



Research Paper

## Exploring the Psychological and Social impacts of Bariatric surgery in the Indian context: A Qualitative study

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**ABSTRACT:** Obesity is a major concern and health condition people face which also comes with a high risk of morbidity and mortality. With help of new medical science Bariatric surgery (weight loss surgery) is a positive option for patients. The study mainly focuses on filling in the knowledge gap about the psychological and social impacts of the procedure as there is minimal research and providing a holistic treatment plan for adjustment post the procedure. The above qualitative study was conducted with the help of semi-structured interviews and the participant was selected with help of purposive sampling. Thematic analysis results revealed various themes which highlighted the need for psychological and social adjustments like the role of the adaption of post-recovery changes, the role of medical counseling, the role of family support, the social response, the role of physical appearance, and motivation, willingness to perform task and activities, secretiveness in sharing the information. The gap of knowledge in the Indian context is filled and the importance of psychological and social adjustments with the physical recovery is marked out. Along with providing the patients with a holistic recovery treatment plan post-surgery, Psychoeducation for patients in their pre and post-recovery as well as with family as the support system in process of recovery is seen as important.

**KEYWORDS:** weight loss surgery, psychological, social impact, adjustment, holistic treatment.

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### I. INTRODUCTION

Obesity can be portrayed as the New World Syndrome. According to statistics in the last ten years the problem of obesity has increased from 12–20% in men and 16–25% in women. Obese patients have been allied with increased risk of morbidity and mortality. Obesity is a major concern and a health conditions individuals face today ; therefore, weight loss becomes a major priority for them. From the year 1980 the rate of obesity has multiplied world wide . In 2014 more than 1.9 billion adults (18 years and older) 41 million children under the age of five are overweight. Thirteen percent of women (15 to 49 years) and nine percent (15 to 49 years) were obese or overweight in 2005 -06. The existence of overweight was more visible in urban areas than rural areas and was observed less in people involved in agriculture or any physical activity. (National family health survey in India-3). Obesity is considere abnormal or excessive fat accumulation that presents health risksh. Body mass index is a simple way to examine obesity or obese patients. WHO defines overweight as a BMI equal to or more than 25, and obesity as a BMI equal to or more than 30 (World Health Organisation,2021). Studying this new world syndrome major factors associated to physical and psychological domains are highlighted. Some researches reveal some physical factors like family inheritance, the role of heavy genes, patterns of eating habits in the family, lifestyles pattern, unhealthy eating habits, calories intake, sedentary lifestyle, lack of physical activities. Psychological factors like depression, anxiety and social pressure and low confidence in performance. A number of individual characteristics may place individuals at increased risk of obesity. The concept of Bariatric surgery is a more dignified name for weight loss surgery terms gastric bypass surgery, adjustable gastric band, or lap band surgery are different types of researched surgeries. In the last 5 years, more than 1,50,000 patients have taken Laparoscopic Bariatric Surgery in India. The average growth rate is 15 to 20 percent annually. Bariatric surgery provides an alternative option for weight loss for patients who meet the appropriate medical criteria, and for whom diet and exercise have proven ineffective. Also helps people go for these kinds of procedures due to severe medical conditions to avoid the risk of medical complications in future.

### **1.a Theoretical framework**

The self-Discrepancy theory revolves around the self-belief / self-state component. This theory proposes two psychological parameters the domains of self and standpoints of self. According to self-discrepancy theory, the interrelations among attributes constituting a actual/ own self- guide discrepancy represents, as a whole a negative psychological situation that functions as a construct. Thus, the discrepancy and emotional motivational state is activated when there are negative stimuli. (Higgins,2008). A similar component of self-perceptions can be examined with obesity among patients. Obese patients often experience discrepancies related to self in terms of appearance, confidence level, incapability to perform due to negative environmental stimuli. The theory would also be helpful to assess the concept of self-possess-post surgery study focuses on the age range 20 to 35 since this is also when people often experience identity crises and cope with various life transitions.

### **1.b Review of literature**

Obesity is the 'disease of the 21st century' and results in physical and psychosocial co-morbidities as well as poor quality of life (QoL). As against the nonsurgical treatment of obesity, bariatric surgery helps in treating morbid obesity. Since improved QoL and enhanced psychosocial functioning are important goals of a bariatric surgery, A successful bariatric surgery should not only include weight loss and improvement or cure of co-morbid conditions, but also improvement in eating pattern and lifestyle. Unfortunately, bariatric surgery does not have the same results in every patient. Patients who fail to adjust their eating behavior and lifestyle after bariatric surgery do experience adverse reactions. Compliance and adjustment may be attributed largely to psychological factors, implying that the operation on its own represents only one element in bariatric surgery. Considering the role of psychosocial factors in the outcomes of bariatric surgery and the impact of the operation on the psychological and social situation, mental health professionals should be a part of the process of evaluation and treatment of bariatric surgery patients. In the Netherlands, between 2000 and 2005, bariatric surgery has increased tremendously, and most Dutch hospitals have a multidisciplinary selection process.(Houta& Heck,2009) Bariatric surgery is an effective treatment for people who are obese. Patient's post care is essential for psychological and social well being This study investigated patients' experiences of life after bariatric surgery including important aspects of follow-up care in the long term. A qualitative study using semi structured individual interviews. Along with that to code data and identify themes and overarching concept in the study. Participants were chosen from two publicly funded hospitals in the South of England. And were Seventeen adults (10 women) who underwent a primary operation for obesity (mean time since surgery 3.11 years, range 4 months to 9 years), including Roux-en-Y gastric bypass, adjustable gastric band and sleeve gastrectomy, agreed to participate in the interviews. Experiences of adapting to life following surgery were characterized by the concepts of 'normality' and 'ambivalence', while experiences of 'abandonment' and 'isolation' dominated participants' experiences of follow-up care. Patients highlighted the need for more flexible, longer-term follow-up care that addresses social and psychological difficulties post surgery and integrates peer support. Unmet patient need for more accessible and holistic follow-up care that addresses the long-term multidimensional impact of bariatric surgery is highlighted in the study Future research should investigate effective and acceptable follow-up care packages for patients undergoing bariatric surgery.( MacKichan, Blazeby, Donovan,& Smith,2020)Obesity is associated with psychopathological conditions , which have a negative impact on the quality of life. Bariatric surgery helps people who are morbidly obese to attain the desired weight loss although its impact on psychological health is yet to be proved. A review of literature showed a trend suggesting improvements in mental health after bariatric surgery. Improvement in mental health is due to the weight loss and body image, self esteem and self concept, the most important factor contribution to post operative mental health includes a patient's sense of taking control of his/ her life and support from health care professionals. Pre operative psychological health also plays an important role. The literature also shows how the bariatric surgery is beneficial for obese paediatric population. However it is observed that not all patients benefit psychologically after bariatric surgery some patients continue to struggle with weight loss, maintenance and regain weight. Severe preoperative psychopathology and patients expectations that life will change post surgery also plays a negative impact on the patients mind. Therefore professionals must address these issues preoperative period for patient's to take care of themselves post-operation. (Kubik, Gill, Laffin and Karmali, 2013) The psychological and social impact of bariatric surgery in adolescents along with psychological and social factors of success were reviewed Pub med, EmBase, Isi wed science and psycho info were searched on July 2004, 15 were suitable for qualitative study and size for the meta-analysis ( four quality of life QOL, Two depression) one study was randomised controlled trial. A total of 139 patients underwent Roux-en-y, gastric bypass, 202 underwent sleeve gastrectomy. Overall QOL improvement after bariatric surgery regardless of the type of surgery they underwent there was a pale improvement at 6- 12 months study showed an overall improvement over 2 years and deterioration in the second post year operative year. There was limited data on the other psychological and social outcomes. There was insufficient data psychologically to form evidence based recommendation for patients selection for bariatric surgery at this time. ( White, Colville ,Viner and Christie, 2015)

## **II. METHODOLOGY**

### **2 1.Research Paradigm**

The best suited research paradigm for this proposal is constructivist interpretivist, this qualitative study mainly focuses on different experiences of the participants undergoing Bariatric surgery and social and psychological experiences by each one of them. Statement of problem The concept of Bariatric surgery (weight loss surgery) was recently introduced in India and therefore there is a lack of research in the Indian context, knowledge and importance provided about this concept mainly focuses on the physical domains of pre and post changes of the surgery but the psychological and social factors after this procedure is always neglected. Thus, providing a safe place to share different experiences can be beneficial for the participant to gain awareness about themselves and help them cope with psychological and social functioning.

### **2 2.Rationale of the Study**

From the research gathered and studied there is seen limited knowledge about the impacts of Bariatric surgery in the Indian context. Hence it is important to study this new concept of weight loss and recovery process. Gaps observed in previous research were, they did not focus on depression, anxiety, body image, confidence, mood changes, lack of motivation along with secretiveness, stigma, the role of a primary caregiver in the process of recovery, changes in lifestyles, acceptance in the society, food and nutrients, infertility in women.

### **2 3. Significance of the Study**

This qualitative study will be effective in contributing as there is a lack of information and research in this area which makes it difficult to have a holistic treatment plan for Bariatric patients. The research community does not know enough about the psychological and social after-effects of this physical surgery. Through the process of detailed analysis of the social and psychological impact of bariatric surgery, the present work will attempt to firstly fill the gap in knowledge about the psychological and social impacts of the aforementioned procedure. Secondly, the study will attempt to holistically understand the post-surgery phase of -adjustment to life from the narratives of the participants. It will garner knowledge about the need for potential psychological interventions that may need to be mapped out for individuals who undergo this procedure.

### **Objectives**

- To understand psychological and social impacts of Bariatric surgery in the Indian context.
- The study will be effective in providing psychological and social readjustment post-surgery

### **Research Questions**

On the basis of the review of literature studies few questions which caught the researches eye were,

1. What were the causes of undergoing the surgery?
2. What are the different set of experiences by the participants?
3. What are the psychological experiences related to Bariatric surgery?
4. Does undergoing this surgery have any social impact on the patient?

### **2 4. Participants**

Approximately 10 participants were chosen for this study with a fair representation of males and females, from which 6 participants were a part of the study conducted.

#### **Inclusions Criteria**

- Patients who have undergone Bariatric surgery
- . Patients within the age range of 20 to 35 years will be included.
- Patients with post-surgery experience of a minimum of 2 years a to maximum of 4years.

#### **Exclusion Criteria**

- Patients diagnosed with any severe mental health condition and participants with severe medical health conditions.
- Underage patients.

### **2 5. Data collection method**

This qualitative research study was conducted through a semi-structured in-depth interview. The set of questions revolved around these participants' psychological and social experiences the questionnaire prepared for the study was validated by the experts.

## **2 6. Process**

Participants for the research were selected through the purposive sampling method from the Digestive Health Institution by Dr. Muffazal Lakdawala. Further followed by an analysis of the data collected through interviews with the help of thematic analysis.

## **2 7.Data Analysis**

Thematic analysis is one of the most popular methods in qualitative research. It is often suggested that the implementation of this method should be in relation to the research questions and data availability.

Thematic analysis is the experimental and independent analytic approach. Is it considered different from others and a compatible and flexible research tool in providing a rich data set Thematic analysis is been as it is best suited for this study in exploring the various themes of the two major domains of interest.

## **III. Results**

As mentioned above in the data analysis thematic analysis is chosen to explore the overall journey of the participants' Bariatric procedure in their narratives from the reasons to opt for the surgery to their respective set of experiences post-surgery. And mainly exploring the psychological and social dimensions which was the main design of the study. In this qualitative study based on adjustment post-surgery shared by the participants, a set of narratives was highlighted.

### **Theme 1: Health-related challenges experienced prior to the surgery. -Different Health concerns ( BP, diabetes, menopause, mobility issues, the role of heavy genes, and social issues are seen as the reason for to option of this weight loss surgery.**

Participant 1 – “Okay, so I had already reached 111 kilos. And obviously, with the weight, I had a lot of health issues. I was a severe BP problem I had, I had thyroid. And before the last decision I made it was because I also got diabetes. And more than these health issues, I also had a lot of mobility issues. I couldn't walk March, I had a lot of pains, like pain, back pain. And obviously I wasn't looking good. That was one of the factors because when you're obese, you don't look good, you don't feel good. Health issues, pains motivates socially also, you don't want to go out you don't want to do anything. You don't want to dress up, you don't want to take pictures. So a lot of psychological and physical reasons. Because of which I finally decided because for a long time, there were people who were telling me why don't you consider it? And obviously you have this fear of you know, what if it goes wrong, what if there are side effects, long term problems that I may have? I was very apprehensive. But then eventually I said iss paar ya uss p and I that's when I decided to finally there was a lot of mobility issues. Also, I wouldn't want to do anything I don't want to move if there is no bell ringing, I wouldn't want to get up and open the door basically, you know social and physical, both emotional reasons, a lot of reasons”.

Participant 2 – “way, it was obviously a lot to learn it was not possible for me to reduce it to work out. Maybe because of my office schedule or some of the events I was I were not even trying one but when I was trying, if I join them, I actually I am living you know, in Noida, but my work is going on to different cities. So on week two days I would do days in my home study to tourists near the city for the work it was very you know, not possible not possible for me to join the gym regularly on a regular basis or I can continue the gym like for a long time if I have joined the gym a lockdown after the lockdown like it was going from Google and everything I was able to you know join the gym for two men that said otherwise it was not an argument and maybe it was more than 170 So I went to doctors I haven't tried some you know at all was something like a little bit thick treatment for the weight loss. There were few tablets, that lipo correct 120 If you know the sort of tablets for weight loss I tried that also but it was also not working. So finally, I met Dr. Muffi So recommend for this So, do that if it is not working for you What are all these medical things and where it is to was then surgery is the only option”

Participant 3 “I because I had become too heavy and couldn't walk properly. So you know, my knees were really bad. And my diabetes, I never had diabetes Sunday and got diabetes, like 8.6 or something. So that's what made me go for it. Just basically, to be able to move faster because I was always someone who would walk fast and couldn't do that.”

Participant 4 – “Family reason like my father my grandfather, my mother is also in a heavy body, my brother all heritage body like and in my small age, my weight is gaining very faster. So I have I try many things like gym dieting but not much. Result is what I want. So I go for this.”

Participant 5 “heavyweight. Just couldn't walk for too long. Couldn't stand for too long. It was getting very difficult for me to climb stairs. short distance walk also has to find like very difficult and as you can replace Though these were the main reasons and menopause bleeding was excessive”

Participant 6 – “first of all my weight was so that was the one reason second I had undergone hernia operation three times before this is my second pregnancy I had so many complications that's why I have to undergo hernia that was also a major thing for this as well. My name complications where they're like my legs were failing any of those reasons to for this

letter weight was the main reason actually. Because I was so amazed that I couldn't lift my daughter she was just one and happier, right. That was very hard. Doing all the codes of household and managing my kids. I have two kids. I was unable to run with them or do anything any activities. I couldn't sit down”

**Theme 2: Habituation to the physiological and dietary changes post-surgery - Habituation to the physical and dietary changes like anticipated changes like hair loss, sagging, gradual increase in the energy level and effective line of treatment offered of these changes and the mainly the dietary changes like food hypersensitivity, small food portions, restrictions to certain items post-surgery and how each individual goes through these changes as per the body type, type of surgery and willingness of change.**

Participant 1 “sure. So honestly, luckily for me, I have not had any major physiological problem as such. They say hold on dumping syndrome all day vomiting both there in the last 14 months I must have vomited only once very specifically I'm saying only once a vomited I have been very I've taken care also and the surgery has also been good with me because it's you know it's done good to me. I've not had because I've taken care of all the things that I am supposed to take care of not have liquids with solids and not overeat and be very careful to well eat small portions and all that have taken care of so changes per se major Moogerah Kosha Huaming everybody has major physical problems if you say a to hair loss major errors I'm left with I think almost only 60% of my hair I've lost almost 40 to 40% of my hair. So that is one thing and other is I have never had gas problem in my life. I've never had you know smelly gas or smelly motions. Whoa. So that is one thing even till date. I pass a lot of smelly gas a lot of I have to go to the washroom maybe three or four times in a day job when a worker that I was very minimal stomach was always very good. But smelly gas it me Hotaki I feel very conscious and very bad if I'm in public or if I'm with people. So I've never felt that I've never experienced that toothwort Awkward Oh chakra but besides that I don't remember any major other changes that I must have gone through or I still go through. The only changes are definitely positive mera diabetes chala gaya medicine shall again I'm off medication now so that is the good change if you want I mean, you know, it's not always the negative changes as positive changes coffee I like in a gas forget our stomach upset. Or hair loss Muzefatigue, we'll get our company why never feel tired and I will feel exhausted. In fact, I'm much healthier, I feel much more active and I'm able to do a lot of things which I've never been able to score” o that's the first one month which is I think the transition phase after the first one month I was allowed all foods, but the restriction was I was not supposed to have sugar or any kind of sugar in my meals. Fried food laying calorie foods may but I was allowed all home cooked normal meals which didn't have a lot of oil and you know, sugar in any form. So I think major restrictions was obviously calorie food oil, oily food and yep, sugar so mad I used to avoid breads I used to avoid I would have only multigrain bread. I still have multigrain bread. So, these are the restrictions are say aerated drinks were not allowed for I think the first few months which still isn't allowed but now I was told since I was a big fan of aerated drinks. So phele 6 mahine maine kuch nahi piya tha now I have a Diet Coke once in a while I'm allowed diet aerated drinks or I made make fresh lime soda with sugar free so I try doing that. So I was asked to refrain from aerated drinks basically and all kinds of soda and meals also. So these are the restrictions and how I adapted is basically I was a foodie, I want everything tasty. So I made sure whatever I eat I make it tasty. According to my taste muze jaisa taste pasnad hai adjust main kuch kuch adjust karke joh bhi khati piti hun main tasty kar lati hun I manage. So even if I want to have pizza I still have pizza but I try making it on a bajre ka roti at your you know, I try to have whatever I want the way can do it so and I think more than physically mentally I was so fed up of my weight and my health issues I was ready to you know, it's not only physical adaptation it's also the mental adaptation. If I'm mentally prepared I kept you know imagining myself slimmer fitter. So that kept me motivated for motivation mentally was very required for me because again, my short term arey itne se kuch nahi hota hai arey main kha leti hun but I always kept lookforward to the long term results that I was going to have that really helps me to be very honestly 8 /10 mianine 10 mahine main abhut seriously follow kiya do and donts. Now I'm quite liberal or not that harsh bahar kha kiya toh agle din main main balance kar deti hun certain balance so adapting lesson was not difficult because I had put myself in that mental space muze karna hai. I want to look good I want to feel good, healthier. And physically like I told you, I used adapt main healthy karke kha leti thi azar muzi vada pav nahi khana hai tawe pe fry karke multigrain bread main dalke for five months after my surgery. So I found my

ways of eating tasty food. And I'm sure we can manage that.”

Participant 2 –“ Initially I was you know, experiencing some warmer issues. When I started my solid out for first 10 to 15 days. Maybe it was my fault or I don't know like how body responded is picking a small bite was fine where we they asked me to chew it well. But as older habit, maybe I was chewing millets or I've done some overspending sometimes I even when my days inside, usually it comes out to all the things that was happening for first 10 to 15 days. And I told them like I called that is probably what we'll go through forever, like, once in three days, something like that, right corner of the tutorial time did happen. So they said just don't make it a habit and toward it. So, there has to be a habit whenever you want to do in one minute. So, I just took extra gear for that for 10 days, 10 days and it was otherwise like we I will say physiological activities are better.

So physiological changes did you experience fatigue because I was having hypertension, vitamin B was quite low. So before surgery, I was more than a 14 sort of stage. And even the you know, for the two hybrid engine, my blood pressure was a 191 40 sweating a lot. And even small movement. Just give me what do you want fatigue? I'll say is recklessness, even if I run for two to five minutes, but after that it was all fine. There's the thing was there if I talk in terms of like what I have to keep up with. Otherwise, if generally, you” restrictions on for you so for First of all, I used to smoke packets okay. And I quit smoking 14 or 15 days before surgery and so right now after eight months of surgery, we smoked two or three cigarettes the last two three months just for the social social smoking and the most vulnerable we have obviously been that's it so that was restriction was carbonated drinks. For first six months it was banned. After six months there is no restriction but they tried to fake they suggested to avoid that. But still if you're going out or in some ways there are drinks everywhere and not sort of drinkers I usually drink soft drinks in reference for something so it's once in a week have spent before six months I noticed that the third restriction I recall is the restriction for six months but no alcohol.

for six months nothing for six months I told you like carbonated drinks are smuggled only once in a week or once in 15 days that's it then then that normal dieting restrictions for example like fry avoid fried snacks or this week's eating out once in two days or three days that is why when I know the restrictions other than diet there was general like they're not lift weight for B16 months there was a general recommendation of it and how did you adapt to these restrictions that were given smoking was a bit tough because I used to smoke back in the day but I was the not too much liquid I used to smoke too time was physically because I live alone me after office that was a bit of tough but not much because it was normal habits things very low. I started smoking four years back it's not like 10 years or two years. That was a bit of a tough for me but not much. And regarding carbonated drinks and everything it was not. It was quite well from here I would say it was easy. It was easy for me it was okay because the only solution was like I was staying at home for three months before I was living alone or going out with first then it could have been tough. But for three months I just went to office and back home.

Yeah, on everything even smoking or drinking or you know type food, everything is easy to do if you're not meeting someone for what I personally experienced cold smoking since a year I would have done like three cigarettes for the five singles per day but then again, if I meet someone reinserting having a chat and start swapping even for the food you're sitting outside for dinner or something if you're staying there for two hours you will keep order something like tables or something like that. But if you're not meeting someone you're staying at home for is quite easy as compared to that even if I'm hanging out with my friends after the surgery for the end six months I just bought it I will come back a lot go for four or something like that so”

Participant 3 – “they give us a booklet initially so follow the book. And I did my own thing. So like I for this for two to three months I'd only Khichdi with a bit of picky only that like you know, buttermilk. And like one maybe would take me like speaking to us to eat eating small small bits. So I did my own thing. So whenever I'm hungry I feel like I just like you know this maybe not a smaller because you can eat a lot so the small portions so as soon as I finish the operation I've given a bed and given a mother I don't eat rice dies very little of course not sure parties I don't like them gently even if it's like a chicken if it's fried. I read one small bit I can't eat the whole thing. I don't force myself so where the eating is concerned I'm okay it doesn't matter this one will even I started going out now sometimes I'll pick on the salad or take on like like sweet potato or even a chicken with one or two bits and that's it like a small bowl of soup what a long time to finish now I feel you can eat I mean you can eat a lot it's it's better than before but again it's very small portions”

“arlier is to always be breathless while walking now that's not there. And also change out you know like, I have to climb a flight of 22 to 25 Stairs steep stairs. I live on the first floor earlier I would sit and sit down climb 60s Sit down now No, not a time the whole flight without stopping icon right. In just soon after the operation I had no energy so I couldn't even lift up my leg to do this flips that you flip up your legs. Now I can do 20 instead of 20 So in a day I do 405 sets of 20 I still I'm still not able to work with the menus a lot so it's workings a bit is like difficult to do not these long one hour walks or so instead of that I do on the bed I do exercises from that apart from that. no major physiological changes that you experience after the surgery. No it just I just breezed through it. Sorry. I said I just breezed through it. I have a problem as such. I guess once I made up my mind. I welcome whatever change happened.”

Participant 4 “yes, I feel like a hair loss is hair loss. And sometime I I can't eat food. So I'm get anger about that So I can't eat food and I can't eat food. So I'm getting angered by I want to eat food, but I can't eating and like some time I'm feeling very very laziness feel after the surgery because of my surgery and all”

Participant 5 – “I can like one thing which I can't stop because it's I actually mean so I prefer those biscuits I tried this thing because what is that codes and on all the shops is not available from the local whatever I can get I try to get when I go to the supermarket s find one I do get. physiological means actually my body shrunk and like I could feel my mother's things skin loosening their arms, my breasts my thighs especially my arms I have put up and you're near the neck also but then with the exercises I think okay actually those two signals people over there from the digestive they had recommended for some people whose that corresponded cosmetic surgery surgeons, but I didn't want to spend on that now because I'm not going to offer any ramp or anything I'm happy with what now”

Participant 6 “I support limits most weight and then no fried items and everything was very difficult because first my food habits were like junk food and everything we used to go out to enjoy a doctor's surgery was restricted and not have ice creams and all that knows of things. And so that was my favourite part for that also, I was so first of all, I used to get very sad all by eating and I used to see them I used to eat all this healthy food. So after surgery, mentally also I was prepared I have to change my lifestyle. Otherwise it is of no use to begin again. So really, every day I started eating all the healthy food items like like Italy and all that I like I used vegetables a lot like stir fry and all that became my favourite but then starting I used to feel like everyone is getting by I'm unable most of the time I think I was not able to eat much in the starting like only half or I can say one Photoshop party was not very big after that, I regained Amaya understanding I didn't understood Okay, how much should I eat and I used to overeat that created some problems like vomiting and data delay I am this guy I have to detail later was when slowly slowly I was adopted. Like I started eating at everyone and the hard part was I used to it very fast I used to gulp things and I was done with gastric bandit bypass. So it was hard for me like to achieve properly starting I had all those problems. But now I'm used to them now so I'm done. I'm very hungry. I used to do this. But I understand that if I do them problems will be they Yeah, yeah.” I hairfall was the major problem that I think everyone used to go and that before surgery, you'll need I was told that your hair will be falling so module of extreme level, they don't care now I have begin it again. And for treatment, I've never felt I was the energy level was very hard. At any point after surgery also, I was not feeling so low or anything. And this flatness is there after post surgery and all that so still it's there a little bit even after doing exercise working my arms are still a little flabby stomach portion.

Sometimes I felt like joint pains and everything. But that was because I didn't have protein much. I didn't like the face off. I used to escape protein very much they used to scold me so many times.”

**Theme 3 – Role of medical counseling post the surgery- Post the surgery there are a few physiological, mental, and emotional changes that have been reported in patients the correct guidance related provided in the recovery phase helps the patient understand and cope better with these drastic changes.**

**Theme 4 – Role of family support post-surgery- Family support helps in overcoming distressing situations helps not only with physiological but with emotional and psychological support and is seen usually as a motivating factor.**

**Theme 5 – Role of social response post-surgery – Social response can be two types positive and negative, positive response helps in motivating the process of change a person is undergoing and negative response usually discourages and dampens someone’s hope of change.**

**Theme 6 – Willingness to perform activities post-surgery. – an initiative that is seen in the activities people like faster mobility, and energy levels post-surgery which have always been a problem prior because of the obesity and social mocking people receive due to lack of performance in the activity.**

**Theme 7 - Role of Appearance post-surgery- Confidence in presenting oneself and making a good physical impression in front of others and a positive social response in turn.  
(Body image, confidence, and social response)**

**Theme 8 – Disgrace in sharing information about the surgery- The secretiveness attached in sharing information about weight loss surgery as it is considered to be shameful in the social context.**

#### **IV. Discussion**

The main objective of the qualitative study was to understand the psychological and social adjustment of these patients who have undergone weight loss surgery and their set of experiences and to fill in the research gap in the Indian context.

The collective finding centered mainly on themes like 1) Health-related concerns which was the reason to opt for the surgery 2) Habituation to the physical and dietary how each individual goes through these changes as per the body type, type of surgery, and willingness of change. 3) Role of medical counseling, that the medical guidance given how effective it was for the patients to cope up with changes experienced, 4) Role of family support not just physical but mainly mental and emotional support which is played a significant in helping the patients increase willingness to go through these changes. 5) Role of social response post surgery which was seen in the pre and post-narrative of the interview where the patients reported how the societal response was affecting them as there was mocking and post-surgery the drastic change in opinion of the society. 6) – Willingness to perform activities post-surgery each patient mentioned positive changes with an initiative to perform the activities which were restricted prior to the procedure and there was little social role seen here as well which was the confidence to perform the activities like others. 7) - Role of Appearance post the surgery (Body image, confidence, and social response) each patient felt confident with their physical appearance post the procedure and positive social response they received in turn was a motivating factor to deal with body image and self esteem issues.

8) Disgrace to share the information about the surgery- there was mix of options seen where some were open with information of the surgery and how it has helped them to work on themselves and in fact suggested this procedure to others, on the other hand some were reluctant to share the information with the shame of society.

As per the findings of the study, there is a gap seen in the areas of Indian context research where there is a lack of information on depression, anxiety, body image, confidence, mood changes, lack of motivation along with secretiveness, stigma, the role of a primary caregiver in the process of recovery, changes in lifestyles, acceptance in the society, food and nutrients, infertility in women. Through this research, while understanding the adjustment of the patient post the procedure these gaps in the research and in the overall treatment of the patients who have undergone this weight loss surgery will be filled. The importance of highlighted themes like the adaption of post-recovery changes, the role of medical counseling, the role of family support, and the social response role of appearance, and motivation, secretiveness that has been drawn from the research the psychoeducation for patients in their pre and post recovery as well with family as the support in process of recovery is seen as important.

#### **V. Conclusion**

The purpose of the qualitative study was to understand the psychological and social impacts of Bariatric surgery to fill the gaps in the Indian context, and from the various themes drawn from the findings, the importance of psychological and social adjustment is seen as important as the understanding and adaption of physiological changes as it is offering these patients who have undergone this weight loss surgery a holistic treatment plan and not just physical recovery.

#### **Implication**

This qualitative study will be helpful in providing and overall holistic treatment plan for patients who have undergone Bariatric surgery, focusing on only on physiological changes but taking into account the importance of psychological and social adjustment post the procedure.

#### **Limitations**

A few limitations that were encountered were a shortage of time, only less number of people could be interviewed, and the participants being chosen from a particular clinic.

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