Research Paper

A Qualitative Study on Patients' Experiences of Interpersonal Relationships After Bariatric Surgery





Somayeh Azizi¹, Nadereh Memaryan² 🏿 Kaveh Alavi³, Rooholah Sedigh³, *Atefeh Ghanbari Jolfaei¹ 🔘

- 1. Minimally Invasive Surgery Research Center, Iran University of Medical Sciences, Tehran, Iran.
- 2. Spiritual Health Research Center, Department of Mental Health, School of Behavioral Sciences and Mental Health (Tehran Institute of Psychiatry), Iran University of Medical Sciences, Tehran, Iran.
- 3. Mental Health Research Center, Iran University of Medical Sciences, Tehran, Iran.



Citation Azizi S, Memaryan N, Alavi K, Sedigh R, Ghanbari Jolfaei A. [A Qualitative Study on Patients' Experiences of Interpersonal Relationships After Bariatric Surgery (Persian)]. Iranian Journal of Psychiatry and Clinical Psychology. 2020; 26(1):102-113. http://dx.doi.org/10.32598/ijpcp.26.1.3131.1





Received: 22 Jun 2019
Accepted: 25 Nov 2019
Available Online: 01 Apr 2020

Key words:

Obesity, Bariatric surgery, Weight loss, Family, Interpersonal relationships

ABSTRACT

Objectives This aim of this study was to qualitatively study the obese patients' experiences of interpersonal relationships after bariatric surgery.

Methods This is a qualitative research. The study population consisted of all patients who had undergone bariatric surgery at least two years ago referred to the obesity clinic of Rasoul-e-Akram Hospital. Of these, 11 patients were selected using a purposive sampling method and underwent semi structured interviews. Data were analysed using thematic analysis method in MAXQDA 10 software.

Results The results were classified into one main category and four subcategories. The main category was related to the changes in interpersonal relationships. Bariatric surgery affected family relationships, marital relationships, professional relationships, and relationships with friends. It changed family relationships especially in married patients. In couples who both suffered from obesity, changes in physical appearance after surgery caused conflicts in bilateral relationships.

Conclusion Bariatric surgery causes significant changes in interpersonal relationships. It improves the relationship between family members, especially spouses, although it can create different feelings at the same time. People after bariatric surgery may need the help of specialists such as a psychiatrist to regulate their interpersonal relationships.

Extended Abstract

1. Introduction

S

evere obesity (BMI>40) is associated with several physical and mental health problems. This condition is often resistant to treatment with diet or medications. Weight

loss surgery is the treatment that can help these patients to improve their conditions. Bariatric surgery is one of these surgical treatments used in patients with obesity. This treatment has favorable short- and long-term effects in controlling weight and complications of obesity. Bariatric surgery reduces physical complications such as high blood pressure, metabolic syndrome, lipid disorders and motor problems. It also reduces mental and communicative problems in these patients. After surgery, the patient weight decreases rapidly and the complications of obesity are reduced. The weight loss can improve body image.

Although psychological disorders are usually improved after a bariatric surgery, some patients may experience postoperative complications. As weight changes can affect the physical and psychological problems of these patients, it is

* Corresponding Author:

Atefeh Ghanbari Jolfaei, PhD.

Address: Minimally Invasive Surgery Research Center, Iran University of Medical Sciences, Tehran, Iran.

Tel: +98 (21) 64351

E-mail: ghanbari.a@iums.ac.ir

expected to influence their interpersonal relationships with family members, relatives, friends and therapists. Considering the importance of interpersonal relationships in improving the mental health and performance of these individuals, this study was conducted with the aim of investigating the experiences of patients of their interpersonal relationships after bariatric surgery.

2. Methods

This is a qualitative research. The study population consisted of all patients who had undergone bariatric surgery at least two years ago referred to the obesity clinic of Rasoul-e-Akram Hospital in Iran. 11 samples were selected (7 females and 4 males) based on a purposive sampling method from among those who had willingness to share

their experiences of their interpersonal relationships after surgery. The researchers first explained the study objectives to them and then invited them to a semi structured interview. Informed consent was obtained from all participants. The interviews were conducted by a psychiatrist. The duration of each interview was between 60 and 120 minutes with an average length of 90 minutes. Data were analysed using thematic analysis method in MAXQDA10 software. Data analysis was performed independently by the student and one of the professors. Then, the data analysis was shared and confirmed in several group meetings between the members of the research team. To improve the portability of contents, the researcher tried to provide readers with the conditions for using the findings in other contexts by in-depth and rich descriptions of the research including the background and characteristics of participants, the study

Table 1. subcategories and codes of changes in interpersonal relationship

Main category	Sub categories	Codes
Interpersonal relationships	familial relationships	Isolation due to complications
		Feeling vulnerable by the partner
		Partner jealousy
		Partner dissatisfaction with patients low energy
		conflict due to frequent hospitalizations The negative impact of vomiting
		assertiveness in relation with partner
		Partner's reaction to changes of the patient's appearance improvement the relationship with children
		Getting emotionally close to family
		Less acceptance in families with high frequency of obesity
	sexual relationships	Partner sexual satisfaction with changes in appearance
		Dissatisfaction with vaginal dryness
		Partner dissatisfaction with decreased sexual desire
		Increase self-confidence in sex
		Sense of control in sexual intercourse with a partner
		Increase confidence
	professional relationships	Better job opportunities
		Positive feedback from male colleagues
	relationships with friends	Decreased isolation
		Isolation due to complications and low energy
		making new friendship

Iranian Journal of PSYCHIATRY AND CLINICAL PSYCHOLOGY

www.SID.ir

context, and the barriers and limitations. The study protocol was approved by in Research Ethics Committee of Iran University of Medical Sciences.

3. Results

After transcribing and coding interviews, 248 codes were extracted. The codes were divided into categories and subcategories. The results of present study were classified into one main category and four subcategories (Table 1). The main category named "experiences of interpersonal relationships". It was found that bariatric surgery could affect the family relationships, marital relationship, professional relationships, and relationships with friends. The surgery led to changes in family relationships in married patients. In couples who both suffered from obesity, individual changes caused conflicting feelings on the partner. Also, changes in physical appearance led to the spouse' unusual behavior. These conflicts caused patients not to continue their diet and thus gain weight. Relationships with other family members like children were also affected by surgery and its complications. Food intolerance was another important factor that negatively affected the family relationships in patients. The bariatric surgery caused hospital readmission which led to a negative reaction from the family. The relationship with the spouse was influenced by the patient's decreased energy and mental changes. In terms of professional relationships, the surgery caused a sense of self-confidence in the patient. Surgery caused the formation of new friendships; new friends who find each other in the clinics and during the treatment process. These friendship circles are mostly about sharing surgery and diet information. These friendships also led to the formation of social networks. Participants believed that they had the ability to regulate their interpersonal relationships.

4. Discussion

Patients undergoing bariatric surgery experience significant changes in their interpersonal relationships including family relationships, marital relationship, professional relationships, and relationships with friends. These changes were sometimes positive, with the approval of family members and friends, and sometimes were negative with their criticism, especially in cases where the surgery had complications. Patients experienced conflicting changes in their relationship, from improved interpersonal relationships to severe problems and tendency to get divorced. Families with previous problems were likely to experience more challenges after the bariatric surgery, and need psychological and psychiatric interventions. After the surgery, old relationships were challenged and new relationships were

formed. Based on the results, the most significant changes were made in relationship with the family and the spouse.

5. Conclusions

The results of the present study can be used in following up of people who undergo bariatric surgery. Based on the results, the interpersonal relationships of patients undergoing bariatric surgery face a lot of changes. These changes should be considered in postoperative counselling by a psychiatrist and psychologist. Psychologists and psychiatrists should prepare them to deal with these changes by applying counselling methods and familiarizing them with postoperative changes. They should also teach coping strategies and adaptation methods to these patients. Early intervention in case of problems can prevent them from escalating and serious disputes.

Ethical Considerations

Compliance with ethical guidelines

This study was approved by the Ethics Committee of Iran University of Medical Sciences with (Code: IR.IUMS.REC 1396.32490). A written consent was taken from the subjects to participate in the research. They were free to leave the project whenever they want.

Funding

The present paper was extracted from the PhD. thesis of the first author, Department of Psychiatry, School of Behavioral Sciences and Mental Health, Iran University of Medical Sciences.

Authors contributions

All authors contributed preparing this article.

Conflicts of interest

The authors declared no conflict of interest.

Acknowledgements

The authors would like to thank Iran University of Medical Sciences for financial support.

www.SID.ir