# Men's Experiences and Perspectives Regarding Social Support after Weight Loss Surgery

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## Abstract

The objective of the study was to explore the experiences and perspectives regarding social support among men who have undergone weight loss surgery. Utilizing phenomenology, the author engaged in qualitative interviews with men to explore the meaning and experiences of social support after surgical intervention for obesity with a focus on support received by entities outside of their family systems. Three major themes emerged in the study which included: (1) Barriers to utilization of social support 2) Feeling alone and isolated, and (3) Feeling connected online. The study includes a discussion of social support for male patients as well as a discussion of research, teaching, and clinical implications.


**Keywords:** bariatric surgery, social support, male patients

## Introduction

The purpose of the study is to explore the experience and perspective of male bariatric patients as it relates to receiving social support after bariatric surgery. According to Hensrud and Klein,[1] 85% of all bariatric patients are female; the remaining 15% are male. Although no significant difference exists in the prevalence of adult men and women impacted by obesity (38.3% for females, 34.5% for males), according to the National Health and Nutrition Examination Study conducted by members at the Centers for Disease Control,[2] recent studies estimate that 20% of bariatric patients are male. Demographic, sociocultural, and economic have been identified as factors that contribute to these disparities.[3] Similar to the low rate of male patients undergoing surgery, there has also been a lack of discussion regarding male patients and reasons for the gender differences in bariatric research.[3] The inattention to male bariatric patients in the literature has implications necessary to identify relevant treatment, resources and patient outcomes for men.

Researchers have reported that an array of social support resources is positively correlated with positive outcomes, post-bariatric surgery.[4,5,6] In particular, previous studies have established that female patients tend to utilize social support groups more often than male patients; further inquiry demonstrates that women patients have a strong preference for groups that address emotional issues whereas men prefer groups that focus on information.[7] Additionally, researchers have reported that males' sense of personal responsibility for their weight gain, and stigma contributes to men's unwillingness to pursue weight loss assistance before and after surgical intervention.[8] Therefore, the purpose of this study is to explore how male patients obtain and maintain social support after weight loss surgery. Although there are different types of social support, the authors sought to explore the utilization of social support outside of the family due to a dearth of literature regarding support in this area,[9] as well as previous research published in this area.[10] With this in mind, this research study

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goes beyond generic supports and focuses on formal social support (i.e., information-based focused social support groups or online health support groups), defined as support external to those which patients receive within the immediate or extended family to capture men's preference for information-based support noted in the literature.[7] Understanding how male patients experience and utilize formal social supports can aid health professionals in establishing and promoting social support resources to address the increasing number of male patients undergoing bariatric services—and reduce the rates of relapse.

## Social Support Mediates Success

Social support is a common discussion topic regarding weight loss surgery. Prior to bariatric surgery, some therapists screen to determine if potential candidates have a support system.[11] Psychological screening or assessments though not standardized typically include assessment of social support available prior- and post-surgery as a factor that can influence a patient's success.[12,13] However, if a person is found to lack adequate social support, that individual still may be deemed eligible for bariatric surgery. The dominant perspective is that social support will assist the individual client with maintaining an appropriate post-operative diet, level of physical activity, and relationship with food. Researchers have consistently reported that social support does improve individuals' likelihood of obtaining their weight loss goals and objectives. Kayman, Bruvold, and Stern[14] conducted a study regarding maintenance and relapse after weight loss among 108 female bariatric clients utilizing analysis of variance. The researchers reported that the women who were successful with weight loss were more likely to seek the support of family, friends and other professionals than those who tend to relapse. Additionally, Orth, Madan, Tadduecci, Coday, and Tichansky[15] conducted a comparison study regarding social support post-bariatric surgery among 46 bariatric patients and identified that participants who attended support groups lost more weight than their non-attending counterparts.

While men's weight loss has received attention in the literature,[16] there is a lack of discussion regarding gender and social support, specifically after weight loss surgery. Although some researchers have investigated social support in general as it relates to experiences after weight loss surgical intervention, an overwhelming majority of the current research that exists has been focused exclusively on female patients. When considering gender differences, it may not be appropriate to utilize social support interventions with male patients that were created for female patients. Arguably, nuances based on gender status may impact how patients experience social support through the weight loss surgery process. In addition to a potential need to explore the topic of social support among men after weight loss surgery, further research needs to be conducted to consider what types of social support men utilize, which forms are most effective,[17] and ways that social support impact male patients over time.[18,19] With the dearth of literature that has been conducted regarding men and social support, specifically after weight loss surgery, research is warranted. Specifically, research that includes an inquiry regarding the experiences and perspectives of male patients is needed in order to consider ways to improve patient outcomes.

## Methods

Phenomenology was the research methodology utilized for the study. As a research method, phenomenology emphasizes description and exploration of a given experience, as perceived by an individual or group. In addition, phenomenology focuses on the in-depth examination of experience, particularly on the construction of meaning.[20] The researchers selected the methodology of phenomenology to gain insight into how men experienced the necessity of obtaining social support after weight loss surgery.

For the study, the first author recruited men who had undergone weight loss surgery from hospital settings and weight loss facilities in the United States. This consisted of the first author posting fliers or providing informational seminars at 15 hospitals, plus recruiting participants online via social media, including but not limited to YouTube and Facebook as well as 13 other social media sites associated with specific bariatric hospitals. The response rate for in-person hospital settings is indeterminate as the author is not sure how many potential individuals viewed the posted fliers. However, the author determined that a total of 6 individuals elected to participate in the study based on in-person recruitment. In addition, the response rate is incalculable as the author is not sure how many individuals reviewed each sites. However, the author determined that a total of 14 participants emerged from online social media recruitment. Recruitment spanned six months, starting June 2011 and ending November 2011. Due

to the low number of men who obtain weight loss surgery as compared to women,[1] the researcher relied on a convenience sample[21] and utilized snowball sampling.[22] Eligibility criteria for the study included 1) that the male had weight loss surgery within the last 5 years; 2) was at least 21 years of age; 3) was at least 6 months post-surgery at the time of study; and 4) resided in the U.S.

## Research Design and Analysis

For the study, the researcher conducted in-depth, semi-structured interviews. Each interview consisted of the participant completing a demographic form and answering a series of questions from the interview protocol, which received approval by an institutional review board regarding social support (*Please see Appendix A for a list of sample interview questions*). The interviews took place either in the participant's home (based on location) or via Skype (video conferencing program). Each individual participated in a 60- to 90-minute interview which was audio recorded and transcribed. The researcher and a research team individually coded each transcript. After coding the interviews individually, the research team compared preliminary codes and developed the final themes/categories that emerged in the study.

## Credibility and Transferability

The researcher provided each participant with a copy of the interview transcript as a form of member checking. Upon receiving the interview transcript, patients could review the questions and their responses and take a week to provide feedback, and then ask specific questions for clarification or request modification of any statement or phrasing that they provided during the original interview. If the researcher noted a lack of clarity in any of the responses, the researcher addressed this with the participant at that time.

Concerning qualitative research methods, credibility/trustworthiness and transferability are important concepts.[23,24] To promote credibility, the researcher engaged in reflexivity assignments.[25,26,10] The author specifically participated in reflective writing prior to starting the project and during the research study. The author reflected on his epistemology as it relates to weight loss, being a male, and ideas about social support. In addition, the researcher incorporated bracketing during the interviews.[27] Likewise, he incorporated an audit trail to ensure credibility.[28,29] To promote transferability, the author made sure to situate the data in the existing literature and to make inferences regarding ways in which the data could inform the larger society, specifically as it relates to patient care and medical professionals, as well as others who might work with bariatric patients.

## Results

### *Sample*

After approval, the researcher interviewed twenty men for the study. Participants resided in Georgia, in addition to a number of other states, spanning the Northeastern, Western, Midwestern, and Southern areas of the United States. In the study, 16 participants self-identified as Caucasian, while 2 reported being biracial (Caucasian/Native American and Caucasian/Mexican) with the remaining 2 self-identifying as Hispanic. The average age of the participants was 44 with a range from 29-64. In terms of yearly salary of participants, the average was $43,225.00 with at least one participant reporting no source of income. The length of time out from surgery at the time of the interview varied, with a range from six months to over a year out from surgery. The average amount of weight loss at the time of the interview was 122.5 pounds. At the beginning of the study, participants selected a pseudonym to protect their confidentiality. (*Please see Table 1, for sample demographics*).

## Emerging Themes of the Study

The overarching research question was "What are men's experiences and perspectives regarding social support during the weight loss surgery process?" In the study, three major themes emerged, which included: 1) Barriers to utilization of social support, 2) Feeling alone and isolated, and 3) Feeling connected online. A description of each emerging theme follows.

## Theme 1: Barriers to Utilization of Social Support

The first theme that emerged was "barriers to utilization of social support," which was reported as a major issue as it relates to men obtaining social support after weight loss surgery. Specifically, participants reported having a negative experience during their initial consultation with a mental health professional. In addition, participants reported not seeking social support due to 1) stigma of mental health support, 2) financial barriers, and 3) the perception of there being a

Table 1. Sample Demographics

| Pseudonym | Residence | Race | Age | Social Support After Surgery | Total Weight Loss |
|---|---|---|---|---|---|
| Magician | Texas | Caucasian | 55 | Online | 112 lbs. |
| Lucas | California | Caucasian | 48 | Online | 92 lbs. |
| Al Cargo | Pennsylvania | Caucasian | 59 | Online/Face-to- Face | 180 lbs. |
| Tom | Illinois | Caucasian | 34 | Online/Face-to-Face | 179 lbs. |
| ChampLV4 | | | | | |
| Gratz | Texas | Caucasian | 31 | No Support | 190 lbs. |
| Bubba | Indiana | Caucasian | 49 | Online/Face-to- Face | 140 lbs. |
| Jbird | Georgia | Caucasian | 51 | Online/Face-to- Face | 90 lbs. |
| Steve | Georgia | Caucasian | 64 | Face-to-Face | 80 lbs. |
| Idahoguy | Idaho | Caucasian | 50 | Online | 105 lbs. |
| Bruce | California | Caucasian | 39 | Online | 100 lbs. |
| James | North Dakota | Hispanic | 33 | Online | 115.2 lbs. |
| Mr. Green | Georgia | Caucasian | 51 | Online/Face-to- Face | 125 lbs. |
| Nobley | Georgia | Caucasian | 42 | Online/Face-to- Face | 98 lbs. |
| Paco | Kansas | Mexican & Caucasian | 32 | Online | 195 lbs. |
| Ephraim | California | Caucasian | 33 | Online | 100 lbs. |
| Rolling56 | Georgia | Caucasian | 55 | Online/Face-to- Face | 116 lbs. |
| Andrew | Pennsylvania | Caucasian & Native American | 29 | Online | 112 lbs. |
| Jay | Georgia | Caucasian | 56 | Face-to-Face | 67 lbs. |
| Dom | New Jersey | Hispanic | 33 | Online | 77 lbs. |
| **Average (M) Range (R)** | | | **M=44 R= 35** | | **M=122.51 R= 128** |

lack of qualified professionals readily available specifically to address male patients.

The participants responded to questions about formal social support, specifically in terms of working individually with a mental health professional after surgical intervention. During the interview, all the participants reported that they had to see a mental health professional as a requirement to qualify for surgery (utilizing medical insurance). Most individuals ($n$=18, 90%) discussed negative experiences during the psychological exam or reported that they saw the psychological assessment as a way to qualify for surgery. In addition, individuals reported that during the process of getting approved for surgery, participants had negative experiences, which made them reluctant to work with a mental health professional after surgical intervention. With the exception of one participant, who saw a mental health professional after surgery for depression, none of the other participants reported seeking mental health services ($n$=19, 95%).

A number of participants mentioned that men have difficulty asking for help, ($n$=18, 90%). One participant in particular referred to asking for help from a mental health professional as a "sign of weakness." For example, one participant (Jay) stated, "Men in general are not inclined to share their feelings with strangers, therapists—well, people that they maybe don't know so much." Another barrier to the utilization of social support was related to the stigma of mental health services. One participant (Gratz) reported feeling uncomfortable being seen walking into a therapist's office. He reported that he would have been open to working with a mental health professional for social support if the professional came to his home, but he did not want others to be aware that he was seeking services. Further, Gratz elaborated on stigma associated with going to the hospital by stating:

> I don't like to go to doctors—period. I can be on my deathbed and, finally, my wife will convince me to go to the doctor. I'm just not a doctor person… you can do the chat with the therapist, and no one else outside the home has to know. If I could avoid the drive and the waiting in the lobby and just log on at 10 a.m. and do a quick thing, heck yeah.

In addition, another barrier to the utilization of social support that emerged was that of socioeconomic status and the cost associated with mental health services (which often were not covered by medical insurance) ($n$=15, 75%). One participant (Mr. Green) reported that he did not see a therapist after surgery due to his lack of employment and his inability to self-pay for services. When Mr. Green was asked about mental health services after surgery, he stated, "I don't have insurance anymore…Like I said, if I can set up some state-sponsored sessions with a therapist, that would be awesome, but right now I've been concentrating on getting my business going." Likewise, Gratz reported that he would see a therapist if monetary issues did not pose a barrier. Other participants reported that medical insurance did not cover mental health services beyond the psychological assessment, which would require out-of-pocket of pay—which posed a barrier to social support.

Regarding barriers to mental health services, another topic of discussion was a lack of professionals who are qualified or appropriately trained to work with the bariatric population. One participant, Nobley, reported that he had not requested mental health services to assist with adjusting to life after surgery. He reported a definite lack of professionals in the area where he lived who specifically focused on working with bariatric clients. He also mentioned having issues with finding a professional whom he trusted. Nobley explained that in order for him to trust a mental health professional, he needed to feel that the professional could identify with him. When asked what he meant by the professional being able to "identify" with clients, he explained that he would want to see a therapist who had undergone bariatric surgery.

## Theme 2: Feeling Alone and Isolated

The second theme that emerged was "feeling alone and isolated." This theme developed as participants reported that while some of them attended face-to-face social support groups, some of them that attended these support groups felt alone and isolated due to being a male patient among a majority of female patients. In the study, nine men ($n$=9, 45%) reported that they did not participate in face-to-face social support groups. These men attributed this to issues that related to how they perceived social support. A number of the men reported that they felt that they would be isolated at the in-person support groups, based on their experience of

attending prior to surgical intervention (as a requirement for surgery) (*n*=9, 45%). Men also reported feeling that while in-person groups could be helpful to gain support regarding the overall process of weight loss surgery, without a significant number of men in attendance, sessions would tend to center on female concerns. Some men in the study mentioned that there was not as much of a discussion regarding some of the concerns that men in particular may present or struggle with after weight loss surgery (*n*=9, 45%). For example, one participant (James) conveyed that he did not get his question answered and stated the following:

> I went to a couple of the ones locally and, I, I just think there was more of a wealth of information online than the kind of face-to-face support groups…I got more of my questions answered by the online community than I did when I went to the local support groups. My goal in the support groups was to get support for what I was feeling...and I pretty much did not get my questions answered at the in-person meetings.

Another topic of discussion related to a lack of convenience and availability regarding scheduling in-person meetings. For example, a couple of participants (*n*=2, 10%) mentioned that the hospital where they received the surgery required driving more than an hour from their primary residence. These men mentioned that due to the commute as well as work/family demands, in-person meetings were not always possible.

While a number of participants decided not to attend in-person social support, half reported attending at least one face-to-face support group (*n*=10, 50%). The individuals who attended face-to-face support groups reported that they were able to meet other individuals going through the same surgical process. A total of four participants (*n*=4, 20%) reported that they attended social support groups individually. However, a total of six (*n*=6, 30%) individuals reported that their spouses attended some of the support groups. Also, these participants (*n*=6, 30%) reported feeling safe and comfortable in the face-to-face support groups. Individuals reported that they discussed the following topics: preparing for surgery, preparing for life after surgery, health and fitness after surgery, food addiction, medical issues, and adjusting to life after surgery. Individuals reported feeling as if they could communicate with others who understood their experiences of being overweight and struggling with obesity. The men used the terms "family" and "bond" when they described the relationships they developed in the face-to-face support groups.

## Theme 3: Feeling Connected Online

The third theme that emerged was "feeling connected online." This theme stemmed from the overwhelmingly positive response that men reported regarding online social support. These individuals reported feeling like they were part of a community with other people who shared similar experiences in life based on gender as well as obesity status. While some participants reported attending face-to-face support groups, an overwhelming majority reported that they felt connected through the utilization of online support (*n*=17, 85%).

In addition, participants reported that they received more support via online social networks and websites than in face-to-face support groups. For example, James reported that he garnered more online support than support from face-to-face interaction. Online support consisted of support groups sponsored by hospitals and weight loss surgery websites (obesityhelp.com and lapbandtalk.com) as well as popular social networking websites (YouTube and Facebook). For the most part, participants reported positive aspects of online support (*n*=17, 85%). Participants reported that they could go online any time during the day or night and interact with other men who shared similar experiences. Participants cited other positive aspects of utilizing online support which included having the ability to interact with others from around the world, to connect with others who shared the same surgeon, to control their level of interaction, and to connect from home (*n*=17, 85%).

Participants reported that they used YouTube and connected with others who had weight loss surgery. For example, Jay reported that he was able to receive immediate feedback regarding some of the issues he was experiencing post-surgery. Jay mentioned that he would post videos on YouTube where he would talk about whatever issues he was struggling with related to his weight loss surgery experience. He noted that although his wife tried to be supportive, she was not as helpful as the online community due to her inexperience and lack of knowledge regarding surgery. Likewise, another individual reported a very positive experience with his level of involvement in online social support groups and social media.

For example, Cargo stated the following:

> I feel good. I mean, it makes me feel good that I can help people and I've come to really enjoy helping people. I give my phone number out, I give my email address out, and I tell people they can call me anytime if they have some kind of a crisis…so I've had people call me, and a few men in the group call me because our problems are a little bit different than women.

Privacy was one of the topics that came up frequently during the interviews as a reason why men preferred to interact online instead of in face-to-face support groups (*n*=17, 85%). One of the benefits discussed during the interviews was that participants had the ability to control their level of interaction and engagement. For example, some individuals reported that they posted videos regarding their weight loss experience (*n*=3, 15%), while some did not post videos, but did not necessarily view posting videos as negative (*n*=14, 70%). In addition, some posted pictures and audio files using their voice (*n*=8, 40%), while others preferred not to post pictures or upload audio files (*n*=9, 45%). Furthermore, some participants used their real names (*n*=15, 75%), while others created fictitious names or "avatars" (*n*=2, 10%).

Another stated benefit regarding the use of online support was the flexibility of scheduling and the ability to manage visibility and level of engagement. Ephraim explained that he likes that he has the power to control what he does online. He reported that he can get online at night or during the day which provides extra flexibility. Also, he mentioned that he can choose if he wants to open a message board, if he wants to respond to a message, or if he simply wants to read posts without engaging in communication with others. It is also important to note that while an overwhelming majority of participants in the study utilized online social support (*n*=17, 85%), three individuals (*n*=3, 15%) did not. However, looking back at the demographics, two of the participants (Jay and Steve), were older individuals, ages 55 and 64. It is quite possible that Jay and Steve's age could have posed as a barrier regarding accessing and utilizing the internet. The third individual (Gratz) who did not participate in online support also did not participate in face-to-face support groups.

## Discussion

The researchers yielded three main themes that help to expand the existing literature regarding social support among male bariatric patients. Specifically, the first theme that emerged was "barriers to utilization." The researchers discovered that multiple barriers exist for male patients that are related to their perceptions of social support and previous history of social support, as well as issues related to logistics and time. The second theme that emerged was "feeling alone." The researchers assessed male patients' experiences as they related to social support. In particular, findings showed that due to low rates of bariatric surgery among males, male patients reported feeling alone and isolated during the weight loss process. This translates to an inadequate amount of resources being readily available for male patients after surgery. The third theme that emerged was "feeling connected." The investigators discovered that while in-person social support was not significantly utilized, the majority of the patients preferred online social support. Additionally, the researchers found that male patients benefited from the utilization of online social support, which served to connect individuals who experience a sense of separation based on geographic location.

Considering a variety of forms of external social support such as utilizing formal therapeutic services, attending in-person support groups, and attending online social support, men reported an overwhelming preference for the use of online social support. The participants expressed concern and a sense of stigma regarding the utilization of formal social support. This is consistent with the literature that has been conducted regarding men being less likely to seek help and report distress.[8] While not explicitly stated, dominant notions of masculinity may impact how some men perceive asking for help and obtaining mental health support. It may be appropriate to consider ways to dismantle or challenge patients' perceptions about seeking help in order to decrease barriers for social support after surgery. One of the interesting topics of discussion was that men reported having a negative experience with a mental health professional during the process of qualifying for surgery. This suggests that research should be conducted to explore the process of preparing for surgery, specifically regarding the nature of pre-authorization meetings with a mental health professional.

One of the concerns participants raised regarding face-to-face support groups was the fact that they felt isolated due to support groups consisting primarily of women who have had surgery. This is consistent with the literature that shows that men are less likely to attend social support groups as well as literature supporting the fact that social support groups are often made up of female patients due to fewer men actually obtaining weight loss surgery.[3,7,8] Perhaps, medical professionals should consider creating opportunities for face-to-face support groups specifically for men. However, since a low rate of males obtain weight loss surgery, this may prove to be difficult without the integration of some form of technology for those who may be isolated in their own respective towns. It may be worth it for medical professionals to consider ways to collaborate with professionals in various states to establish a larger network as they consider ways to connect individuals who may be separated based on geographical location. It could also be important to establish this connection prior to weight loss intervention to ensure that male patients have adequate resources as they transition through the weight loss surgery process. Having support prior to intervention, may result in an increase in engagement and utilization of social support services after weight loss surgery.

Confidentiality represented another concern the men discussed related to therapeutic intervention. One of the benefits of online social support is that men can interact with others but also have their confidentiality protected. During the study, one participant in particular reported that he would be interested in working with a therapist if he could do so by utilizing video conferencing technology such as Skype or FaceTime. Assuming that individuals adhere to ethical issues and applicable licensing laws, online therapy could be a viable option for men who have had weight loss surgery. In addition, therapists could also incorporate online social networks as a part of the therapeutic services offerings. The researchers do admit that online therapy is still controversial which opens the door for some ethical concerns utilizing online methods of mental health treatment. However, researchers have suggested that increasing numbers of professionals are using online therapy to reach wider audiences.[30,31] Although online treatment has been under recent scrutiny by mental health professionals, medical professionals and mental health professionals alike have incorporated its predecessor—telemedicine therapy—to treat individuals who reside in rural areas.[32] Satellite therapy has also been incorporated into treatment programs for individuals in the military, so that mental health and medical professionals can gain access to officers who are deployed overseas or who, for other reasons, are inaccessible.[33] Some researchers have reported that online social support is equally effective when compared to in-person support.[34,35]

During the study, one of the participants reported that he would be more willing to work with a mental health professional if the professional came to his home. While home-based services historically have been implemented with children and families (i.e., functional family therapy, intensive family intervention, multi-systemic therapy), it has also been used in working with obese populations.[36] Home-based services could be a viable option for working with men who have had weight loss surgery. At this point, online social support is the most utilized form of external support reported by participants. Perhaps research investigators could conduct additional research to explore how different types of support received online ultimately impacts weight loss success over time. With the emergence of technology, online social support may prove to be the best method at this time for men to receive social support after weight loss surgery. Additional research on this topic could develop guidelines for social support or additional ways to enhance the currently existing programs. For older individuals who may not be comfortable using technology, these patients may necessitate finding ways to assist them in gaining access to online mechanisms to obtain social support. This could occur via the implementation of a class that can be used as an intervention to teach older populations (or individuals who may not have knowledge of computers) how to use technology. Also, keep in mind that possible issues related to computer access could include socioeconomic status and various other contextual factors that may pose as barriers to utilizing technology.

While the study focused on social support outside of the family system, the findings showed that more men reported being engaged and having positive experiences with in-person support groups—when their spouses participated. This is consistent with current literature where researchers have identified family as playing a significant role in social support.[37] Perhaps a future study could integrate an examination of social support that includes the spouse or extended family for both in-person meetings and online support to see if similar or different results emerge when compared with existing research.[17,38] Additional

research could include testing if spousal involvement in social support groups increases compliance with post-operative medical recommendations and overall quality of life for the patient. Also, analyzing dyadic data to consider the experiences of both the patient and the non-patient spousal counterpart could provide useful findings.

## Limitations of the Study

One major limitation of the study is that the sample consisted primarily of middle-class men as determined by socioeconomic status. The average salary for participants was $43,225. The results may have been different regarding utilization of face-to-face and social support if the study included a sample of individuals who were not middle-class. In theory, one could postulate that someone who has a lower socioeconomic status may not have access to technology to use as a social support mechanism. The possibility also exists that individuals who have a lower socioeconomic status may utilize face-to-face social support more frequently due to not having access. Another limitation of the study centers on race and ethnicity. The researcher was unable to obtain participants from diverse racial and ethnic backgrounds, which could have enriched the study's findings. In particular, cultural dimensions could exist related to access to and utilization of various forms of social support (in-person or online). Another limitation was the small sample size. Due to the small sample size, there was not enough data to analyze the significance or lack thereof of various contextual factors such as geographic location, ethnicity/race, age, type of bariatric surgery, or time since bariatric surgery, as it relates to social support. However, a future quantitative study may be worth considering to analyze such variables. Specifically for this study, the researchers collected data among 20 participants. However, the researchers reached saturation enabling them to gather in-depth information that can be used to further the literature. Although qualitative research does not lend itself to generalizability, the researchers did provide results that can be viewed within the context of transferability. Likewise, the collected data can serve as an exploratory study that can then function as the starting point for future studies that can include larger qualitative, quantitative, and mixed method studies.

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## Appendix A

*Selected questions from interview protocol*

1. How did you prepare for having bariatric surgery?

2. During the process of before or after, have you consulted a therapist?
   *Probe:* If so, why and when? If not, why not? Please describe your experience.

3. What changes have you made in your life since getting the surgery?
   *Probe:* Did one of the changes in your life involve seeing a therapist? If yes, why, for what reason? *Probe:* If no, why not? *Probe:* Have you seen a therapist before?

4. Is there anyone who did not want you to have bariatric surgery?
   *Probe:* How did you feel about that?

5. What role did your partner play during this process?

6. In which ways did you feel supported or not supported during the weight loss surgery process? *Probe:* Give me some examples.

7. Did you participate in support groups prior to surgery? If so, why? If not, why not? Please describe your experience.

8. Did you participate in support groups after surgery? If so, why? If not, why not? Please describe your experience.

9. Did your partner participate in support groups or therapy with you?
   *Probe:* If so, how?

10. Other than your partner, who else supported you doing this process?
    *Probe:* Did you receive support from family/friends/therapy/face-to-face or online support groups? Please describe your experience.

11. Is there anything else that you want to share about bariatric surgery that I did not ask you that you feel is important for me to know?

12. If I was going to teach a class to mental health professionals about social support, what do you think would be important for them to learn?

13. How do men perceive social support after bariatric surgery?

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