surgery was one of the better decisions she has made in her life. She reported that she now has a social life, is more active, and can be taken off medication to control hypertension and cholesterol. Shauna also encouraged anyone considering having weight loss surgery to seek counseling and identified counseling as particularly important for ongoing support for unexpected challenges after having weight loss surgery. According to Shauna, getting used to her body and its limitations was challenging for her. Shauna also stated that the learning process was much longer than anticipated. Shauna shared that she realized she was an emotional eater when food was taken away, and it was no longer an option for her to cope. She urged the professionals working closely with bariatric patients to identify the signs of psychiatric distress even if the patient is not aware of them.

Furthermore, Sally added that having weight loss surgery is not a one-and-done solution, and she shared that learning to love oneself is vital regardless of size. Sally was one of the few participants who shared that she struggled with what she saw in the mirror rather than what her brain told her about her current weight. Participants shared that they still believed to be overweight in their mind; however, they had lost a tremendous amount of weight. Griauzde et al. (2018) studied the psychosocial impact of weight loss following bariatric surgery; the authors found that participants no longer felt like themselves after losing a significant amount of weight. Participants reported that their bodies looked different. However, their brain remained the same. A participant stated that they believed to have lost their self-identity. Sally mentioned in her interview that she continues to struggle with body image issues; she stated:

"I think I still struggle at times with my body and what society leads me to believe what I should look like or where I should be. I definitely feel like I have taken more of a self-love approach and trying to accept my body for what it is".

She encouraged anyone considering having weight loss surgery to seek counseling and begin developing the coping skills needed for when things become difficult. Sally reported attending counseling sessions before having weight loss surgery initiated on her own before consenting to weight loss surgery. She explained that counseling played a pivotal role in helping her to cope with emotional challenges and bouts of depression. Sally described the most challenging aspect of having weight loss surgery as gaining back weight, and Sally stated: "I gained the weight back, much shame associated with that." Sally shared in her interview that she battled with symptoms of

depression before seeking out weight loss surgery. Sally reported that she thought it would have been helpful to connect with support groups and frequent check-ins when recovering from surgery.

As stated previously in this study, research confirmed that individuals who attended at least four counseling sessions before surgery had a significantly higher rate of bariatric success outcomes along with emotional and mental well-being than those who did not participate in counseling (Risanto & Caltabiano, 2018). As also previously stated by Jumbe et al. (2017), patients are at higher risk of developing a psychological disorder post bariatric surgery when they are not closely monitored and screened for such occurrences. I strongly recommend that mental health professionals become actively engaged in the pre-surgical approval process and the post-surgical follow-up process. Behavioral health clinicians can play an intricate role in identifying elements that can create optimal bariatric surgery success by providing recommendations for how to tackle obstacles. Weight loss surgery candidates and patients need to receive the support needed to obtain positive surgical outcomes and develop the necessary tools to navigate life's challenges without harming themselves with food.

Implications

The results of this study will contribute to social change by providing quality data to augment existing data and research to assist counseling professionals with educating potential weight loss candidates with information about the side effects of bariatric weight loss surgery and its potential impact on psychological health. Obesity is a public health crisis, an established alternative systems-level approach would assist in developing

methods that are best suited to address the complexity of obesity (Pearce & Wilson, 2021). To promote social change, there exists a need to shift the focus of the obesity crisis from the individual as the problem to recognition of shared responsibility between the individual and societal influences.

Conclusion

In this final chapter, I summarized the research findings, including descriptive phenomenology as the theoretical framework for this study. The conclusions of this study revealed that seven of the 10 individuals who participated in the study experienced some form of addiction transfer due to having weight loss surgery. Additionally, all 10 participants agreed that providing counseling for patients pre and post bariatric weight loss surgery is crucial for their mental health, physical health, and post-surgical outcomes.

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Appendix A: Email Invitation

Dear (Participant),

I appreciate you taking the time to consider participating in this study. I am a Counselor Education and Supervision PhD student at Walden University conducting a research study for my dissertation about individuals who have undergone weight loss surgery and have experienced addiction transfer. The dissertation title is: The Lived Experiences of Weight Loss Recipients Who Experienced Addiction Transfer. I am seeking to interview individuals who have undergone weight loss surgery within the past 10 years and who have experienced addiction transfer. To assess participants' appropriateness for this study, I will ask you about your experience with weight loss surgery and whether you have developed an addictive behavior following bariatric surgery. If you are selected for this study and agree to move forward, I will invite you to attend a 60-minute semi-structured interview followed by a debriefing. If you agree to the above, I will request that you complete an informed consent agreement to record your willingness and voluntary consent to participate in this study. A scheduled date and time will be arranged to schedule a Zoom or telephone interview. If you are agreeable to participate in this research, and meet the conditions outlined above, please respond via e-mail with "I consent." Furthermore, if you know of other weight loss surgery recipients who might be willing to be interviewed, please share this information with them and ask them to contact me. My cell phone number is 917-753-9597. My email address is Latoya.smalls@waldenu.edu.

Regards,

Latoya Smalls

Appendix B: Recruitment Flyer

Recipients of Bariatric Weight Loss Surgery

NEEDED TO PARTICIPATE IN A DISSERTATION STUDY

Share Your Experience!

- 6-10 Adult bariatric weight loss surgery recipients needed to participate in a study about their experiences following weight loss surgery.
- The purpose of this study is to explore the lived experiences of adult bariatric weight loss

ARE YOU ELIGIBLE TO PARTICIPATE?

- Adult participants Only (over the age of 18)
- Participants must have received bariatric weight loss surgery within the past 10 years
- Individuals who might have experienced addiction transfer following weight loss surgery

In gratitude for participation eligible participants will be given a $25 gift card

Latoya Smalls, LAC, LBS, NCC. Doctoral Student at Walden University

Latoya.smalls@waldenu.edu
917-753-9597

This study is for my Walden University dissertation

Appendix C: Sample Interview Prompts and Questions

1. Tell me about your lived experiences as it relates to undergoing bariatric weight loss surgery.
2. Tell me about how your relationship with food has changed as a result of having weight loss surgery.
3. What was the most challenging aspect of having weight loss surgery?
4. What have been your experiences with coping with your emotions after having weight loss surgery?
5. Have you found yourself becoming addicted and or overindulging in other behaviors after having weight loss surgery, if so in what ways have you noticed your behaviors change?
6. Have you experienced any challenges with any of these behaviors prior to having weight loss surgery, if so what were some of those challenges?
7. Do you feel you could have benefited from additional support such as mental health counseling prior to and after receiving weight loss surgery, if so how do you think you could have been more supported?

Appendix D: Participant Interview

The Lived Experiences of Weight Loss Recipients Who Experienced Addiction Transfer

Walden University

This study in being conducted by Latoya Smalls, MS, LAC, LBS, NCC a doctoral student at Walden University.

Background Information:

The purpose of this study will be to explore the lived experiences of weight loss surgery patients who might have experienced transfer addiction.

Questions:

1. Tell me about your lived experiences as it relates to undergoing bariatric weight loss surgery.
2. Tell me about how your relationship with food has changed as a result of having weight loss surgery.
3. What was the most challenging aspect of having weight loss surgery?
4. What have been your experiences with coping with your emotions after having weight loss surgery?
5. Have you found yourself becoming addicted and or overindulging in other behaviors after having weight loss surgery, if so in what ways have you noticed your behaviors change?
6. Have you experienced any challenges with any of these behaviors prior to having weight loss surgery, if so what were some of those challenges?

7. Do you feel you could have benefited from additional support such as mental health counseling prior to and after receiving weight loss surgery, if so how do you think you could have been more supported?

Closing

Is there anything else you would like to share about your experience with bariatric weight loss surgery that I have not asked?

I will close the interview by thanking the participant for their participation in the research study, I will follow up by thoroughly explaining the next steps which will include transcribing the data and checking for accuracy.

Appendix E: Informed Consent

The Lived Experiences of Weight Loss Recipients Who Experienced Addiction Transfer

Walden University

This study in being conducted by Latoya Smalls, MS, LAC, LBS, NCC a doctoral student at Walden University. This study seeks 6-10 volunteers.

Background Information:

The purpose of this study will be to explore the lived experiences of weight loss surgery patients who might have experienced transfer addiction.

Procedures:

If you agree to be in this study, you will be asked a series of questions during one individual 60 minute interview which will be conducted via Zoom, or by telephone. You may be contacted for a follow-up interview only if necessary for clarification if needed. If a follow interview is required, it will be conducted in 30 minutes to ensure that all pertinent data was collected.

Voluntary Nature of the Study:

Your active participation in this study is 100% voluntary. If you decide at a later time that you no longer want to participate in the study, you are also free to withdraw at any time.

Risks and Benefits of Being in the Study:

There are some risks of emotional vulnerability you may experience when discussing your experience with weight loss surgery which could uncover some unpleasant experiences. Safeguards will be in place to protect your identity and to prevent any identifiable information about you. If you believe that you might have been triggered and

need counseling due to participating in the study, please contact the resources listed for support.

National Institute of Mental Health- 1-866-615-6464

National Alliance on Mental Health Helpline -1-800-950-NAMI (6264)

National Suicide Prevention Lifeline- Hours: Available 24 hours

1-800-273-8255

Compensation:

In gratitude for completion of the study all eligible participants will be provided with an electronic gift card for $25.

Confidentiality:

Interviews will be conducted using a secure video conference platform such as Secure Video, which is used for telehealth video conferencing. I will request that you be able to conduct your interview in a private location to protect your privacy. I will conduct interviews in my private home office with a sound blocking machine for additional privacy. All data collected in this study will be kept confidential using an electronic password-protected document. Documents will be stored on a password-protected computer. Interviews will be recorded using audio to ensure an accurate description of the experiences shared. Data will be maintained for a period of up to 5 years which is a Walden University requirement; all data will be discreetly discarded at that time. As a mandated reporter, I am required to notify the appropriate authorities of any suspected or reports of abuse placed against a child, elderly person, or anyone that may fall under the vulnerable person category.

Contacts and Questions:

All questions and concerns should be directed to the researcher by email at Latoya.smalls@waldenu.edu. You may contact the Walden University's Research Participant Advocate at 612-312-1210 to privately discuss your rights as a research participant and to express any negative aspects of the study.

Statement of Consent:

I agree that I am of the age of 18 or older, I give my consent to participate in the study.

Consenting to the study:

If you would like to participate in this study, please respond to this invitation via email with "I give consent". Once your consent is obtained, you will be contacted to schedule your interview. Please consider keeping a copy of this consent for your records.

Appendix F: Demographic Questionnaire

1. Age:

2. What is your marital status?

3. What is your gender:
   a. Female
   b. Male
   c. Transgender.
   d. Gender non-binary/Gender non-conforming.
   e. I prefer not to respond

4. Employment status?

5. Highest level of education?

6. Ethnicity:
   a. Hispanic
   b. Non-Hispanic
   c. I prefer not to say

7. Race:
   a. Asian
   b. Black or African American
   c. Native Hawaiian or other Pacific Islander
   d. White
   e. Other
   f. I prefer not to say

8. Current living situation?

9. What year did you have your weight loss surgery?

10. What type of weight loss surgery did you have?

11. Have you received weight loss surgery prior to this surgery?

12. Have you received counseling prior to having weight loss surgery, when did you begin pre-surgical counseling?

13. Have you received counseling after having weight loss surgery, when did you receive post-surgical counseling?