

## Spotlight On... Shakira Hollyfield



Meet **Shakira Hollyfield** – a Stage 2 Trainee Health Psychologist and PhD candidate whose research is exploring the complex relationship between trauma, eating behaviours, and bariatric outcomes.

Shakira brings a mix of academic curiosity, clinical experience, and thoughtful reflection to her work – and we're delighted to feature her as our first Q&A in this series.

### **Can you tell us a bit about your professional background and current role?**

I'm currently (almost!) in my third year of a PhD and Stage 2 Health Psychology training at King's College London, supervised by Dr Emily McBride. My PhD research focuses on the role of trauma in eating behaviours and outcomes following bariatric surgery.

Prior to this, I completed my MSc in health psychology at KCL in 2019 and subsequently worked as an assistant psychologist in pain management for 2-years. Alongside my studies, I've worked as a research assistant on NIHR co-design projects at UCL and the University of Surrey in bowel cancer and coeliac disease.

### **What sparked your interest in bariatric psychology, and how did you become involved in this field?**

It started during an undergraduate module on Clinical Aspects of Eating Behaviour – it helped me understand the biopsychosocial context of obesity in a way that really resonated and stayed with me. I later joined the bariatric psychology field through my PhD. Dr McBride and I collaboratively set up a research database that is embedded in the clinical pathway, using psychological screening tools to support surgical suitability assessments – and this became my core PhD dataset.

### **You're also working clinically as part of your training – can you tell us more?**

Yes, I'm currently on clinical placement in an NHS bariatric psychology service as part of my Stage 2 training. I'm starting to conduct assessments and offering 1-1 psychological

support using CBT, ACT and CFT – both pre- and post-surgery. I also hope to get involved in assisting with group-based therapy for binge eating disorder soon. Before this, I was in a cancer psychology service delivering therapy, which also offered valuable insights into health-related distress and psychological adjustment. I will have other clinical placements ahead but I'm really enjoying my bariatric surgery one!

### **What motivated you to explore trauma and PTSD in the context of bariatric surgery?**

As a trainee health psychologist, I'm especially interested in the interface between mental and physical health. I've seen first-hand how early trauma can shape long-term eating patterns, eating disorders, and health outcomes – initially during an undergrad placement in a CAMHS inpatient unit. That experience, combined with academic interest, pushed me to explore the relationship between childhood trauma and obesity more deeply.

### **What are some early findings or key themes emerging from your research?**

My PhD is made up of four mixed-methods studies, all works in progress! I've just completed my systematic review, titled "*The impact of psychological trauma on weight loss, psychosocial functioning, and psychopathology in bariatric and metabolic surgery candidates*". I presented this at BOMSS in June 2025 and will be submitting for publication soon.

The findings so far suggest that the evidence is mixed regarding the impact of PTSD on post-operative bariatric surgery outcomes, but ultimately, there is a paucity of high quality research in this area, so it is difficult to make clinical inferences.

To help address this gap, I'm conducting three studies within an NHS bariatric service, using a combination of longitudinal questionnaire data and semi-structured interviews. These studies aim to explore how psychological trauma affects individuals' experiences (including eating behaviours) and outcomes across the bariatric pathway.

### **What has surprised you most during your work in bariatrics so far?**

The variation in psychological provision across services, including the inconsistent use of psychometric measures. This not only creates an equity issue and unnecessary barriers to surgery, but also makes it incredibly difficult to synthesise research and determine clinically meaningful inferences. This has become very apparent in my systematic review findings!

### **What's your ideal weekend?**

My ideal weekend would involve quality time with my fiancé and nephews. It would have to be spring or summer, so that we could be outside surrounded by nature. Ideally, we'd be strawberry picking in Oxford, maybe a cheeky glass of prosecco in hand, followed by a picnic in a field – heavenly!

### **Best bit of advice you've ever received?**

A key piece of advice that has stuck with me, is that discomfort precedes growth and that there is nothing so stable as change. I have been pushed outside of my comfort zone countless times during this journey to qualifying, so these nuggets are now my mantras that I utilise when I notice anxiety creeping up.

### **Anything you'd like to add?**

I'm always keen to connect with other bariatric psychologists or trainees, so please feel free to reach out! I'm also looking for consultancy opportunities for my training portfolio, so do get in touch if you have any discrete pieces of work that you require assistance with:

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