

“YOU'RE TAKING THE EASY WAY OUT!”:  
FINDING SOCIAL SUPPORT FOR WEIGHT-LOSS SURGERY

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“It does not matter how slowly you go as long as you do not stop.”

–Confucius

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## ABSTRACT

### “YOU'RE TAKING THE EASY WAY OUT!”: FINDING SOCIAL SUPPORT FOR WEIGHT-LOSS SURGERY

by Kyah J. Dubay

The purpose for this study is to bridge the communication gap in weight-loss surgery research and to explain how patients turn to virtual communities, specifically Facebook groups, for support while experiencing the process for a stigmatized procedure. There has been extensive research on the history and process regarding weight-loss surgery from the medical perspective, but little to none on the support communication that occurs between patients during the length of the process.

Living as an obese individual presents various challenges and encounters with stigma-based attitudes. Many of those challenges serve as factors in an individual's decision to have one of many types of weight-loss surgery (WLS), including gastric bypass and vertical sleeve gastrectomy. First, I discuss obesity as a medical and social burden for an individual and the need for treatment. I then explain the factors and motivations for weight-loss surgery and the stigma that accompanies WLS. Finally, I discuss the theoretical framework of stigma and social support, as well as the use of online resources for social support.

For this research, I conducted a qualitative content analysis of the posts within a support group on Facebook including more than 25,000 members of different backgrounds, ages, races, genders and experiences with weight-loss surgery. I analyzed the discussions according to the different types of social support as outlined by Cutrona and Suhr (1992) and further analyzed themes within those support types to explore the types of support people are most in search of during the weight-loss surgery process.

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## CHAPTER I

### INTRODUCTION

Being overweight comes with certain stigma, whether it's based on the societal construction of weight as a factor of physical attraction or the negative effects it can have on one's health. Unfortunately, the stigma surrounding obesity doesn't stop once an individual has lost weight, as there is a stigma associated with certain methods by which they do so. The overarching theme you will see in the following literature review will be one of stigmatization of obese individuals and the methods by which they lose weight. This will lay the groundwork for the reason people may turn to online and social media forums as support systems, and their need to reach out to others in order to manage questions and concerns. There is extensive research on weight-loss surgery from the medical perspective, but little to none on the support communication that occurs between patients during the lengthy process.

Living as an obese individual presents challenges beyond those imagined by people who haven't experienced obesity for themselves. Many of those challenges pose as primary factors in an individual's decision to have one of many surgical weight-loss procedures (from here referred to as WLS), including gastric bypass and vertical sleeve gastrectomy. The first section of this literature review will focus on obesity as a medical and social burden for an individual and the need for treatment. Second, I will offer a brief history of weight-loss surgery. Third, I will discuss the factors and motivations that ultimately result in a patient's decision to endure and complete the WLS process. The fourth section of this literature review will focus on the stigma that plagues WLS patients and their decisions to follow through with the procedures. The fifth section of this literature review will primarily focus on the theoretical framework of my research, including stigma and social support. The final section will discuss the use of online resources to

give and receive social support. The purpose for this thesis is to bridge the gap in WLS research and to explain how patients go online to lean on one another for support during the decision to undergo a stigmatized procedure.

## Literature Review

### *Medical and Social Need for Obesity Treatment*

Obesity presents both medical and social burdens, thereby requiring treatment. Thirty-four percent of US adults were afflicted by obesity as of 2010 (Flegal, Carroll, Odgen, & Curtin, 2010). It has substantial physical, social, and economic consequences that negatively affect quality of life (Wee, Davis, Huskey, Jones, & Hamel, 2012). To clarify, the term “quality of life” refers to “the burden of suffering and limitations in vocational and social functioning associated with illness” (Wadden & Phelan, 2002, p. 50S). A number of studies have shown that, compared to average-weight individuals, persons with extreme obesity report greater bodily pain and impairments in physical functioning, work, and social interactions (Fontaine, Cheskin, & Barofsky, 1996; Larsson, Karlsson, & Sullivan, 2002; Fabricatore, Wadden, & Sarwer, 2005).

According to Wadden and Sarwer (2006), patients diagnosed with extreme obesity face a variety of psychosocial challenges, including eating disorders, a lesser quality of life, and prejudice and discrimination, all of which may manifest into mental health issues, primarily anxiety and depression. In a combination of studies (Pawlow, O'Neil, White, & Byrne, 2005; Sarwer, Cohn, Gibbons, 2004; Latner, Wetzler, Goodman, 2004; Glinski, Wetzler, Goodman, 2001; Dixon, Dixon, O'Brien, 2001), 23% to 47% patients reported using psychotropic medication before weight loss surgery. Approximately 10% to 25% of candidates for bariatric surgery appear to suffer from binge eating disorder (consumption of an objectively large amount

of food in a period of less than two hours, during which the individual experiences subjective loss of control) (Spitzer, Devlin, & Walsh, 1992; Kalarchian, Wilson, & Brodin, 1998; Hsu, Mulliken, & McDonagh, 2002; de Zwaan, Mitchell, & Howell, 2003).

While the medical repercussions of obesity are plenty, the societal need for weight loss cannot go ignored. I will further describe the stigma associated with being overweight in a later section, but it is important to recognize social needs for weight loss, i.e. societal acceptance, respect, embarrassment reduction. Sobal and Stunkard (1989) explained that the disparagement of obese individuals has been referred to as the “last socially acceptable form of prejudice,” possibly in connection to the stigma that accompanies obesity.

Even in the medical field, obesity holds a stigma that may interfere with a patient’s ability to treat one’s own ailment. It is possible that embarrassment or fear of negative evaluation may prevent individuals from consulting their physicians about the possibility of surgery (Brown, 2006; Jay, Kalet, & Ark, 2009). This is not an unwarranted concern, as Foster, Wadden, and Makris (2003) revealed that more than half of the participants in a study of physician’s attitudes toward obesity viewed obese patients as awkward, unattractive, ugly, and noncompliant. Thirty-seven percent of respondents admitted to having negative reactions toward the appearance of obese patients. According to Hebl and Xu (2001), these attitudes likely lead to avoiding conversations about weight management with obese patients.

People who make an effort to treat their obesity will do so in one of two ways: through diet and exercise, while utilizing the resources available to them, or through medical intervention, including prescription medication and surgical procedures. “Evidence supports major beneficial effects of weight reduction, including both improved physical and mental health. Unfortunately, many patients are unsuccessful in achieving and maintaining weight loss.

Obesity surgery is the only proven method that can achieve significant sustained weight loss for the majority of severely obese (BMI over 35 kg/m<sup>2</sup>) patients” (Libeton, Dixon, Laurie, & O’Brien, 2004, p.392). Between 2003 and 2008, over 100,000 obese patients underwent weight loss surgery each year to “mitigate the complications of obesity” (Nguyen, Masoomi, Magno, Nguyen, Laugenour, & Lane, 2011).

### *History of Weight-Loss Surgery*

The first medical procedure with the goal of restricting food intake leading to weight loss was jaw wiring. This was not a sustainable treatment, as 66% of patients regained weight after having the wiring removed (Rodgers, Burnet, Goss, Phillips, Goldney, Kimber, Thomas, Harding, & Wise, 1977). The need for permanent results led to the surgical route for obesity management. The first tests were done by resecting part of the small intestine from a dog, resulting in decreased fat absorption (absorption through the intestines) and weight loss (Kremen, Linner, & Nelson, 1954). In humans, Kremen et. al., (1954) observed weight loss in patients who had lost a small portion of their small intestine, even with an increase in caloric intake. The two hypothesized methods of surgical weight loss were through malabsorption and restriction. In most procedures, while methods vary, malabsorption is encouraged through the removal of part of the small intestine. Restriction limits food intake and was originally achieved by forming a pouch, smaller than the original stomach size, through which the food would pass (Moshiri, Osman, Robinson, Khandelwal, Bhargava, & Rohrmann, 2013).

According to the Mayo Clinic (2016), the most popular methods of weight-loss surgery are the Roux-en-Y gastric bypass, the sleeve gastrectomy, biliopancreatic diversion with duodenal switch, and adjustable gastric banding. During the Roux-en-Y gastric bypass, a small

pouch is made at the top of the stomach to which the small intestine is connected, resulting in decreased intake and malabsorption. In the sleeve gastrectomy procedure, a large portion of the stomach is stapled, detached, and removed from the body, resulting in decreased intake. Like the sleeve gastrectomy, adjustable gastric banding decreases intake, but does not utilize malabsorption. This procedure does not remove part of the stomach, but rather utilizes an inflatable band to form a small pouch at the top of the stomach, restricting flow to the rest of the organ. The restriction can be adjusted through the use of a pump placed below the skin on the abdomen. Finally, the biliopancreatic diversion with duodenal switch begins with the removal of a large portion of the stomach. The middle section of the small intestine is closed off and the section below it is attached to the bottom of the stomach (the duodenum) (Mayo Clinic, 2016).

#### *Motivational Factors in the Decision to Undergo Weight-Loss Surgery*

The choice to have a surgical weight-loss procedure is often thought of as the “easy way out” for those who are unsure of the motivations and expected results. In a study by Libeton et al., (2004), 208 participants completed a questionnaire in an effort to discover the motivations behind the decision to undergo weight-loss surgery. The results were as follows: Medical conditions and health concerns accounted for 52%, appearance and embarrassment for 32%, and poor physical fitness and physical limitation for 16%.

While medical concerns accounted for the main reason to undergo weight-loss surgery, more than a quarter of the patients involved in a separate study were willing to accept more than a 10% risk of death to achieve their most valued height/weight state (Wee et. al., 2012). “Health utility” refers to a patient’s preference for his or her current weight or health status using a

gamble scenario with two possible outcomes, in this case being perfect health and immediate death (Wee et. al., 2012).

Patients seeking weight loss surgery report health utilities similar to those reported for people living with diabetes or with laryngeal cancer; however, utility values varied widely with more than a quarter of patients willing to accept more than a 10% risk of death to achieve their most valued health/weight state. Interference with role functioning due to physical limitations and obesity-related social stigma were strong determinants of reduced health utility (p. 231).

Appearance and embarrassment served as the second highest rated motivation for weight-loss surgery, consistent with some studies (Kral, Sjöström, & Sullivan, 1992; Rand & MacGregor, 1990; Vallis, Butler, & Perey, 2001) that showed previously obese individuals experienced less discrimination following weight loss through surgery. Friedman, Ashmore, and Applegate found a strong relation between stigma experience and phobic anxiety in a 2008 study. They explain that it is possible “that the fear of specific situations was learned and is maintained by repeated exposure to stigmatization” (p. S73). This is illustrated when people express the embarrassment they feel, due to their weight, when going out in public.

### *Societal Stigma of Weight-Loss Surgery*

The societal stigma that labels obese individuals as sloppy, lazy, and less attractive is damaging, and that stigma only carries over in the decision to use surgery as a method of weight loss (Puhl & Heuer, 2009). Those who lose weight through diet and exercise alone are not viewed nearly as harshly. These differing outlooks are based on the assumption that patients are not responsible for their own weight loss (Vartanian & Fardouly, 2013). Vartanian and Fardouly

(2013) conducted a study in which people rated personality characteristics of individuals who had lost weight. “After learning about the previous weight loss, participants rated the individual who lost weight through surgery as significantly more lazy and sloppy, less competent and sociable, less attractive, and having less healthy eating habits” (p.1545). The participants did not judge the individuals who lost weight through diet and exercise as harshly. As articulated by Sarwer, Wadden, & Faricatore (2005), this study’s findings highlight the lack of knowledge most people possess regarding how weight-loss surgery works. While it does facilitate weight loss, those who undergo WLS must adhere to a strict plan of diet and exercise, contributing considerable effort to prevent weight regain.

### Theoretical Framework

In this section, I will discuss social support as it relates to patients who have chosen to undergo WLS, an often stigmatized procedure. Social support is often a useful tool in mitigating stress and one’s ability to handle large decisions in a healthy manner, making it crucial for those who have experienced or are experiencing the WLS process. My research will look to describe what patients hope to gain from their online support system when seeking out advice and support.

#### *Social Support*

Through years of research, many definitions of social support have been established. Barnes and Duck (1994) describe social support communication as “the exchange of verbal and nonverbal messages conveying emotion, information, or referral, to help reduce someone’s uncertainty or stress, and whether directly or indirectly, communicate to an individual that she or he is valued and cared for by others” (p. 176). According to Cohen and McKay (1984), the term

“social support” has been used widely to refer to “the mechanisms by which interpersonal relationships presumably buffer one against a stressful environment” (p. 253). However, Thoits (1982) explains the issues prevalent in studying social support as a buffer. She explains that most studies fail to include adequate conceptualization and operationalization of social support, meaning a lack of detailed and objective application. This issue is mitigated for the purpose of this study by utilizing Cutrona and Suhr’s (1992) model to guide the analysis and organization of the data. Thoits also argues that the “direct effects of life events on support and the interactive (buffering) effect of life events with support may be confounded” (p. 148). Simply put, life events can be direct indicators of changes in social support and/or can cause additional changes in social support. The methodology of this study keeps this concern in mind and strives to mitigate it by including individuals who are at various points in their WLS process.

In the case of this study, the social support on which I will focus is that exchanged by WLS patients online and should be viewed from the perspective of social support as a buffer.

Sells (1970) stated that one experiences stress when one must “respond to a situation for which one has no adequate response and the consequences of failure to respond effectively are important” (p.134). Lazarus (1966) stated that stress occurs when one feels threatened by a situation and does not have an appropriate coping response. WLS patients often find themselves in the situation to mitigate the stress of facing widely held stigma when telling a member of their support system about the decision to undergo surgery. We can assume the patient values the other’s opinion of him/her, which makes it difficult to disclose information for which they cannot predict the reaction, ultimately serving as the source of said stress. That is the driving force behind the support-seeking efforts by the patient.

Cutrona and Suhr (1992) describe five different support activities: informational support, emotional support, esteem support, tangible aid, and social network support. Advice, factual input, and feedback are all examples of informational support. People may use this input to make decisions and judge actions. Expressing care, concern, empathy, or sympathy are acts of emotional support, which generally strive to support psychological wellbeing. Communication that expresses admiration or recognition of another's worth is a display of esteem support. This can occur through complimentary statements or other verbal displays of genuine admiration or appreciation. Tangible aid occurs in the form of physical assistance, which is quite rarely expressed through on-line channels. Finally, and most relevant to this research, Cutrona and Suhr (1992) describe social network support as directing or referring someone to another person or group of people who share a common set of experiences or expertise, allowing them to feel connected to a larger community. In the case of this study, WLS patients reach out to one another, because of the similar effects and attitudes stemming from the stigma associated with obesity and the use of surgery as treatment. According to Braithwaite (1999), informational and emotional are the two most frequently exchanged support messages on-line.

### *Support Through Online Forums*

In the era of social media and rapidly growing use of computer-mediated communication, it is extremely common for individuals with unique situations to turn to the Internet for advice from people with similar experiences. Walther and Boyd (2002) explain that, even though the Internet is full of small talk and "idle and banal chat", it also serves as a platform for valuable information and interpersonal interactions, including social support. As previously mentioned, people are more likely to disclose personal information via computer-mediated communication

than in face-to-face interactions (Joinson & Paine, 2007; Albrecht & Adelman, 1987). Albrecht & Adelman (1987) concluded that the network distance enhances perceived anonymity and “allows people to seek information and support without having to deal with the uncertainty of how those in primary relationships might respond” (p. 131). Albrecht & Adelman elaborated that these interactions would ultimately facilitate low-risk discussions with high-risk topics. For the purpose of this study, I will focus mainly on the support groups in which weight-loss surgery patients discuss their experiences throughout their individual processes. Walther & Boyd (2002) suggest these virtual spaces are attractive to users, because it is unlikely that they will know or have met other particular people in the group, but can gain a significant amount of information or shared experiences. Electronic social support then develops among strangers whose only commonality is a common affliction or concern, in the case of this study, obesity and weight-loss surgery as a treatment (Walther & Boyd, 2002).

The act of seeking social support in electronic communities has a number of advantages, including accessibility, the ability to lurk (observe and read discussions) without engaging, production blocking, hyperpersonal aspects, and anonymity (Walther & Boyd, 2002).

Accessibility is an advantage in that successful online communication does not face the geographic obstacles present in face-to-face communication. Conversations may not occur instantaneously, but interactions have the potential to build over time and “achieve the same interpersonal intimacy and depth” as a face-to-face meeting (Walther & Burgoon, 1992). This causes geographic location to be mostly irrelevant to effective conversation.

Lurking is unique among online support (Egdorf & Rahoi, 1994). Lurkers refer to users who read messages contributed by others without adding commentary of their own or interacting to signal observation. Moraes (1996) states that it is encouraged among new users to spend a

period of time lurking in order to learn etiquette and norms of a particular established group. This also allows a new user to see if others have previously resolved an issue he/she might be experiencing, thereby allowing the user to obtain information without asking for it and waiting for a response. This sort of virtual eavesdropping would be taboo in a face-to-face support or disclosure conversation. Mickelson (1997) states that online lurkers “can obtain comparison information or vicarious support without having to disclose anything about themselves... (and) obtain validation for their feelings of stigma without having to communicate those feelings to others” (p. 172). While this study will not address lurking as a way to receive social support, an online support forum does serve as such a resource.

Interactions via electronic media also reduce the issue of “production blocking”, meaning a user doesn’t have to wait for another to finish a thought by typing a comment to include their own thoughts on the conversation. Individuals need not take turns or wait for another person’s input before providing a comment (Diehl & Stroebe, 1987; Valacich, Dennis, & Nunamaker, 1992). Everyone has a chance to say what they need to say without being interrupted or forgetting their thoughts before getting a chance to orate them.

As a hyperpersonal experience, meaning it may be more socially desirable than we tend to experience in parallel face-to-face interaction (Walther, 1996), users are able to present themselves however they choose to. Users can represent aspects of their looks, thoughts, or personalities to varying degrees as they see appropriate or desirable. Characteristics that may be more obvious in face-to-face communication, such as nervous movements or other distracting habits, are ultimately eliminated from the interaction. Self-presentation, social cues, and interpretation of the message are much more deliberate in this way than in face-to-face communication (Walther & Boyd, 2002). The characteristic of being hyperpersonal can also

describe the lens by which a researcher examines how participants communicate with one another, using the basic communication components of receiver, sender, channel, and feedback. As a receiver, one can form opinions about the sender based on various aspects, including the sender's ability to communicate effectively and accurately. These opinions can shape the way the receiver views the sender, even if the receiver does not realize it. As previously mentioned, senders are able to present themselves in whatever way they choose. In regard to the channel, people can often make edits to something they have posted, as opposed to statements made in face-to-face interactions. Users provide feedback through comments, discussion, and private messages, including email.

Anonymity can be a deciding factor in the decision to discuss personal situations. Walther and Boyd (2002) illustrate the importance and influential state of anonymity by explaining that soliciting support reflects a personal concern, that many might consider to be a problem, inadequacy, or other stigma, which would harm their off-line personal or professional identity. They explain that participants often disclose extremely personal details on-line in their search for support, and others, in turn, sometimes respond with equally intimate details of their own traumas or experiences.

In order to justify the use of a Facebook group for this study, it's important to recognize why users join virtual communities initially. People join virtual communities, including Facebook groups, for a variety of reasons, the most frequent being to gain access to information (Furlong, 1989; Jones, 1995). They also join virtual communities for social support, supporting Thoits's (1982) idea that social support is "the degree to which a person's basic social needs are gratified through interaction with others" (p. 147). Watson and Johnson (1972) explain that the desire for a sense of belonging and affiliation also serves as an illustration of the need for social

support. As Wellman and Gulia (1999a) state, the Internet's accessibility and the search capability within it makes it easy for users to find others with similar experiences for the purposes of finding emotional and social support, as well as a sense of belonging.

### *Summary and Research Questions*

The existing research indicates that there is not only stigma associated with being overweight, but also with utilizing weight-loss surgery as a way to mitigate the health risk and low quality of life that often accompanies obesity. Even medical professionals have expressed views consistent with the stigma of overweight individuals as lazy or sloppy (Foster, Wadden, and Makris, 2003). The stigma associated with weight-loss surgery is often due to a lack of education on the process and the lifestyle change that is required for long-term success (Sarwer, Wadden, & Faricatore, 2005). Due to the stigma that often accompanies the decision to undergo weight-loss surgery, patients often seek out others who have shared experiences, specifically via social media support groups.

Support groups serve as a safe platform in which people with similar situations, including concerns and points of interest, can exchange information and shared experiences. When experiencing a stigmatized procedure, in this case, weight-loss surgery, it is common for patients to turn to virtual communities, including Facebook groups, for various types of information and support. The accessibility and anonymity that often accompanies computer-mediated communication makes virtual communities more welcoming options for support in which the member feels a sense of safety with those who have similar experiences and desire for privacy regarding said experiences. With the information presented in the aforementioned review in

mind, it is my goal in this thesis to discover the answer to the following research question:

RQ: How is social support communicated on Facebook for weight-loss surgery?

## CHAPTER II

### METHOD

#### Benefits of Qualitative Research

Qualitative studies rely on the collection and interpretation of lived experiences, interviews, observational texts, and a variety of other components, all in an effort to describe routine and problematic life occurrences (Denzin & Lincoln, 1994; Patton, 2002). In this study, I used existing artifacts, specifically online support group posts, to explain the ways in which WLS patients seek social support online. Glesne (2011) developed a definition of qualitative research that reads: “a type of research that focuses on qualities such as words or observations that are difficult to quantify and lend themselves to interpretation or deconstruction” (p.283). Patton (2002) explains the use of qualitative research as opposed to that of quantitative methods. Qualitative research allows the researcher to better understand participants’ viewpoints and use them to create meaning, while quantitative methods rely on standardized measures in which participants’ lived experiences are reduced to numerical data. Quantitative data does not allow the opportunity to analyze and reflect on responses in the same way in which qualitative data drives conclusions. Denzin and Lincoln (2008) explain that qualitative research is more appropriate when striving to discover the meanings people associate with behavior. The purpose of this study was to identify the types of support sought out by weight-loss surgery patients on a social network forum. This occurred in various ways, including those that didn’t explicitly ask for information or advice. Because the data in this study was highly individualized and personal to the participants, qualitative methodology was the most appropriate course of research. Through the coding process, which I will describe more thoroughly, I used Facebook posts from

a group specifically created for sharing WLS experiences to interpret the experiences of other individuals who have gone through a similar life change.

Creswell (2007) and Richards & Morse (2007) refer to goals of qualitative research, which include the following: to better understand an area where little is known, to make sense of complex contexts, to empower individuals to share stories and lived experiences, and enact meaningful social change. These goals appropriately align with this study, in that the subject of WLS is not only stigmatized, but the communication surrounding it is underrepresented and nearly nonexistent in previous research. The content included in the study also shows a wide range of emotions, which will be further explained in the results. Understanding the presence of those emotions was imperative to completely understand the various types of support needed by the participants. Taylor and Bogdan (1984) stated the following:

When we study people qualitatively, we get to know them personally and experience what they experience in their daily struggles in society. We learn about concepts such as beauty, pain, faith, suffering, frustration, and love, whose essence is lost through other research approaches. (p. 7)

Again, because this study revolved around a decision that people make for different reasons with various emotions, support outcomes and experiences, all of which quite difficult to generalize, qualitative research was the most appropriate and thorough form of research.

### Data Collection

Because the Internet has become a readily available resource, technology, specifically in the form of computer-mediated communication (CMC), has become a part of people's everyday lives, including the use of social network websites. As mentioned in the review of previous

literature, CMC allows users to maintain anonymous if they so wish. Even if they are not truly anonymous, they may feel they are when online communicating with people with whom they do not have a face-to-face relationship. Because of that perceived anonymity, combined with the group's status as "closed", meaning only group members can see posted content, individuals are more likely to disclose personal experiences via computer-mediated communication and seek advice on social media channels (Joinson & Paine, 2007; Albrecht & Adelman, 1987). This also serves as an advantage for a qualitative researcher. Because of the transparency in such social media posts, it is likely that the information collected by a researcher would be an accurate portrayal of the participants' thoughts and lived experiences, as they relate to the process of weight-loss surgery. In relation to the previously mentioned benefits of computer-mediated communication, the study was conducted using a method that could be referred to as "lurking", as I collected data without actually interacting with the participants or the content they provide to the group.

Another advantage to working with computer-mediated communication is the accuracy and completeness of the studied content and materials. Since the data was pulled directly from the support group's Facebook page, it was studied word for word, in its original form. This prevents loss of documentation or unintentional editing of the data being collected. Using CMC also allows for a flexible data-collection schedule. Since the data was randomly selected and did not require scheduled participation from the group members, such as interviews, I was able to collect data as it was convenient, but did so in one sitting. Because of CMC, I was also able to collect content produced by people from various areas of the country, without any sort of travel.

While computer-mediated communication allows for more open and honest disclosure, it also has limitations when utilized in a study. Garcia, Standlee, Bechkoff, and Cui (2009) explain

that, because online researchers are not physically co-present with the subjects, they must develop skills specific to textual and visual data analysis, as interpersonal skills and nonverbal cues become ineffective. Because all communication is written, there is very little nonverbal communication to supplement and strengthen the meaning of the messages. For example, there is vulnerability in the act of asking for support, signs of which may not be clear through online communication unless explicitly stated. This makes it difficult to visualize a complete emotional profile of the individual requesting support.

Lysloff (2003) argues that “virtual” sites of qualitative research differ significantly from those in the “real world.” However, Ruhleder (2000) and Lyman and Wakeford (1999) present the argument that we, as human beings, live in one social world comprised of both traditional and technological communication contexts. This study concurs with the latter in that individuals are seeking and communicating social support on a “virtual” platform for something occurring in their “real world” settings.

Based on the amount of members in the group and their vast geographic locations, we can assume the primary relationship between most users exists solely in their online community, in this case, a closed Facebook group. Consequently, we can accurately examine the social interactions between the members within this community by specifically studying online behavior. It is important to note that some of the participants may have face-to-face interactions, but the communication that occurs within those interactions would be outside the scope of this study and its purpose.

I utilized a Facebook group that includes over 25,000 users, all in various stages of their weight-loss surgery processes. Many users join the group in an information-seeking effort before they’ve undergone the procedure, and other members are in the maintenance stage, some over a

decade post-operation. While the group is closed, there is no formal procedure for admittance to the group. A user must request to be added, and an administrator for the group must approve it; there is no obligation to submit proof of one's status as a WLS patient. Due to its size and accessibility, this group included a wide range of races, ages, genders, income levels and life experiences, which provided an inclusive and comprehensive scope of research. I searched for posts that referenced the need for social support in the process of undergoing and having undergone WLS. In an effort to be thorough, I analyzed 100 random posts, allowing me to reach saturation, providing an accurate representation of the support seeking efforts in the group. The posts were collected in one sitting on a Wednesday afternoon in August. I chose to collect data on a Wednesday to avoid a heavy influx of posts that follow popular trends often utilized to show weight loss, including "Transformation Tuesday", "Throwback Thursday", and "Flashback Friday." I collected the data in the later part of the day, when Facebook tends to be most active. I chose to conduct this research in a month with no holidays, so the data wouldn't be skewed by an upcoming special occasion that many users would have in common while seeking support. For example, around the winter holidays, many users ask for advice on clothing choices for parties.

Before beginning my research, I contacted the administrator and founder of the group to gain permission to collect and analyzed its contents. Hine (2000) recognized the importance of being explicit in effectively structuring the initial letter to participants and referring potential subjects to her university web page to verify her identity. Using this idea, I kept a few things in mind. First, I needed to acknowledge that the original purpose of my membership was not linked to my research goals, as I joined solely as a WLS patient. I also wanted to make sure she was aware of the emotional connection and importance I placed in my own membership. Second, it was important to be explicit in my reason for the study- in this case, a thesis project. Third, I

needed to explain that the research would be used in a positive way. Fourth, it was important to explain the purpose of my research in a way that anyone could understand. Finally, I had to make sure the administrator felt a sense of respect for the group's members and graciousness for allowing me to utilize the group she had developed. Through the entire message, I aimed for a conversational and personable tone. The message read as follows:

“Hi Amy! First off, thank you so much for creating [group name]. It has brought so much joy and inspiration to this journey. Second, it has come time for me to choose a topic of study for my thesis to complete my master's degree in communication. Since this group has meant so much to me, I would like to use my research to help our community. Would it be okay with you if I used the discussions and posts to analyze the different types of social support exchanged? Everyone would remain anonymous and I would be happy to share the results afterward. My main focus will be to see the different types of communication that occur in support of one another, when others may find our decision to have surgery to be somewhat stigmatized. Again, I will absolutely respect the anonymity of the members, and I'm happy to post something to get feedback. I just wanted to come to you first.”

I then slightly edited the above message and posted it within the group, asking members for their initial thoughts on using the posts in the group for research, ensuring anonymity in the findings.

Since the group is “closed”, its content is only accessible by members, making the content “publicly private” or “privately public” (Waskul & Douglas, 1996). Waskul and Douglas explain that in cyberspace, defining a space as public or private may be reduced to accessibility. Since there is no verification process to join this closed group, it could be interpreted as public, but the interactions that occur within could be considered private. Because of this, I had some

initial concerns regarding how the members of the group would respond regarding their thoughts and feelings about their posts in the group being studied. In a study conducted by Chen, Hall, and Johns (2004) found that “many list owners and newsgroup members deeply resent the presence of research and journalists in their groups” (p.159). Additionally, in 2004, LeBesco conducted a study within an online site, into which eight other researchers tried to gain access. Its members rejected all but one of those researchers. As recommended by Roberts, Smith and Pollock (2004), I took the intrusiveness of the study into consideration when asking the administrator and members for their thoughts and permission (p. 161).

The post written for the purpose of this study ultimately received unanimous positive feedback and encouragement, mostly revolving around the idea that the study would shed a light on an area that hadn't been widely researched-communication associated with weight-loss surgery, specifically social support. Some users referenced the importance of educating people who were uninformed about the weight-loss surgery process and the support needed by weight-loss surgery patients.

As the researcher in this study, I fall under the title of what Walstrom (2004a) refers to as a “participant-experiencer”, rather than the common concept of a “participant-observer.” Walstrom explains that the participant-experiencer “entails the role of active contributor to the group being studied. This role specifically refers to a researcher who has personal experience with the central problem being discussed by group participants” (p.175). Before conducting this study, I joined the Facebook group as a WLS patient seeking information from people who had already undergone the procedure. Through the process of this study, while actively “liking” and commenting on discussions, I refrained from posting my own content, so as to distance myself

from the group and remain as unbiased as possible, even though I identified with the members of the group based on the medical procedure and need for social support.

### Coding and Data Analysis

According to Aronson (1994) and Polkinghorn (1983), the first step is to collect and read through the data for the first time, allowing the researcher to gain basic understanding of the content. During the data collection process, I scrolled through the page and chose the first hundred posts that sought social support of some kind, rejecting approximately three to five posts in the process. While the posts are generally in chronological order, this was not the case, as many included recently added comments, which would bring the post back to the top of the page. Some of the posts had discussions within the comments, whereas other hadn't yet received any feedback. For each post, I copied and pasted the content into a Microsoft Excel spreadsheet.

Secondly, the researcher should read through the data again, while organizing the content into themes (Aronson, 1994; Polkinghorn, 1983). Following this process, I categorized the posts using the five types of support, as established by Cutrona and Suhr (1992) as pre-existing themes to analyze the goals of users when posting: informational support, emotional support, esteem support, tangible aid, and social network support. Posts were coded as follows: A) informational support, B) emotional support, C) esteem support, D) tangible aid, and E) social network support (when a participant explicitly stated that they had felt support in the group). One could have interpreted some of the posts as seeking more than one type of social support, but they were coded based on the primary goal of the post. For example, a person may express frustration, but ultimately asks for information on meal ideas. This would ultimately be coded as seeking informational support.

The researcher should read through the content a third time to finalize themes (Aronson, 1994; Polkinghorn, 1983). In most cases of qualitative methods, researchers tend to let themes emerge from the data naturally as they study the content (Boyatzis, 1998; McCracken, 1988); however, I chose to use a model with pre-established categories of social support for the first round of coding. Posts that included a request for actionable advice for non-emotional inquiries were coded as seeking informational support. This included posts that asked about others' experiences in comparison to their own or asked objective questions. These posts contained phrases such as the following: "has anyone eaten [type of food]?", "when did you begin...?", "anyone else having this issue?", "when does... occur?", "is this normal?", and "has anyone experienced...?" These phrases and questions pertained to non-emotional experiences and knowledge. For posts coded for esteem support, I looked for phrases that expressed celebration or included a photo showing progress. I also coded posts that included phrases like "what do you think?" and "does this look okay?" Emotional posts were coded according to mention of specific emotions, posts that didn't explicitly ask for support but expressed emotion and a need to be recognized, and mention of interpersonal support or a lack thereof, usually in a "venting" format. I coded social network support posts as those that explicitly stated having felt a sense of support as a direct result of group membership. Tangible support would have been coded based on explicit requests for physical assistance. For example, if I member asked another for help lifting something beyond the post-operative lift restriction or for a ride to or from the hospital.

It was in the third round of data review that I took a more traditional approach in letting the themes emerge through analysis. After separating the posts into spreadsheets of corresponding support types, I searched for themes within each category of support. I searched for the types of information users were seeking, the kinds of esteem support they needed, the

range of emotions expressed in the posts, and why they felt social network support from the group. This step allowed me to further determine the underlying causes for individuals to seek social support, particularly in the posts included in the study.

In this chapter, I elaborated on my decision to utilize qualitative research strategies for this study. Next, I explained my data collection to provide a more thorough understanding of my research process. Finally, I discussed my process for coding to better illustrate the decision-making process behind my analysis of the data. I found that users sought informational support regarding food, medical experiences, post-operative nutrition, expectations for physical appearance, the pre-op process, and post-op results. In posts seeking esteem support, users did so regarding a need for celebration or validation. Those seeking emotional support expressed frustration, regret, excitement, elation, and inspiration. Finally, users that expressed feeling social network support from the group said they either felt inspiration or a sense of community. Tangible support was not present in the data. Chapter III will further explain my findings and conclusions based on the aforementioned review and analysis.

## CHAPTER III

### INTERPRETATION

Chapter one focused on a review of earlier research, specifically revolving around weight-loss surgery, the stigma associated, the need for social support, and the types of support as outlined by Cutrona and Suhr (1992). The second chapter outlined the way in which I would analyze the posts in a support group on Facebook to analyze how the members seek to attain WLS-related support. This first section of this chapter focuses on the analysis of the data collected through my previously explained qualitative research and seeks to answer the following research question: *How is social support communicated on Facebook for weight-loss surgery?* The second section will focus on roles of online social support messages, including as a buffer to the stressful situations created by the stigma associated with WLS.

#### Informational Support

After analyzing 100 Facebook posts, I determined 49 of them primarily sought and received informational support, the most common form of support represented in this research. These posts contained statements seeking actionable advice for non-emotional inquiries. Some members were seeking ways in which to handle similar experiences or more information on how their process compared to that of other members. Some members posted in hopes of receiving medical advice from other patients. While most of the replies offered the support the original poster was seeking, many members replied to medical inquiries with the recommendation to consult a professional, including surgeons and nutritionists.

Fourteen of the 49 posts seeking informational support asked about others' medical experiences. These experiences included many topics, including negative experiences due to side

effects (constipation, fatigue, etc.), surprising or unusual post-operative situations (pregnancy, for example), and questions regarding pain and transition back to “normalcy”. The common theme in these questions was informational on the surface, but seemed to have a deeper need for comfort, knowing that what they were experiencing was, indeed, normal and not something about which to be concerned. These inquiries included the most responses that recommended the original poster reach out to a medical professional.

Thirteen of the 49 posts seeking informational support were regarding post-op nutrition. Since malabsorption can occur with many WLS patients, more commonly with some procedures, it is recommended that they take double the daily dose via chewable vitamin each day. Since nausea can be a side effect after surgery, many patients find it difficult to consume vitamins, so some may reach out to other patients to see what has worked for them. Protein consumption is one of the most crucial parts of a post-op diet (Leidy, Clifton, Astrup, Wycherley, Westerterp-Plantenga, Luscombe-Marsh, Woods, & Mattes, 2015). Since it is integral to the patient’s ability to retain lean muscle while losing fat, most surgeons will recommend consuming 70-100 grams of protein per day. This can be difficult for a WLS patient with limited space for food, so responses in this category offered information regarding the most efficient ways to consume the necessary amount of protein.

Eight of 49 posts expressed the need for information regarding food. This is not surprising, since a change in diet is a dominant part of the WLS process. Posts include inquiries about what types of food they were able to eat and recipes appropriate for different stages of the post-operative diet. This is imperative, because after WLS, surgeons place patients on varying diets, but most of them include a liquid stage, a purée stage, and a soft-solids phase, for example.

Eight of the 49 posts were from individuals seeking information in the pre-op process. These messages were posted in an effort to gain an accurate idea of what WLS patients experience and for what situations they should prepare. Some posts asked about what to expect during their hospital stay, including what to pack, how long they would be there, and how to handle transportation to and from the facility. Some members asked questions regarding the insurance approval process, as it is different for nearly every provider and can be somewhat confusing for the average patient. Other users asked about the risks and potential side effects others have experienced after WLS. The posts regarding preparation seemed to be shared in an effort to make the decision to have WLS and how to go about the process. Original posters received a wide variety of responses and support on these posts, as people have vastly different experiences with insurance companies, side effects, pain management, etc.

Four of the 49 posts mentioned post-operative results, including inquiries on how to get “back on track.” These messages also included questions about expected results and comparison to other members in the group. Three of the four posts were from individuals who had stopped following the prescribed plan and were seeking information that would be helpful to resume weight loss. This type of question is another example of information seeking, while taking comfort in the idea that others are having a similar experience. Support responses included acknowledging normalcy in “falling off the wagon” of the prescribed diet plan and tips for regaining the skills and actions needed for success.

Two of the 49 posts asked questions about what to expect in regard to physical appearance. One asked about hair loss, specifically finding a style that would be minimally damaging. Hair loss is extremely common among post-operative WLS patients, due to the extreme changes in their bodies. It is common for users to both proactively and reactively request

recommended products to slow or prevent hair loss. The other post asked about ways to tighten loose skin. Loose skin is a common concern among patients, especially those who have been overweight for many years, have more than 100 pounds to lose, or have decreased skin elasticity due to age or other factors. Responses included methods of exercise, as well as products that may tighten skin.

### Esteem Support

Of the 100 posts, 27 of them primarily sought and received esteem support. These posts were classified as esteem support based on celebratory statements, displays of confidence, and requests for opinions on physical appearance. These posts included “Transformation Tuesday” posts that had received comments, bringing them back to the top of the group discussion, even though the data was collected on a Wednesday to ensure such trends would not be heavily present. “Transformation Tuesday” is a popular social media trend dedicated to showing an individual’s difference in appearance over time, and other before-and-after photos. Of the 27 posts identified as seeking esteem support, 20 expressed celebration, and seven expressed a need for validation.

Many of the posts that expressed celebration alluded to things the user was unable to do before losing weight. For example, one user said the following:

“So we’re traveling by auto train right now from Florida to Virginia. My son won’t get in the top bunk so I had to. I actually climbed up in the bunk and swung myself around... to sleep in the other direction! 85lbs heavier this would never have worked!”

Other users celebrated having had the surgery, many referring to “the bench” or “the losers bench”, as a metaphor for joining the group of people who have had the surgery and are losing or have lost weight as a result.

Posts also included popular trends like “Face-to-Face Friday” or “Throwback Thursday” meant to share the progress achieved thus far. For example, one group member posted, “Throwback Thursday! As of today, down 115lbs from my highest weight, 20 more to go! Cookies and iced coffee are evil!” Responses to these posts were all positive in nature, including encouraging sentiments like, “Way to go!” or “Awesome job, stats?” in which case users requested more information regarding the individual’s starting weight, surgery date and other details to elaborate on the status of their progress. This is another form of response that takes into account the idea that people are looking for similarities between themselves and other users.

Posts in the spirit of celebration also seemed to convey a sense of pride in the user’s ability to stick to the requirements of their new lifestyle. For examples, the following post included a photo displaying the change in the user’s appearance and includes hashtags that insinuate that she is participating in different types of exercise:

“From about 5 weeks ago... Down 2 inches in my Waist, 2 more around my hips and 2 inches in my thighs!! #melting #pilates #walkwalkwalk #swimming so thankful for my sleeve! “

Posts like this are not uncommon, in that users often share what works best for them and the excitement of having the ability to fulfill more intense exercises after having lost a significant amount of weight.

Users that seemed to seek esteem support in the form of validation posted things like, “I need some opinions ladies! I got this for my honeymoon in October to the Bahamas. Does it look

okay or should I return it?” or “Feeling frustrated, I see a slightly smaller person when I look in the mirror, but in pictures I still look sooooo big.” Photos generally accompanied these posts. The common theme in the posts suggesting a search for validation seems to display uncertainty in the users’ changing bodies. Patients who have lost a noticeable amount of weight may have a more difficult time dressing themselves or doing so confidently, as they are not used to the changing features of their bodies. Users provided validation in the form of compliments and positive opinions of the original poster’s physical appearance and overall progress, reassuring them that they “look great,” among other sentiments.

### Emotional Support

Of the 100 posts, 19 of them were primarily seeking emotional support. These posts expressed a variety of emotions, explained internal conflict, or requested advice for emotional coping. Twelve of the posts expressed a support need for negative emotions, and seven shared positive emotions. Most of the posts expressing negative emotion were focused on frustration, while one expressed regret after having had the procedure.

Users who expressed frustration did so regarding various topics, including stigma communication, poor support systems, and slow weight loss. In regard to stigma, a group member posted the following:

“...There is common misconception about WLS actually there are a couple, 1. It's the easy way out. 2. We only do it to lose weight. This annoys the ever loving shit outta me. It's not easy the decision making itself makes you a bit batty you pray and pray and pray. You discuss it with your doctor and your family you cry you feel like a failure when you realize you won't be able to do it without help...”

Another post read:

“For people who their spouse really aren't supportive about the surgery and say it's the easy way out, how do you cope. I start my next step with a 4 hour class tomorrow and my husband and I got into a huge argument about the surgery. So much more was said and not really wanna discuss it all. Welp. Going to sleep. My 4 hour class starts in 9 hours and I'm ready for a healthier me.”

Finally, another user mentioned the lack of support from her husband:

“Wow, my husband during a heated argument last night. My husband had the nerve to say to me. I took the easy, lazy way out by having surgery. Also that I didn't even lose much weight. Feeling really hurt.”

These frustrated comments further show the impact of human support systems and their quality. Responses to this post ranged from sharing similar experiences and coping mechanisms to recommending the original poster consider the status of her marriage, some mentioning divorce as an ultimate solution.

The individual whose post conveyed regret seemed to have difficulty adjusting to the extreme restrictions immediately following surgery:

“How long does the feeling of regret last?! I just want to be able to chug my drink :( and actually EAT. not take a sip or two of soup and be about to puke pop. why did I do this to myself?! Is it REALLY worth it?! and my mother just called to remind me about my fluid intake :| ughhh!!!”

This post also conveys frustration. Responses included people who had also felt similarly after their procedure, but ultimately being thankful they had had WLS. The common theme among the

posts expressing negative emotion seems to be an inability, in the patient or his/her support system, to cope with change.

Positive emotions included excitement, elation, and inspiration. Many of the posts expressing excitement referenced the sense of reality that comes with scheduling a weight-loss procedure. For example, users posted things like, “Oct 31 is when I will join the loser’s bench!” and “Just got that call for my surgery time... I’m very excited and even more nervous!” Others needed emotional support while feeling inspired to keep going with their weight-loss progress: “I confess I been slacking...I'm using this photo to visually see how far I come and that I can achieve more! I need to recommit and value my new stomach... Anyone out there that is going thru the same situation?” This is one post of many that reflect the comfort in knowing others are experiencing similar feelings and situations. Empathy, in all categories of support, was an overwhelmingly common theme in the original posts, as well as the responses.

#### Social Network Support

Of the 100 posts, six of them expressed receiving primarily social network support. These posts were only classified as social network support if the member has explicitly stated that they felt supported through their membership of the group. Sources of their appreciation ranged from the support coming from the members directly or through simply observing the activity of others within the group. Four of the posts cited a feeling of inspiration from the group, and two expressed appreciation for the sense of community. Posts citing inspiration included statements including “You all are my inspiration and I have learned a lot from this group!” Those expressing appreciation for the sense of community included statements such as, “I’m so glad I

have this group!!!! ‘Regular’ people wouldn't understand” and “I feel like this is a safe place to post this and I am really excited about my progress.”

One user stated, “I love following everyone’s success stories,” which is representative of one of the primary advantages of computer-mediated communication: lurking. As previously mentioned in the review of literature, Mickelson (1997) stated that online lurkers “can obtain comparison information or vicarious support without having to disclose anything about themselves... (and) obtain validation for their feelings of stigma without having to communicate those feelings to others” (p. 172). In this instance, while the user hadn’t explicitly stated that she had gained or was seeking social support directly from lurking, she did express that her actions in doing so were an advantage of group membership. However, without directly communicating with this user, we cannot know if she enjoyed “following everyone’s success stories” because she felt inspired, felt a sense of community, or was simply proud of the other users’ milestones.

### Tangible Support

Of all of the posts collected, none of them requested any form of tangible support. During my analysis, there were no posts that asked for physical assistance that would qualify as tangible support. I believe this is due to the wide range of locations of the group members. Physical limits for WLS patients include lifting restrictions after surgery and the inability to move with agility; however, none of the users asked for assistance from other group members to overcome such obstacles. Had this study been conducted in a group containing members who share a geographical location, tangible support may have been more prevalent, due to the physical limitations resulting immediately from a surgical procedure. It is likely that if users were asking

people for tangible support, it would occur in personal or face-to-face interactions, which would be outside the scope of this study.

### Responses to Support-Seeking Posts

While the responses and discussion following each original post are not the primary focus of this study, it's important to acknowledge the types of support offered following the initial support-seeking post. The most prevalent theme among responses to the posts in this study was that respondents often went beyond providing the information the original poster was seeking. In most instances, they contained one type of support (the type being sought in the original post), as shown in the following example seeking and receiving esteem support:

Original Poster: “So after losing almost 150 pounds, I decided it was time for a make over today! I must say, I'm feeling pretty good today” (photo attached)

Responses: “You look fabulous!!! Congrats on the loss”

“You look awesome”

“And you look great - beautiful!”

Many responses included multiple types of support. In one example, the original poster asked members of the group about their experience in when they began noticing a difference in their weight. This particular response not only provided informational support by answering her question, but also included emotional support by offering reassurance and congratulations. The example reads as follows:

Original Post: “Move on over, I officially joined the losers bench on Aug 19th!!!! I'm home now, but feel so much bigger then before :( I know it's not possible because I have

had nothing but an Oz of fluid every 20 minutes. When did you guys start to see a difference?”

Response: “You have a lot of fluid in you and you are swollen. It takes like 5 to 7 days then you will start dropping! Don't get discouraged. Congrats on your new journey.”

Additionally, some informational posts that were related to side effects were often met with responses including advice and urging the original poster to seek advice from a medical professional. One example reads as follows:

Original Poster: “So today is 6 weeks since my surgery & I had my iv in my left hand...its hurt since surgery, but I thought it was normal. Now it's swollen, I can barely touch it without extreme pain & now it's warm over where the iv site was.....I'm getting nervous! Thoughts?!”

Responses: “Go to the ER now. It could be a DVT.”

“It's warm to the touch? I agree with getting it checked ASAP”

“Heating pad tonight and if not better tomorrow call your surgeon”

The aforementioned examples represent the most common response types within the responses to the support-seeking posts collected for this study: responses including the originally sought type of social support, responses that included multiple types of social support, and responses that urged the original poster to seek support elsewhere, most commonly a medical professional. It would be valuable to future researchers to study situations in which original posters received poor, insufficient, or no support, as those situations were not present in this study.

## Roles of Online Social Support

As previously mentioned in the review of literature, Cohen and McKay (1984) described “social support” as the mechanisms by which interpersonal relationships presumably buffer one against a stressful environment. Sells (1970) stated that one experiences stress when one must respond to a situation, but has no adequate response and the consequences due to a lack of an effective response are important. Lazarus (1966) stated that stress occurs “when one appraises a situation as threatening and does not have an appropriate coping response.” The basis of these statements is present in the social media posts included in this study.

Social support’s role as a buffer is most explicitly noted in the posts classified as social network support, including the aforementioned example stating the following:

“Had a student tell me I needed to update my photo ID. Funny thing is I'm probably twenty pounds lighter in the photo than my highest weight. I'm 6 months out -85 pounds. (P.S. I just about died! I accidentally posted this to my wall but last second realized what I did and deleted it right away. I'm so glad I have this group!!!! ‘Regular’ people wouldn't understand).”

This user initially posted her experience in an effort to share a positive experience she had as an effect of her weight loss. The second half of her post illustrates the anxiety and/or fear that comes along with publicly disclosing the decision to undergo WLS, along with stating the role the group plays in providing an outlet for social support, which she would not otherwise have. This suggests that her fear of publicly posting this information comes from the widely held stigma attached to WLS. When she refers to “regular people” and their inability to understand small victories like the one she mentions, we can also assume she is referring to individuals who have not experienced weight-loss surgery or may not be informed about it.

As mentioned in the review of literature, Albrecht & Adelman (1987) concluded that network distance enhances perceived anonymity and “allows people to seek information and support without having to deal with the uncertainty of how those in primary relationships might respond” (p. 131). Albrecht & Adelman elaborated that these interactions would ultimately facilitate low-risk discussions with high-risk topics (p. 133). This concept is also illustrated in the statement: “regular people wouldn’t understand.” The user’s panic regarding accidentally sharing information about her weight loss showed the concern regarding the thoughts and commentary about those she considers relationally closer to her than those in the online support group.

In many posts including photos, it is common for users to wear minimal clothing to accurately show weight loss; however, many only share said photos within the group, rather on personal pages. The user in the following example expresses her hesitation to post and willingness to do so in a “safe place”:

“So I'm a day late for transformation Tuesday, but I was too scared to post... So, I'm going to be brave and post this photo even though it's just in a bra and underwear... So no judging please! Lol (I'm posting without clothes cause you can't tell as well with clothing on...I have only lost 49.2 lbs and am only 2 months out. ) I feel like this is a safe place to post this and I am really excited about my progress... So deep breath... And here it goes! Lol!”

While it is unclear whether this is due to the anonymity of online community, we can assume she would not post the photo on her personal page, outside of this “safe place,” as she asks others in the group not to judge her. This user is a prime example of someone who uses the group as the “publicly private” space described in the second chapter. Even though the post will appear on a

forum with no formal verification process for membership, the user still feels comfortable posting it due to its closed status and her commonality with other members of the group.

Posts included in this study also illustrate the advantage of online support as a hyperpersonal experience, meaning interactions may be more socially desirable than we tend to experience in parallel face-to-face interaction (Walther, 1996), giving users the ability to present themselves however they choose to. As previously mentioned, self-presentation, social cues, and interpretation of the message are much more deliberate in this way than in face-to-face communication (Walther & Boyd, 2002). Initially, this seems to be the opposite of what happens in a social support setting online, as the user is more transparent about a particular piece of his/her life in the virtual space than in face-to-face interactions. However, in instances like this, users can allow the part of their lives they would otherwise hide (weight-loss surgery) to become prevalent in online interactions without worrying about stigma-driven reactions. The following posts serve as examples of users seeking esteem support in preparation for face-to-face interactions:

“How does this look? First time attempting to dress up since being sleeved. Have my husband's work xmas dinner tonight after work. Is it too much black? Should I change to a pair of dark blue jeans? Maybe be a little more casual? Help! I'm totally put of my element!!”

“Need opinions!!!! My birthday celebration is this weekend and I've never in my life wore a tank top or anything that could show skin.. Does this outfit look ok? I'm kinda nervous about it and thinking maybe a nice sweater or long sleeve shirt could be best.. Help!”

These users are utilizing the support group in the way that they have likely shared in the struggle of trying to determine how to present themselves in face-to-face interactions after having lost a significant amount of weight. The users are utilizing online support to determine face-to-face physical representation. This is a unique example of the hyperpersonal aspect of online communication at work to impact “real world” presentation, as the idea of online communication as hyperpersonal often refers to the ideas of being less explicit about personal characteristics.

### Summary

Through data collection and coding, this study identified the presence of four of the five types of social support outlined by Cutrona and Suhr (1992): informational, esteem, emotional, and support network. Further thematic analysis of each type of support within the online group allowed for examination of each in different forms. Users seeking informational support did so concerning food intake, medical experiences, nutrition, physical appearance, preparation for surgery, and others’ results. Users seeking esteem support did so in search of validation and partners in celebration. Those seeking emotional support did so due to frustration, elation, excitement, regret, and inspiration. Finally, those whose statements fell into the support network category expressed a sense of community and inspiration from others in the group. Chapter IV will further discuss the outcome of the study, the limitations of the methodology, and potential implications for future research.

## CHAPTER IV

### DISCUSSION

This study explored the social support sought by weight-loss surgery patients in various stages of their surgical process, from the initial information-seeking stage to the long-term maintenance stage. The stigma that often accompanies the idea of WLS as “the easy way out” often results in a stressful situation against which an individual may need a buffer. A social media group, full of people with similar experiences, acts as a necessary buffer and creates a space in which individuals can discuss their experiences freely and request social support without fear of stigmatized commentary or views. Cutrona and Suhr’s (1992) model of the five types of social support provided a framework against which the support communication could be applied.

The most common form of support requested and received by users of the group was, by far, informational. Almost half of the studied posts in the group were seeking information regarding others’ medical experiences or navigating individual experiences during the WLS process. Posts also asked for advice that was directly actionable and applicable to personal situations. This is consistent with the results of Mo and Coulson’s 2008 study of social support within virtual communities specific to HIV/AIDS support groups. While the sample size was significantly larger, the most common form of support offered was informational, including advice and sharing of experiences.

Esteem support was the second most requested type of social support, displayed in posts that both negatively and positively involved physical appearance. Emotional support was the third most common support requested among users in this study. It was in this category of support that the stigma associated with weight-loss surgery became present in the struggles

patients were facing. Empathy was a prominent theme in posts in all support categories, more so in those requesting emotional support, demonstrating the value in knowing others were experiencing similar scenarios, emotions, and coping methods.

Social network support was the fourth most requested, and desire for tangible support was not present in any of the posts that were studied. Had this study involved participants in close proximity to one another, we may have discovered higher amounts of requests for tangible support, due to the physical limitations that come with most surgical procedures, including driving, movement, and lifting restrictions to name a few.

Braithwaite, Waldron, and Finn (1999) also conducted a study on the social support communication in computer-mediated groups for people with disabilities. In their study, they found that emotional support was most prevalent, followed closely by informational, which is not supported by the results of this study. When seeking to explain the reason in such a discrepancy, I considered the content of the posts that were categorized as esteem support. Many included photos to display changes in physical appearance. This speaks to the increase in “selfies” or photos one takes of oneself, and mobile technologies, including smartphones, allowing individuals to visually present themselves more quickly and easily (Belk, 2013). A study conducted by Sung, Lee, Kim, and Choi (2016) showed the most common reason for individuals to share selfies was to seek attention. In the attention-seeking category, motivations to share selfies included “to gain self-confidence from others’ reaction” and “to have my existence reaffirmed by others”. While there were four others, these motivations speak to the need for esteem support in response to posting a photo. This variance from Braithwaite’s study shows the importance of building upon prior research and accommodating to the ever-changing

field of communication, as new channels emerge and change the ways in which we send messages.

This study sought to bridge a gap in communication research, specifically to explain how weight-loss surgery patients turn to virtual communities, specifically Facebook groups, for support. It shows us that individuals in the process of undergoing weight-loss surgery, whether in the pre-op or post-op phase, need various degrees of social support and turn to social media support groups to seek it out. We can also see that patients seeking support in Facebook groups are, in large part, seeking information. Patients are exposed to preparation assistance and post-op counseling through their surgical programs at various degrees. In the review of literature, I discussed a study showing that physicians often have a stigmatized attitude toward obese patients (Foster, Wadden, & Makris, 2003). We can use the information presented in this study to encourage primary care physicians to establish effective support programs, or improve existing programs, to ensure more successful results for patients. By sharing these results with physicians, we invite them to further explore how adequate social support determines a patient's success. We can also delve more deeply into the types of support exchanges through computer-mediated communication as opposed to face-to-face interactions, including those made available by medical professionals in the WLS process.

We can also tell from some of the posts requesting emotional support, that the stigma of weight-loss surgery does, indeed, take a toll on patients' emotions and decisions. We can use this information to emphasize the importance of educating and providing resources to patients' face-to-face support groups, specifically family, friends, and significant others. Sarwer, Wadden, and Faricatore (2005) explained lack of knowledge as a contributing factor to the stigma often expressed in regard to weight-loss surgery as "the easy way out." By educating loved ones on the

types of social support sought by WLS patients, they can be better prepared to support their loved ones, potentially leading to a higher rate of success in losing weight and maintaining the loss.

### Implications for Future Research

It is my hope that future research will focus more deeply on the communication and support needed in the preparation and healing phases of weight-loss surgery, as there has been very little thus far. Unlike other surgical procedures that strictly focus on organ and tissue repair, weight-loss surgery comes with results that not only impact health, but appearance and social functions in the individual as well. The need for support is present in all the aforementioned areas, and social media currently serves as a reliable source of information and comparative experiences. I believe it would be beneficial for medical experts to study the interactions in these groups to fill the void in information and psychological care that is necessary for those undergoing such a body-altering procedure. While the experiences of others can be helpful, there is no guarantee that the advice and information exchanged is medically valid or, more importantly, safe in all individual situations.

Future research may also expand upon the methodology exercised in this study by including various types of social support seemingly sought in an individual post. In this study, in regard to the posts that may have implied a need for multiple types of support, I chose to classify them by identifying the ultimate goal of the post. Researchers may take various implications of the post into consideration to more thoroughly understand the original poster's support needs. Additionally, by focusing more heavily on the comments that follow the original post, one may be able to better understand which posts gain the most support, based on the type of support they

are seeking. It may also be beneficial to more thoroughly examine the discussion that follows the initial support-seeking post. Such a method could take the study a step further in that the researcher could determine if all support sought was actually fulfilled to the satisfaction of the original poster. This would also provide the opportunity to examine the scenarios in which users provide poor support or no support or responses at all. To add another layer of research to the methodology, researchers also have the opportunity to interview participants regarding the support they've given and received via social media, particularly in specialized support groups like the one studied here. These methods, with the appropriate adaptations, can also be applied to the support necessary for coping with other stigmatized conditions and medical decisions, including procedures.

Furthermore, future research has the opportunity to widen the scope by focusing on how social support within online communities impacts face-to-face interactions or interpersonal communication. In the content collected for this study, there were instances of users asking for support and advice on how to deal with negative interactions with loved ones, coworkers, and friends. Future research could provide insight into the advice communicated to help cope with these situations, and if and how the original poster uses that advice to mitigate conflict or tension within their interpersonal relationships. By including theories regarding computer mediated communication and communication privacy management, future research can provide a link between stigmatized health decisions, online support, and the choice to disclose further information in face-to-face interactions.

Finally, future researchers should take into consideration the unique demographics of the users studied. By gathering information about the participants, research will have the opportunity to explore how different users from various generations, income levels, and geographical

locations rely on technology and social media for information and support communication. Since users have varying degrees of experience with technological advances and the ever-increasing ways in which we are able to communicate, it may provide insight into why different users turn to social media.

### Limitations

The results of this study provide insight into the nature of support needed and provided to WLS patients in a social media community outside of the medical profession and formal surgery process. Possibly the most obvious limitation of this study is the inability to generalize the results among all WLS patients. Due to the growing nature of social media and hundreds of new posts being added to the group daily, it was impossible to keep up with each new post in an effort to include 100% of the group's content in the study, in large part due to the limited resources of only one researcher. Had there been multiple researchers involved in this study, more content could have been gathered in an efficient, timely manner, providing a more comprehensive view of the data. While the collected data provides adequate insight for the purpose of this study, the amount of available content far outweighs what one researcher could handle independently. Beyond that, this study, since it was conducted on a social media platform, excluded the population of individuals who do not utilize or have access to social media, and those who have simply not chosen to use it as a source of social support.

A second limitation of this study is the inherent bias or familiar point of view due to the researcher having undergone the process as a WLS patient. In the data collection and coding process, it was important for me to allow my personal experiences to impact the research as little as possible. I found that it was easy to assume that I knew what type of support a user was

seeking, before thoroughly analyzing the content. For this reason, I made sure to perform the coding process multiple times to avoid personal bias; however, that is not to say personal experiences and knowledge did not impact my coding procedures. This is not an uncommon limitation among qualitative research, as human experience in various forms is vital to this type of methodology, which excludes control procedures.

Thirdly, the participants in this study, as illustrated in the aforementioned examples, did not always use proper grammar and language guidelines. The data collection was meant to be completely random in that the first one hundred posts seeking social support were to be included; however, there were a few instances in which posts were passed over, due to lack of readability. Said users may have posted in the group in an effort to attain social support, but including their content in this study, without certainty of what they were attempting to communicate, would have been irresponsible. It was important to avoid verbal ambiguity as much as possible. Other posts that were passed over included those that weren't seeking any form of support, for example, "Happy Sunday!" or "What is everyone up to today?"

### Conclusion

This study was conducted in an effort to better understand support communication among weight-loss patients, most of whom are familiar with the stigma that accompanies being overweight and undergoing a procedure that many view as "taking the easy way out." I randomly selected 100 posts from an online community in the form of a Facebook group and analyzed them using Cutrona and Suhr's model including five different types of social support: informational, esteem, emotional, social network, and tangible. I further analyzed the posts in each of those categories to examine more specific themes. The results show that the participants

mostly sought informational support, followed by esteem support, emotional support, and social network support, indicating that the virtual community serves as a source of social support for many users. My ability to analyze the data more closely in an effort to further categorize the posts speaks to the value of qualitative research. I was able to use group members' experiences (in their own words), emotions, and other non-quantifiable experiences to analyze the type of support being exchanged and the reasons by which they were sought. From the view of a researcher immersed in the group of study, I gained a more accurate insight into the members' need for support for a procedure that can be highly stigmatized by not only those who are unfamiliar with WLS, but medical professionals as well. This group had provided a safe place and a resource for information and support to more than 25,000 members at the time of research and more than 27,000 at the time of this study's completion.

It is my hope that future research will help us to better understand the effect of stigmatization on the need to seek social support in online communities from individuals with shared experiences, particularly if members expressing experiencing stigmatization sought a specific type of support. The medical community could greatly benefit from knowing how patients turn to non-medical sources for information, and weight-loss patients will benefit from the visibility of research that expresses their need for support. Patients undergoing a procedure that will ultimately lead to a higher quality of life and a healthier medical state deserve respect and resources to ensure long-term success. It would be beneficial for the medical community to understand what individuals gain from online support groups that could be integrated into the surgical process, both pre-operative and post-operative. Overall, I would hope that future research can illustrate how online support communication impacts users' "real world" lives,

including coping mechanisms, interpersonal communication, relationships, quality of life, and long-term success.

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